



The Glasgow Centre for Population Health
*Building understanding, evidence and new
thinking for a healthier future*

Report for funding review
March 2011

PART 2 – APPENDICES

CONTENTS

Appendix 1 – Partner statements of support	2
a) Memorandum of Understanding	2
b) NHS Greater Glasgow and Clyde	6
c) Glasgow City Council	8
d) University of Glasgow	11
Appendix 2 – Management Board remit and membership	13
Appendix 3 – External Advisory Group remit and membership	15
Appendix 4 – Executive Management Team remit and membership	17
Appendix 5 – GCPH staff team and distinctive contributions	18
Appendix 6 – Publications	27
Appendix 7 – Events	47
Appendix 8 – Presentations	51
Appendix 9 – Consultative processes	58
Appendix 10 – Work programme summaries	63
Appendix 11 – Glossary	88

APPENDIX 1 – PARTNER STATEMENTS OF SUPPORT

(a) Memorandum of Understanding



GLASGOW CENTRE FOR POPULATION HEALTH MEMORANDUM OF UNDERSTANDING BETWEEN CORE PARTNERS FOR PERIOD 1 APRIL 2009 – 31 MARCH 2012

1. **The Glasgow Centre for Population Health** ('the Centre') was established in April 2004 as a setting where academics, policy-makers, practitioners and local people come together to understand and improve population health in the Glasgow city region, working in a sustained way to yield fresh thinking and mobilise new solutions. Following a formal review of the Centre's achievements, commissioned by the Scottish Government in 2007, a further phase of funding has been agreed for the period from April 2009- April 2012.
2. The **purpose** of this document is to set out the basis of the agreement reached by the core partners of the Glasgow Centre for Population Health in relation to its purpose, resourcing and governance arrangements.
3. The **core partners** of the Glasgow Centre for Population Health are:
 - (i) NHS Greater Glasgow and Clyde
 - (ii) Glasgow City Council, and
 - (iii) The University of Glasgow.

Additional partners may be added in the future.

4. As core partners, these organisations **commit to**:
 - (i) Working together on an equal and sustained basis, giving strategic and practical support to the development and activities of the Centre
 - (ii) Providing leadership, resources (including staff time) and expertise to the Centre
 - (iii) Participating actively in the Centre's activities and its governance and management processes
 - (iv) Acting as advocates and champions for the Centre in different forums
 - (v) Responding to the outputs and findings of the Centre, bringing their organisational weight and commitment to supporting the Centre's findings and any resulting recommendations
5. The Centre has received **support** from the outset from the Scottish Government, and will seek to develop further support (in the form of funding

and other means) from a variety of sources, such as national and international funding agencies. The Centre will not accept support from sources whose activities are inconsistent with public health aims.

6. The Centre will also develop a range of working relationships with other organisations and centres, including affiliated MRC Units and other Universities. Its **ethos** is to be inclusive, and to bring together a wide range of perspectives and expertise in the common pursuit of securing better health in Glasgow.
7. The **vision** for the Glasgow Centre for Population Health is agreed as being to develop in Glasgow a research and development facility of international repute which will make a significant contribution to transforming the health of the Glasgow city region. This will be achieved through building as complete an understanding as possible about the key processes and systems impacting on health in Glasgow, and through working in a sustained way with these processes to yield better, more equitable, population health outcomes.
8. The Centre has its own distinct **identity**, which will be supplemented by explicit recognition of the core partners to the Centre. For particular initiatives where additional support has been secured from another source, that source will also be explicitly acknowledged.
9. Governance and strategic leadership is provided by a **Board of Management**, on which each of the core partners is represented at senior level. The Board meets every three months, and comprises two representatives from each of the partners, together with the Director of the Centre. The Scottish Government Health and Wellbeing Directorates participate as an observer. The Board is chaired by one of the core partners (currently the Chair of NHS Greater Glasgow and Clyde) with a Vice Chair from one of the other partners.
10. The Centre has an **Executive Management Team** which meets approximately every two months, to lead, develop and operationalise the Centre's activities. This management team involves a representative from each of the partners. At the core of the management team, is the Centre's Director, responsible for ensuring the successful establishment and running of the Centre, and for coordinating all activity in the realisation of the Centre's vision and achievement of its objectives. Individual members of the management team take lead responsibility for different aspects of the Centre's work as well as having a concern for the totality.
11. An **External Advisory Group**, comprising respected, senior professionals from a range of relevant fields of expertise, provides strategic advice and feedback to the Centre's Management Team and Board. For the second phase of funding, and in light of feedback from the Centre's review, an additional group of 'virtual consultees' will be identified to provide advice and feedback on the Centre's plans and outputs.
12. Additional committees may be established on a short-term basis for specific purposes (such as the consideration of funding applications, or to oversee issues of research governance).
13. The Centre is **hosted** by NHS Greater Glasgow and Clyde, and is subject to the Board's governance and accountability processes. This arrangement will

