PHINS Bulletin No. 12

Local developments in public health information

April 2017

Public Health Information Network for Scotland

CONTENTS

BACKGROUND & PURPOSE

The Public Health Information Network for Scotland (PHINS) was established as part of the Scottish Public Health Observatory (ScotPHO) collaboration to keep public health professionals in Scotland up-to-date with national and local developments in the sphere of public health information via bulletins, email updates and seminars.

The annual PHINS seminar is a very popular event and updates on national developments in public health information are now included within the annual ScotPHO e-Newsletter. However, we are aware that there has been little sharing of information from a local perspective since the last PHINS Local Developments in Public Health Information bulletin several years ago. Feedback from a series of public health intelligence stakeholder events coordinated by ScotPHO during summer 2016, in response to the Scottish Government's Public Health Review, also highlighted demand for greater sharing of public health information from a local perspective.

To address this issue, we have re-established the PHINS bulletin to allow members to share details of their own local projects and events. It is also intended that PHINS will help coordinate local networking events such as the Scottish Health Survey one detailed in the Events section of this bulletin.

This bulletin contains information on relevant local projects and events. The ScotPHO newsletter circulates details of a range of national developments.

If you are currently not a member of PHINS and wish to join the network, please register with the ScotPHO website email list.

LOCAL PUBLIC HEALTH INTELLIGENCE RELATED PROJECTS

Active travel in Glasgow: what we've learned so far

Background

Since 2007 the GCPH has been developing an information base on active travel and health, improving our understanding of trends and influences on travel choices, and assessing the impact of transport policies and investment in active, sustainable travel in Glasgow and the Clyde Valley area.

Type of study

This report brings together the GCPH's research and learning relating to active travel in order to identify key areas of learning and recommendations for future action.

Main findings

There is a compelling case to increase active travel and move away from a dependency on individual motorised transport, particularly in cities. Since the GCPH started this programme of work in 2007, there has been a growing recognition of the contribution that transport, and particularly high levels of car use, make to air pollution and the impact of this on respiratory health, to social interaction within neighbourhoods and the impact of this on community cohesion, and in accessing amenities, education and employment and the impact this has on social justice. Furthermore, the unequal burden of the negative impacts of the present transport system is becoming increasingly clear.

There is great potential to build on the supportive policies that already exist and the promising developments and early signs of change in Glasgow and across Scotland. There are also tremendous opportunities offered by large-scale infrastructure developments to better support more active and sustainable travel.   However, vision, leadership, investment, culture change and prioritisation of active and sustainable travel will be required if the considerable benefits for health, the economy and the wellbeing of all of the citizens of cities like Glasgow are to be realised.

Key learning points

A more sustainable transport system requires:

- Stronger leadership, improved co-ordination and a shift in investment towards active and sustainable transport.
- Increased focus on active travel in urban planning and integrated infrastructure development

- Support for culture and behaviour change towards more active travel
- Improve monitoring data on active travel

Hyperlink to information

http://www.gcph.co.uk/publications/702

Contact details for further information

Jill Muirie, Public Health Programme Manager, Glasgow Centre for Population Health (GCPH)

Email: Jill.Muirie@glasgow.ac.uk

Age, period and cohort effects in all-cause and cause-specific mortality in Glasgow and other Scottish and UK cities

Background

A number of recent (primarily national) analyses have examined age, period and cohort effects in trends in Scottish mortality: these have helped researchers to better understand reasons for particular trends, and to identify population groups likely to be at greater risk of future harm. The aim of this project is to expand on these analyses to examine age, period and cohort effects for both a broader range of UK cities, and a broader range of causes of death. This would provide a more in depth picture of mortality at an urban level, and potentially help to identify future trends.

Type of study

Age, period and cohort effects of mortality. Work has not yet started.

