Of the four themes for the Open Glasgow Hacks, I'm going to suggest that the health one is going to be the most challenging. It's also one where we will all perhaps have more emotional and personal experiences that inform our thinking.

Health is really complex, especially in Glasgow. Glasgow is characterised on the one hand by a significant history of innovation in medicine (e.g. Hunter, Beatson, Lister, MacIntyre and Donald), and on the other hand by some of the most serious health problems in the Western world, known as 'The Glasgow Effect'. One of the most basic measures of health is life expectancy: in Glasgow the average male life expectancy across the City is 71 which is the low in relation to the Scottish average (75). We are familiar with the reports relating to The Calton where average male life expectancy is 54 – the lowest in Europe.

Interestingly the development of services in healthcare are already driven by evidence (data). Statistics play an enormous role. Innovations are adopted because they make statistically significant impacts. The methodologies are well-developed (double blind clinical trials, etcetera), and there are national agencies with responsibility for interpreting and making decisions on the basis of the results.

There are problems with these processes, partly in that they are very technical, and partly that they are not 'open.' This is obvious from the recent news around the UK Government's current proposals for making anonymised health data open, but also by the All Trials campaign highlighting the fact that much data from drugs industry trials is never published. The openness of actual health data is particularly contentious.

Contrast this with Salvatore Iaconesi's Open Source Cure, his response to his own brain cancer, involving cracking the proprietary format of the medical data, as well as soliciting contributions from all over the world in response to the data. Salvatore's approach precisely reverses the norm: generalised becomes specific, personal becomes public, specialism is multiplied. As he says, “We can transform the meaning of the word 'cure'. We can transform the role of knowledge. We can be human.”

But the Open Glasgow Hack probably isn't about drugs or clinical treatment innovation. The data it will be working with is not individual health records. And it is predicated on the idea that there new forms of 'wins' for Glasgow's health.

Health is for instance clearly linked to environment, from the domestic, to the settlement, to the nation, to the continent to the global.

In Glasgow fuel poverty statistics are a key indicator. But there are also obvious correlations between health and industrial pollution. Even contaminated soil has an impact on health.

The idea of 'well-being' has become more and more significant over the past 10 years. Organisations such as Gallup have begun to talk about the metrics of well-being. But well-being is one of those nebulous words. A lot of things impact on well-being including respect at work, access to greenspace, good transport, affordable energy and public safety.

Key ideas that can impact on health and well-being include having some influence over one's environment; dignity both in the sense of safety and comfort, but also being treated with dignity as an individual; and participation in decision making.

I wonder what sorts of data will be needed and could be used to innovate for Glasgow's health and well-being?
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