be kept under review by the Board of Management, and is subject to change should alternative organisational models (such as charitable status) be assessed as preferable in the future.

14. Resource deployment will be in line with an **annual business plan** agreed by the Board of Management. Resources will be deployed through each of the partner organisations, as well as through additional routes commissioned externally to the partners. In all cases these resources will be ring-fenced and subject to the Centre's accounting and audit processes.
15. The core partners hereby commit to supporting the Centre to April 2012. It is anticipated that the three partners will contribute on an approximately equal basis over this period, and should any disparities emerge, these will be considered by the Management Board. The partner commitments are hereby agreed as follows:

- (i) **NHS GREATER GLASGOW AND CLYDE**
 - Funding of the Director's post
 - Financial management and governance
 - HR and recruitment services and support
 - Communications, media and PR support

- (ii) **GLASGOW CITY COUNCIL**
 - Office accommodation and support with maintenance of property
 - A regular attachment(s) from Council Services to carry out research, with the length and time commitment to be negotiated for each individual
 - IT support
 - Design support for publications and other materials

- (iii) **UNIVERSITY OF GLASGOW**
 - Participation of academic staff in GCPH research programmes
 - Provision of venues for GCPH events
 - Assistance to the Centre in responding to external calls for bids

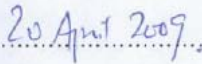
In addition, all partners commit to attending Management Board and Executive Management Team meetings.

This Memorandum of Understanding is agreed by NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow.

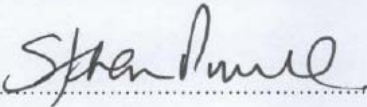
Signed:

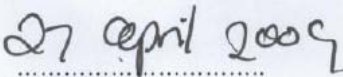
Date:


.....

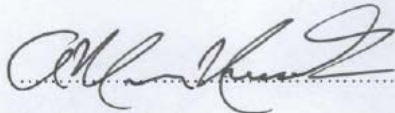

.....

Andrew Robertson OBE
Chair
NHS Greater Glasgow and Clyde


.....


.....

Cllr Steven Purcell
Leader
Glasgow City Council


.....


.....

Sir Muir Russell
Principal
University of Glasgow

(b) NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
Chief Executive

J B Russell House
Corporate Headquarters
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH
Tel. 0141 201 4444
Textphone: 0141 201 4400
www.nhsggc.org.uk



Carol Tannahill
Director
Glasgow Centre for Population Health
1st Floor
94 Elmbank Street
GLASGOW
G2 4DL

Date 8 December 2010
Our Ref RC/FB - 02 Carol Tannahill
Direct Line 0141 201 4642
Fax 0141 201 4601
E-mail robert.calderwood@gcc.scot.nhs.uk

Dear Carol

Re: The Glasgow Centre for Population Health

I am delighted to contribute to the review of the Glasgow Centre for Population Health.