Contact details for further information

David Walsh, Glasgow Centre for Population Health

Email: david.walsh.2@glasgow.ac.uk

Analysis of gender-specific mortality trends in Glasgow compared to the rest of Scotland, 1981-2015

Background

Glasgow has a well-documented profile of persistently higher levels of mortality and lower life expectancy than other, comparable cities and when compared to Scotland as a whole. Recent analyses have shown that mortality and life expectancy among Glasgow's younger, working age population (aged 15-44) showed little improvement in the years between the mid-1980s and

2012. After a decline during the 1990s, life expectancy for males in Glasgow improved towards 2012, narrowing the gap between Glaswegian men and men in Scotland as a whole. This improvement was not matched seen Glaswegian women, for whom life expectancy has been improving much slower, and the difference between women living in deprived areas and more affluent areas has increased.

Type of study

This study looks at patterns in all-cause and cause-specific mortality trends between 1981 and 2015 by gender and age group (0>, 1-14, 15-44, 45-64, 65+), comparing Glasgow to the rest of Scotland, in order to provide an updated and detailed understanding of the causes driving the trends. The report will be published in May 2017.

Contact details for further information

Marie Martin, Glasgow Centre for Population Health

Tel**:** 0141 330 2486 / Email: marie.martin.2@glasgow.ac.uk

Bruce Whyte, Glasgow Centre for Population Health

Tel: 0141 330 2900 / Email: bruce.whyte@glasgow.ac.uk

Analysis of trends in earnings and income in Glasgow and other Scottish and UK cities

Background

Given the importance of income inequalities as a driver of health inequalities, the aim is to produce a brief overview of trends in inequalities in earnings and income – set alongside other relevant information and indicators as context – for Scotland and Glasgow compared to other parts of the UK. The latter would include other major UK cities.

Type of study

In-depth analyses of survey data. Work is ongoing.

Contact details for further information

David Walsh, Glasgow Centre for Population Health

Email: david.walsh.2@glasgow.ac.uk

Ayrshire and Arran Mental Health Needs Assessment

Background

A mental health needs assessment in Ayrshire and Arran – conducted as a series of topic-based epidemiological assessments – has been commissioned by the Mental Health Transformation Programme Board to support their work across East, North and South Ayrshire. So far, three local volumes have been published: the first volume covers mental health trends in Scotland and Ayrshire and Arran, using information from population surveys, primary care and secondary care data, the second volume focuses on suicide and self harm, and the third volume reviews alcohol and drug related harm.

Type of study

Retrospective analysis of local and national epidemiological data relating to various mental health topics. Each report also includes topic-based literature reviews on relevant strategies and approaches to the prevention and treatment of mental health problems.

Main findings

Three key findings appearing in Volume 1 were as follows:

- While the findings from our literature review suggest that there has not been any recent change in the prevalence of mental health illnesses across Scotland, local analysis of primary care data suggests an upward trend in numbers of people recorded with dementia, new diagnosis of depression, and severe and enduring mental illness over time. This finding is generally true of all HSCP areas in Ayrshire and Arran (East, North and South).

- Over the time period 2011-2015, local rates of episodes of acute care with a primary mental health diagnosis increased substantially. The largest part of this increase was undoubtedly the contribution from patients of retirement age. Deprivation is also manifestly contributing in a major way to the observed increases.

- In contrast to the trend seen in acute hospital admission rates, over the last five years, local rates of psychiatric hospital admission fell substantially. This drop in admission rates to psychiatric hospital beds was readily apparent in both working-age adults and older people. In contrast, a small increase in rates was observed for younger people aged under 18, though the actual numbers involved are relatively small.

Volumes two and three are currently out for consultation with steering group members. We would be happy to share key findings once the documents are finalised.

Key learning points

A study of this size and duration – conducted as an ongoing series of data analyses and literature reviews, requires good agreement and co-operation between local partnership agencies. It also requires strong collaboration and good communication between a team of data analysts and report writers. Robust processes for peer reviewing and gaining consensus on recommendations for local action are also integral to its success.