NHS Greater Glasgow and Clyde as one of the Centre's partners will continue to support the centre at the current level. This support includes:

- The Director's post
- Provision of Finance, HR and Communications services
- Attachments of Specialist Trainees in public health
- Part of the time of the Director of Public Health through joint work and her membership of the External Management Team and the Management Board of the Centre
- Joint work between the centre and our corporate team on a range of issues relating to inequalities in health.

NHS Greater and Glasgow and Clyde is extremely supportive of the Centre with its focus on translational research and new thinking about Glasgow's unique health problems. The analysis of the "Glasgow Effect" has given us an important insight into these unique challenges and with further analysis could potentially lead to a fuller understand of why Glasgow's health is poorer than other comparable cities and therefore help to develop strategies to improve health and influence resource allocation. The development of indicators on health and well-being led by the Centre will enable community planning partners to assess the effectiveness of our policies to improve health and to monitor progress. The Primary Care Observatory Work provided an essential baseline on primary care provision and organisation which has informed the Board's Primary Care Strategy and other primary care initiatives such as the Deep End work.

It has also been very useful for the Centre to evaluate new policies for health improvement to ensure expertise and independence and to conduct the evaluations in a timely and relevant way that is not always possible for purely academic units. Examples of such evaluations include the "Big Eat In" pilots of secondary 1 pupils staying in at lunch time, the Equally Well test sites and the Healthier Wealthier Children programme. Other influential research has been the study of young people and alcohol which will inform our health promotion campaigns and advocacy with licensing boards and national

Delivering better health

www.nhsggc.org.uk

government. The evaluation of the Board's smoking cessation services enabled us to integrate and improve the services.

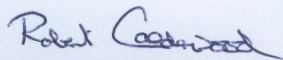
The Centre's work on employment and health, analysis of the impact of the recession and support on developing a strategy on child poverty are all key areas where the Centre has been able to use its expertise to inform community planning and children's services planning.

The work of the Centre has been very influential in the Glasgow City Council Health Commission and in our own Director of Public Health's report both of which set the health improvement priorities for the NHS and the Council.

The Centre's staff have also been able to support the NHS in facilitation and presentations at corporate events to aid our strategic thinking and scenanrio planning.

In summary I commend the work of the Centre and would hope to see it continue with current levels of funding from all the partners of the Centre.

Yours sincerely



Robert Calderwood
Chief Executive

(c) Glasgow City Council



Corporate Policy
Chief Executive Department
Glasgow City Council
City Chambers
George Square
Glasgow G2 1DU

Phone: 0141 287 4604
Fax No: 0141 287 5997

Dawn Corbett
Head of Service

Our Reference: DC/MC
Your Reference:
Date: 13 December 2010

Ms Carol Tannahill
Glasgow Centre for Population and Health
1st Floor, House 6
94 Elmbank Street
Glasgow
G2 4DL

Dear Carol

You asked members of the EMT to draft and submit evidence of how the Centres provides added value from the prospective of their agency. I am writing to provide a Council perspective.

Glasgow Centre for Population Health – added value

1. The key role of the Glasgow Centre for Population Health (GCPH) is in working across sectors – public, academic, community – to support better thinking and action for a healthier future for Glasgow and Scotland. No other body in the city acts in such a consistent manner to provide a locus for academics, the public sector and members of the community to come together on health issues. GCPH has achieved this through engaging such stakeholders in:

- A seminar series of invited speakers and debate
- Topic-based workshops
- Research and evaluation on particular programmes of work in the city (for example, on transport policy, school dinners).

The Council has had extensive involvement in this work at both corporate and service level, as well as through its arms-length organisations. The Centre has thereby ensured that its links to the Council are well developed in both policy and operational contexts.

2. The Centre has supported the Council to provide an enhanced awareness of health issues across the organisation. A good example is that of its involvement in the GoWell partnership, which has led to reports being presented on the GoWell research programme to several of the Council's Area Committees and to its main Policy Development Committee on health. As a result, elected members have looked for further feedback from GoWell on issues relating to their wards. Further updates on GoWell have also been requested by members for future Committee meetings. In addition, the GoWell principal investigator has met with the Council team responsible for the Household Survey in order that these approaches to conducting research and influencing policy can be compared and potentially linked.

S:\GCPH\GCPH Governance\GCPH Funding Review 2011\Final sections\Appendices\Appendix 1 GCC statement.doc 1
Glasgow – Proud Host City of the 2014 Commonwealth Games

Glasgow City Council is an equal opportunities employer

The main link for the Centre with Council and arms-length services is through representation on the Joint Officer Group. This has provided a forum in which the Council can benefit from the Centre's extensive access to research and evidence in considering service development. It has also given a practical means for the Centre to consolidate strong connections to services and to ensure that its work relates to their issues.

3. Several health impact assessments (HIA) have been led or supported by Centre staff. They include work on:

- The school dinner service
- Commonwealth Games legacy
- City Plan 3
- The Local Housing Strategy
- Licensing Board Policy Statement.

In addition, the Centre has provided training for a range of Council officers on the use of HIA techniques. This means that there is now a (growing) group of Council staff who can engage in HIA work and who themselves actively seek to explore opportunities for such work.

4. A particularly positive example of support from the Centre to a Council service which was not traditionally associated with health relates to the planning service. The Centre has led a programme in relation to Healthy Urban Planning which has drawn on national and international linkages to inform work in Glasgow. As a result, support was provided for innovative work with planners and communities in drafting the East End Local Development Strategy. The experience of this work allowed the Council to submit a successful application to the Scottish Government's Equally Well programme for a test site to explore further the links between planning and health. Subsequently, the Centre has continued to play a vital role in this test site and the other local one in Govanhill, particularly in relation to monitoring and evaluation.

5. The Health Commission was established by the Leader of the Council to develop recommendations for action to tackle the city's health inequalities. The Centre played a major role in supporting this work, both through direct representation on the Health Commission and by providing briefings on key topic areas to its members. The Centre has continued to support the implementation of the Health Commission recommendations and is particularly involved in:

- Developing the recommendation on mandatory 20mph zones
- Providing policy and research support on other transport and health recommendations
- Evaluating the Big Eat In at secondary schools
- Developing a suite of health indicators for the city, which will allow Community Planning partners to consider progress over time and in comparison with other cities.

6. The Centre formally represents the city within the WHO European Healthy Cities Network and its UK national network. This has allowed experience from a distinctly urban context to be shared back in Glasgow. Particular benefits of this link have related to the

S:\GCPH\GCPH Governance\GCPH Funding Review 2011\Final sections\Appendices\Appendix 1 GCC statement.doc 2
Glasgow – Proud Host City of the 2014 Commonwealth Games

Glasgow City Council is an equal opportunities employer

use of HIA methods and continuing involvement in the Healthy Urban Planning theme of the network.

7. Population health research from the Centre has helped the Council to consider how its policy responses to the challenge of the city's health inequalities are best shaped. The Centre's publication of 'Let Glasgow Flourish' in 2006 has made a key contribution to the information and detail which Council services can draw upon about health in Glasgow when planning their services. Recent comparative research on the so-called 'Glasgow Effect', which has looked at differences between Glasgow and Manchester/Liverpool, has augmented this perspective. This work has been formally presented to elected members. Research which compares the health of the west of Scotland with other de-industrialised regions of Europe has also given a context to the debate about the causes of the city's health inequalities. One of the Centre's workstreams on employability has looked further into the patterns of worklessness in Glasgow and particularly supported colleagues in economic regeneration to gain a greater understanding around the ways in which Incapacity Benefit and poor health have operated.

From the Council's perspective, there are numerous ways in which the centre adds value to the work of the Local Authority and to the benefit of the city.