Contact details for further information

Alister Hooke, Senior Public Health Research Officer, NHS Ayrshire & Arran

Tel: 01292-885874 / E-mail: Alister.Hooke@aapct.scot.nhs.uk

Ayrshire and Arran Primary Care Studies: Healthcare provision versus need

Background

A series of inter-related studies offering a resource for primary care management and planners in the Health and Social Care Partnerships to support consideration and action around potential inequalities in delivery of primary care services across Ayrshire and Arran.

Type of study

The need for healthcare was compared in a relative way across 55 general practices in Ayrshire and Arran, considering the degree of socio-economic deprivation in a practice population, the proportion of patients in a practice experiencing multiple morbidity (as recorded on practice disease registers), and the proportion of patients in a practice on specific disease registers for coronary heart disease and diabetes mellitus– all adjusted to some extent for the age profile of the practice populations. The provision of primary care services was also considered in a relative way across the 55 practices by comparing core NHS payments, excluding Quality and Outcomes Framework payments, and further accounting for sustainability payments. Analysis was carried out on the direct correlation between practice deprivation scores with recorded illness in the practice population and between practice deprivation scores and core NHS funding to practices on a per capita basis.

Two studies have now been completed at individual general practice and practice cluster levels. Two further studies have recently begun, applying similar principles and techniques to local primary care managed services and prescribing services.

Main findings

The correlation between deprivation and presence of multiple morbidity and single disease registers (estimates of population need for care) were considerably stronger at cluster level than at individual practice level – this suggests that the study findings are much more robust at practice cluster level (typical population of between 30,000 and 40,000 people). In East Ayrshire and South Ayrshire Health and Social Care Partnerships the allocation of core NHS funding was found to be broadly in line with population need, with the possibility of a few outliers at practice level. However in North Ayrshire there was some evidence to suggest a possible systematic imbalance between core NHS funding and population need for healthcare as estimated in this study. The most affluent practice cluster in North Ayrshire appeared to receive the highest per capita core NHS funding even though estimated population needs were lower compared with the other three practice clusters. This finding may be explained to some degree by other factors such as the inherent challenges involved in delivering services in more remote and rural areas.

Key learning points

These studies demand a great deal of care in the handling and interpretation of sensitive local data. The aim has not been to take away from services, but rather to enhance and support those services where current provisions may not adequately reflect the level of pressures and demands incumbent on them, according to the diverse populations they serve. The key to the success of these studies has been close co-operation with local planners, managers, and service providers, with presentation of findings conducted in a broadly supportive and highly consensual manner, allowing services to address the challenges and redress the potential imbalances and inequalities for themselves.

Contact details for further information

Alister Hooke, Senior Public Health Research Officer, NHS Ayrshire & Arran

Tel: 01292-885874 / E-mail: Alister.Hooke@aapct.scot.nhs.uk

Changes in health-related indicators in housing regeneration areas in Glasgow between 2000/02 and 2010/12

Background

The aim was to provide a descriptive overview of change in health-related indicators (e.g. life expectancy, mortality, maternity-related factors) over a 10-year period in neighbourhoods of Glasgow where housing interventions have taken (or are still taking) place. Comparisons to Glasgow and Scotland are included. The analyses were to support the 'GoWell' research programme.

Type of study

Descriptive analyses of routine administrative data.

Main findings

Improvements in a range of health-related indicators were observed in the various housing intervention areas over the period. For outcomes such as mortality and life expectancy, rates of improvement tended to be broadly similar to those seen for Glasgow and Scotland. As a result, despite the improvements, rates remained high in most areas compared to Glasgow and Scotland: this was especially true of alcohol and drug related mortality.

However, for the majority of housing intervention areas, improvements in the maternity related indicators exceeded those observed at the national level and, for some specific areas, those also observed for Glasgow. However, in many cases, changes in those, and other, indicators were greatest in areas which have also experienced considerable change in population size, making interpretation of these limited trends problematic.