Yours sincerely



**DAWN CORBETT
HEAD OF CORPORATE POLICY/
SERVICE REFORM**

(d) University of Glasgow



AFD/lc

17 December 2010

Dr Carol Tannahill
Director
Glasgow Centre for Population Health
1st Floor
Strathclyde House 6
94 Elmbank Street
Glasgow G2 4DL

Dear Carol

The University of Glasgow and the Glasgow Centre for Population Health

The University of Glasgow has been one of the three core partners in the Glasgow Centre for Population Health (GCPH) since the Centre was set up in 2004.

The University contributions to GCPH are:

- Participation of academic staff in the research activities of the Centre. Academics from the Centre for Population and Health Sciences in the College of Medical, Veterinary and Life Sciences and from Urban Studies in the College of Social Sciences have been involved in research projects with GCPH and currently the Centre is supporting a PhD studentship in Health Economics and in Urban Studies. These students will be supervised by academics from the relevant discipline.

In recognition of the close relationship between the University and GCPH and of the calibre of the work of GCPH, the Director of GCPH has been awarded an Honorary Chair by the University and other GCPH staff have been awarded Honorary Senior Lecturer or Honorary Research Fellow Status.

- Provision of venues for GCPH events. Such events are treated as internal University events and are not subject to room hire or staff time charges.
- Assisting the Centre in responding to external calls for bids. This is achieved by drawing opportunities to the attention of relevant academics. In addition, the Centre is able to use of the University Research and Enterprise service when preparing bids.

- Participation of senior academic staff in the GCPH Executive Management Team and the Management Board.

The University values our partnership with GCPH. The increasing recognition of the work of the Centre nationally and internationally is a source of satisfaction. The Centre has, in the last few years, increased its formal academic output of papers and conference presentations in addition to reports it provides to statutory and non-statutory bodies. Many of these outputs have had University staff as co-authors. The Seminar series run by GCPH has been innovative in the topics it has considered, particularly in drawing together individuals from a wide variety of backgrounds (eg medicine, sociology, City Council etc). The seminars have also provided a platform for wider discussion and dissemination of research findings and questions from University staff (eg "The Glasgow Effect"). The activities of GCPH dovetail well with those of various University associated groups such as Public Health, the MRC Unit for Social and Public Health and Urban Studies.

The University of Glasgow values its association with GCPH and wishes to continue to participate in developing its activities. The University will be happy to continue its current levels of support for the Centre during the next three year funding period.

With best wishes



Anna F Dominiczak

Professor Anna F Dominiczak OBE MD FRCP FAHA FRSE FMedSci
Regius Professor of Medicine
Vice Principal and Head of College of Medical, Veterinary and Life Sciences
Wolfson Medical School Building, University Avenue
Glasgow G12 8QQ

Tel: +44(0)141 330 5420/2738
Fax: +44 (0)141 330 5339
Email: Anna.Dominiczak@glasgow.ac.uk

The University of Glasgow, charity number SC004401

APPENDIX 2 – MANAGEMENT BOARD REMIT AND MEMBERSHIP

The Management Board meets four times a year, and works to the following remit:

1. To agree the Centre's strategic plans and annual financial plans
2. To ensure appropriate governance of the Centre's activities
3. To review, annually, the Centre's progress and achievements, taking account of feedback from the External Advisory Group (EAG)
4. To develop the Centre's core partnership, and to ensure the securing and delivery of contributions from individual partners to the success of the Centre
5. To respond to the outputs of the Centre through supporting changes in policy and practice, within partner organisations and more widely, in the light of new findings
6. To share responsibility for the management and leadership of the Centre with the Executive Management Team (EMT), delegating authority to the EMT to make operational decisions within the strategic framework agreed by the Management Board

Membership of the Board involves two representatives from each of the local partners, together with the Director and Deputy Director of GCPH. A Scottish Government representative attends and fully participates in the meetings. In recent years, the University of Glasgow has worked from a 'pool' of four representatives, to ensure that there are two present at each meeting. It is proposed that the other partners similarly move to this model in 2011.

Current membership

Name	Designation
Mr Andrew Robertson	Chairman, NHS Greater Glasgow & Clyde (Chair)
Cllr Jim Coleman	Deputy Leader, Glasgow City Council (Vice Chair)
Dr Linda de Caestecker	Director of Public Health, NHS Greater Glasgow & Clyde
Mr Robert Booth	Executive Director, Land and Environmental Services, Glasgow City Council
Prof Anna Dominiczak	Vice Principal and Head of College of Medical, Veterinary and Life Sciences, University of Glasgow (from January 2011)
Prof Anna Cooper	Head of Division, Community Based Science/Professor of Learning Disabilities, University of Glasgow
Prof Jim McKillop	Professor of Medicine and Deputy Executive Dean, University of Glasgow
Prof Phil Beaumont	Professor of Employee Relations, University of Glasgow
Ms Kay Barton	Head of Health Improvement Division, Health and Healthcare Improvement Directorate, Scottish Government
Prof Carol Tannahill	Director, Glasgow Centre for Population Health

Past members

- Sir John Arbuthnott, Chairman NHS Greater Glasgow & Clyde (Chair, from 2004 – 2007)
- Dr Harry Burns, Director of Public Health, NHS Greater Glasgow (2004 – 2005)
- Mr Rodger McConnell, Director of Development and Regeneration Services, Glasgow City Council (2004 – 2005)
- Prof Margaret Reid, Head of Division of Community Based Sciences, University of Glasgow (2004 – 2008)
- Prof Stephen Smith, Dean of Faculty of Medicine, University of Glasgow (2004 – 2005)
- Mrs Pam Whittle, Director of Health Improvement, Scottish Executive Health Department/Scottish Government (2004 – 2008)
- Mr Ian Manson, Senior Depute Director of Development and Regeneration Services, (2005 – 2008)
- Prof David Barlow, Dean of Medicine, University of Glasgow (2005 – 2010)

APPENDIX 3 – EXTERNAL ADVISORY GROUP REMIT AND MEMBERSHIP

The External Advisory Group meets twice a year, and has the following role and responsibilities.

Role

The External Advisory Group (EAG) will, collectively and severally, provide advice to the management team, and where appropriate to the core partners of the Glasgow Centre for Population Health. Its role will be a strategic one, concerned primarily with the overall direction and quality of the Centre's work, and with supporting the development and long-term sustainability of the Centre.

Responsibilities

- Provide advice on the Centre's strategies, ways of working, and the content of its work programme
- Provide feedback on the quality of the Centre's work, including its impact in shaping research agendas and policy developments and in promoting new thinking about public health
- Identify opportunities and potential new developments or collaborations for the Centre
- Advocate for, and support, the Centre's work in arenas of relevance - particularly outside Glasgow
- Provide advice and, if appropriate, assistance in securing resources for the Centre
- Assist in identifying and attracting international research opportunities and attachments

Membership of the EAG is by invitation from the Chair and the GCPH Director. Members of the GCPH Executive Management Team attend EAG meetings.

Current membership

Name	Designation
Sir David Carter	Chair
Sir John Arbuthnott	Previously Chair of NHS Greater Glasgow & Clyde
Prof Sue Atkinson	Previously Regional DPH for London
Prof David Barlow	Past Dean of Medicine, University of Glasgow
Dr Harry Burns	Chief Medical Officer for Scotland
Prof John Coggins	Vice Principal (Life Sciences & Medicine), University of Glasgow
Dr Hilary Dobson	Clinical Director, West of Scotland Breast Screening Service
Mr Tony Elson	Broomstile Consultants
Prof David Hunter	Professor of Health Policy and Management, School for Health, Wolfson Research Institute, University of Durham
Dr Rosie Ilett	Deputy Director, GCPH
Prof Mike Kelly	Director, Centre for Public Health Excellence, National Institute for Health and Clinical Excellence