Contact details for further information

David Walsh, Glasgow Centre for Population Health

Email: david.walsh.2@glasgow.ac.uk

Children and young people's profiles of Glasgow and its neighbourhoods

Background

These profiles were developed to provide accessible and up to date information about the health and life circumstances of children and young people in communities across Glasgow. The profiles were published on the Understanding Glasgow website in December 2017.

Type of study

Health profiles accompanied by evidence for action briefings.

Main findings

Profiles   One profile for Glasgow, three profiles for NW, NE and S Glasgow localities and 56 profiles of neighbourhoods within Glasgow. The profiles comprise a broad range of indicators that illustrate children and young people's health, wellbeing and quality of life. The indicators cover a range of themes: demography; infant health; culture and environment; crime and safety; socio-economic factors; learning and education; health and wellbeing.

<u>Evidence for action briefings</u>   The briefings aim to provide a linking between intelligence in the profiles and the best evidence for actions and interventions to address an issue or improve a situation. There are currently briefings on nine topics, including: child poverty; childhood obesity; access to greenspace; active travel to school; domestic violence and abuse; early learning and childcare; lone parents, safe sleeping position; unintentional injury.

Key learning points

Important to undertake communication and social media activity to raise awareness of profiles and local talks to key audiences to help people understand and make use of the full package of resources.

Ethnicity & health in Glasgow and West Central Scotland

Background

The link between ethnicity and health status has been the focus for a considerable amount of research. This includes evidence of variation in the risks of particular diseases for certain population groups which are independent of differences in socio-economic status. Scotland's, and especially Glasgow's, ethnicity profile has been changing considerably in recent years, with notable increases in (and future projections of) the percentages of the population classed as ethnic minorities. The aim, therefore, is to gain a better understanding of the implications of this changing ethnic profile of Glasgow and West Central Scotland on future health outcomes and inequalities in the city and region.

Type of study

Mixed-methods: reviews of literature, analyses of ethnic population projections, and statistical modelling analyses. Work is ongoing.

Contact details for further information

David Walsh, Glasgow Centre for Population Health

Email: david.walsh.2@glasgow.ac.uk

Informing Investment to Reduce Health Inequalities (III) at a Local Level

Background

The Informing Investment to reduce health Inequalities (III) project, developed by the Scottish Public Health Observatory, has already modelled the impact of a range of interventions including the living wage, alcohol brief interventions and smoking cessation.

The current version of the III tool was published in 2014 and has appeared to have some impact at a national level. For example, it has been referenced in Scottish Parliament debates about the living wage. However, its impact at a local level (e.g. Community Planning Partnership, Health & Social Care Partnership etc) has been less clear.

Type of study

To inform its next iteration, we are interested in how the III tool could be used to support the public service reform agenda in terms of partnerships' shift towards a reduced, shared set of priorities to promote prevention and reduce health inequalities at a local level. In particular we would be interested to know:

- What policies and interventions would you like to see modelled within the III tool?
- How could information from the III tool inform local decision making processes?
- What kind of support could NHS Health Scotland provide to facilitate the use of the III tool?

We are keen to speak to colleagues in Community Planning Partnerships, Health & Social Care Partnerships, NHS Boards, Third Sector agencies etc to gather feedback on these questions. If you would be interested in participating please contact Andrew Pulford (Public Health Information Manager, NHS Health Scotland) via the details below.

Hyperlink to information

http://www.scotpho.org.uk/comparative-health/health-inequalities-tools/informing-investment-to-reduce-health-inequalities-iii

Contact details for further information

Andrew Pulford – Public Health Information Manager, NHS Health Scotland

T: 0141 414 2739

E: andrew.pulford@nhs.net

Macmillan Cancer Information Support Services in Lanarkshire

Background

Evidence shows that there is a gap in support on the cancer journey for more non clinical information and support outwith the acute settings. Macmillan created a Cancer Information Support Service(MCISS) model which was piloted in Library and Leisure Centre settings in Glasgow City in 2012. This is a volunteer led service. In addition, the importance of physical activity in the cancer recovery journey is supported by a growing evidence base. The Macmillan Move More programme was created to fulfil a perceived need for tailored community based physical activity programmes for cancer patients. Macmillan state that for every £1 spent on encouraging self care there are £1.50 of costs benefit the health service.

Work to date

Lanarkshire has many challenges with rural and urban areas spread over a large geographic area. Decisions on where to locate the MCISS model have been made based on taking evidence for a number of key points and devising a scoring system to identify areas of greatest need. Locations have been agreed for the first phase and this work is underway. North Lanarkshire Move More Programme has been combined with the MCISS as a pilot aimed at improving the sustainability and capacity of the programme. South Lanarkshire physical activity programmes will support the MCISS and provide a comparative data set for the Move More North Lanarkshire programme. The evaluation of these models will take place over the next 2 years.

Key learning points

- Strong evidence base for decisions on where to base the MCISS's.
- Robust plans for sustainability of the programme are needed both for Move More and for MCISS.
- Engagement and communications with partner organisations and Macmillan volunteers is key

Contact details for further information

For more information please contact Craig Tobin at tobinc@culturenl.co.uk.

Midlothian Community Planning Partnership Inequality Indicators

Background

In Midlothian there are clear inequalities related to health, educational achievement, pay and employment. As a result Midlothian Community

Planning Partnership agreed to the following priority for 2016-2019: *Reduce inequalities in health, learning and economic circumstance.*

Tackling inequalities is important; they place a burden on Midlothian people, families and communities and account for a significant element of the increasing demands on our public services. It is important that Midlothian Community Planning Partnership does not only monitor outcomes related to health, learning and economic circumstance, but it also measures whether or not the gap between the most and least deprived communities in Midlothian is getting smaller.

Type of programme

Following a collaborative process that involved people from across the Community Planning Partnership working alongside colleagues from ScotPHO and ISD, thirteen indicators were selected to (where possible) allow us to monitor changes to the gaps between the most and least deprived communities in Midlothian. Changes will be medium to long term but will be reported on annually where possible.

The indicators selected cover health, learning and economic circumstance and have been carefully selected to reflect the multi-agency approach to tackling inequalities.

The Slope Index of Inequality (SII) has been used to measure the gap. This measure provides an index score that calculates the gap between the most and least deprived communities and also takes account of population by deprivation and the deprivation gradient on a range of indicators. This work is not designed to replace the data that services and partnerships already collect, nor be seen as performance monitoring for individual services.

Main findings

This work has improved and increased local dialogue around inequalities and our approaches to reduce them. It has provided valuable insight into variations in scores across SIMD groups. This will assist in local understanding and planning. A good example is our understanding of mental health prescribing data which indicates a significant gap in the number of people receiving a prescription between the most and least deprived communities in Midlothian. This will be discussed at the multi-agency strategic group related to mental health.

A report will be presented to the Community Planning Partnership Board. This will be updated as new data is released and there will be further discussions around certain aspects of the report. This includes positive messages from the report. Neighbouring local authority areas (East and West Lothian) are

also preparing very similar reports which will help us to benchmark and consider local solutions.

Key learning points

The collaborative approach involving practitioners and policy leads across the Community Planning Partnership, working with those with more expertise around data, has been crucial.

The approach of using published data, where available (e.g. ScotPHO deprivation profiles), and local data sources where appropriate was an efficient way of developing the indicator set.

There was very helpful debate amongst data experts and practitioners around the way data is published and presented.

Focusing on a short list of key indicators rather than trying to capture all services' individual outcomes also kept the project manageable and in line with public service reform principle of working to a reduced shared set of outcomes.

Contact details for further information

Mairi Simpson, Midlothian Health & Social Care Partnership

Tel: 0131 270 8909 / 07872 418230

Email: mairi.simpson@nhslothian.scot.nhs.uk

New analyses of cycling in Glasgow

Background

Glasgow City Council's Strategic Plan for cycling 2016-2025 indicates how Glasgow proposes to develop cycling within the city to meet the vision of the Scottish Government for cycling, but also in terms of delivering on its own policy commitments towards regeneration, sustainability, and improving health and wellbeing. This plan builds on Glasgow's first cycling strategy which was launched in 2010.

As work begins on the actions outlined in this second plan, the Glasgow Centre for Population Health considered it of interest to undertake descriptive analyses of various currently available datasets relating to cycling within Glasgow in order to help provide a picture of cycling activity within the city, and in turn, to help inform future developments. There were four separate analyses undertaken and each was reported on separately.

Type of study

Descriptive analyses of quantitative data.

Main findings

The first two reports considered usage of two recently developed cycle routes, known as City Ways, which provide segregated access for cyclists from different parts of the city into the city centre. A series of City Ways are planned so it is of interest to examine what can be learnt from the first two examples. The West City Way provides a route from Kelvingrove Park in the west end of the city to Central Station in the city centre. A cycle counter placed on this route enabled examination of usage of this part of the route from July 2014 to July 2016. Results are presented in **Cycle journeys on the Anderston-Argyle Street Bridge: a descriptive analysis**.

More recently, the South West City Way was opened. It provides cyclists with a link from Pollokshields in the south west of the city to the Tradeston (or Squiggly) Bridge over the Clyde, which leads to the city centre. Data from a cycle counter was available for this route from March to October 2016. Results are presented in **Cycle journeys on the South West City Way: a descriptive analysis**. Both routes appear to be used heavily used for commuting purposes, and to be experiencing increasing use over time.

A third report focuses on usage of Glasgow's mass bike hire scheme. In 2014, to coincide with the opening of the Commonwealth Games in Glasgow, the city's first public bike hire scheme was launched. Data on bike hires and limited information on individuals registering for the scheme was made available by Nextbike, the providers of the scheme, to Glasgow City Council and in turn to the GCPH. Full details of the analyses undertaken are described in **Glasgow's public cycle hire scheme: analysis of usage between July 2014 and June 2016**. As with the City Ways, a considerable amount of usage of the scheme appears to be for commuting purposes, and a steady growth in use can be observed. Several of the bike hire stations lie within the vicinity of the City Way routes and there are likely to be interactions among these initiatives in their impact on cycling numbers. Providing dedicated cycle routes will encourage individuals to hire bikes to use the routes and vice versa the provision of hire bikes will mean the seeking out of routes on which to use the bikes.

The final report looks at travel to school in Glasgow. Every year a survey known as the Hands Up Survey is conducted across Scottish schools by Sustrans to determine how school pupils travel to school. While reports are prepared and published for Scotland as a whole by Sustrans, and results described at a local authority level, they are not further broken down. The final report of this series took the data for Glasgow and considered this in greater detail and by individual school. The results are available in **Travel to school in Glasgow: a descriptive analysis of results from the Hands Up Survey**. This report could be seen to present a less positive picture of cycling activity within the city than the other three, suggesting that further work is required to

support school-age children to cycle. However, there is growth seen in levels of primary school children cycling to school which may partly reflect a recently introduced preschool cycling initiative.

Key learning points

- Glasgow's segregated cycle ways and bike hire scheme are being well used and are encouraging growing numbers of people to travel into and within the city by bike.
- The South West City way in particular is proving very popular, with an average of over 500 cycle trips a day made during summer 2016.
- The Glasgow bike hire scheme is being well used by locals, and is encouraging more women to cycle.
- Further work is required to support and encourage children to cycle to school.

Hyperlink to information (if required)

http://www.gcph.co.uk/publications

Contact details for further information

Karen Macpherson, Lead Health Services Researcher, Healthcare Improvement Scotland

Tel: 0141 225 6862 / Email: Karen.macpherson@nhs.net

Our Place – Living in Fife 2016

Background

Fife Council Research Report on Place, based on the Place Standard Tool.

Type of study

Fife People's Panel Survey

Main findings

The Place Standard provides a way of identifying where improvement is needed across different areas of Fife.

People in Fife tend to view where they live with mixed feelings, generally seeing it as adequate but with room for improvement. People living in North East Fife, Dunfermline and Levenmouth generally rate their area most positively, while those living in Kirkcaldy or Glenrothes tend to rate their area less positively.

Fife is generally seen as being safe and having good natural spaces, but where greater improvement could be achieved in relation to work and the local economy and in how they can influence what is going on around them to provide a greater sense of control (Figure 8.3). Depending on their interests and outlook on life, different people can view place in different ways. Our requirements of place change as we change, whether we grow older, have families or become less able. Most places are therefore multi-purpose; how 'good' they are will differ from person to person and from time to time.
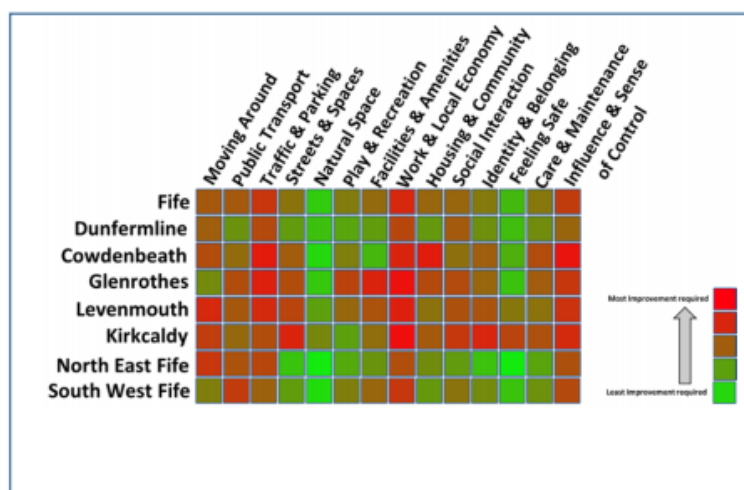

Figure 8.3 Colour Shaded Diagram of how different aspects of Place are viewed across Fife

Key learning points

The Place Standard Tool can be used strategically to build an understanding of the need for improvement in an area to inform community planning at a local level. It has delivered new, high quality insight to support and inform partnership working in Fife. There is variability within communities, and there are some significant differences between groups of people. For instance, women have a more positive view, and perceptions of place vary with age, while those with disabilities find it more difficult to move around. As expected in such a diverse area, there is significant difference between different parts of Fife. Note there is no obvious link between how people rate their place and the Scottish Index of Multiple Deprivation (SIMD).

Hyperlink to information

http://publications.fifedirect.org.uk/c64_OurPlace2016.pdf

Contact details for further information

Dr William Penrice, Research Manager, Fife Council

Email: william.penrice@fife.gov.uk

Coryn Barclay, Research Consultant, Fife Council

Email: coryn.barclay@fife.gov.uk

EVENTS

Scottish Learning Disabilities Observatory

The second national conference of the Scottish Learning Disabilities Observatory will take place on Tuesday 16th May in the Royal Concert Hall, Glasgow. Registration for the event is open. Please refer to their website www.sldo.co.uk for further information on the event.

Scottish Health Survey: "Listening to local needs"

The Scottish Health Survey team are running a "Listening to local needs" event on Thursday 25th May at the University of Strathclyde, Glasgow. This is a Public Health Information Network for Scotland (PHINS) local networking event. The key event objectives are to explore:

1. what local level data is needed,

2. the easiest ways for stakeholders to get the local Scottish Health Survey information they need.

The event will include discussion workshops as well as some presentations. Online registration is available here.

Public Health Information Network for Scotland (PHINS) 2017 seminar

The 2017 PHINS seminar will take place on Friday 29th September at Glasgow Royal Concert Hall. The programme and link to our on-line registration site for the event will shortly be made available on the ScotPHO website.