Prof Margaret Reid	Past Head of Division of Community Based Sciences, University of Glasgow)
Mr Andrew Robertson	Chairman, NHS Greater Glasgow & Clyde
Prof Carol Tannahill	Director, GCPH
Mrs Pam Whittle	Past Director of Health Improvement, Scottish Government
Cllr Robert Winter	Lord Provost of Glasgow

Past members

- Cllr Elizabeth Cameron, Lord Provost of Glasgow (2004 – 2007)
- Sir Alan Langlands, Principal, University of Dundee (2004 – 2007)
- Prof Graham Teasdale, President, Royal College of Physicians and Surgeons (Glasgow) (2004 – 2007)
- Dame Suzi Leather, Chair, Human Fertilisation and Embryology Authority (2004 – 2007)
- Mrs Linda McTavish, Principal, Anniesland College (2004 – 2007)
- Prof Brian Williams, President, Royal College of Physicians and Surgeons (Glasgow) (2007 – 2009)

APPENDIX 4 – GLASGOW CENTRE FOR POPULATION HEALTH EXECUTIVE MANAGEMENT TEAM

The Executive Management Team (EMT) meets approximately every six weeks and comprises one representative from each of the partner organisations together with the GCPH Director and Deputy Director. Its role is to work with the Director in overseeing the Centre's programmes of work, ensuring that they add value to the work of the core partners, and that the partners fulfil their commitments to the Centre. The members act as primary points of contact with the partner organisations, and provide advice and support to the members of staff at GCPH. Working within the strategic and financial plans agreed by the Management Board, the EMT makes operational decisions about new developments, priorities, budget decisions and implications of findings.

Current membership

Name	Organisation
Prof Anna Cooper/ Prof Jim McKillop	Head of Division of Community Based Sciences/Deputy Dean of Medicine, University of Glasgow
Ms Dawn Corbett	Head of Corporate Policy, Glasgow City Council
Dr Linda de Caestecker	Director of Public Health, NHS Greater Glasgow & Clyde
Dr Rosie Ilett	Deputy Director, Glasgow Centre for Population Health
Prof Carol Tannahill	Director, Glasgow Centre for Population Health

Past members

- Dr Duncan Booker, Principal Officer, Glasgow City Council (2004 – 2007)
- Dr Harry Burns, Director of Public Health, NHS Greater Glasgow (2004 – 2005)
- Prof Margaret Reid, Head of Division of Community Based Sciences, University of Glasgow (2004 – 2008)

APPENDIX 5a – GCPH STAFF TEAM (as at end December 2010)

Carol Tannahill BA, MPH, PhD, FFPH **Director since September 2003**

Carol was involved in establishing the GCPH and has led its development since 2004. She was a member of the Ministerial Task Force on health inequalities that led to Equally Well, and of the Glasgow Health Commission. From September 2005 – January 2010 she has been a member of the Disease Prevention Panel, which advises the HTA programme of NHS R&D (Department of Health). She is also a mentor for the Mentoring Partnership Scotland and a member of the Science Advisory Committee for the Glasgow Science Centre.

Carol is accountable to Scottish Government and the Centre's partners for the delivery of the totality of the Centre's work programmes and communications, and is the lead officer for the Management Board and External Advisory Group. She is one of the Principal Investigators on GoWell; a member of the pSoBid research team and co-investigator on the trial of the use of incentives to support smoking cessation in pregnancy (part-funded by CSO); and part of the team looking at the impacts of culture, sustainability and economic development on the past and future health of Glasgow.

Carol is Honorary Professor with the University of Glasgow, and Honorary Visiting Professor at Glasgow Caledonian University. She is currently second supervisor for 3 PhD students.

Rosie Ilett BA(Hons), DipLib, MSc Econ, PhD **Deputy Director since March 2009**

Rosie is responsible for supporting the Centre Director in all aspects of strategic and operational management with particular involvement in monitoring programme delivery, office management and team-building. She leads a work programme concerned with partnership working to tackle health inequalities and is currently researching identity issues and NHS managers, the role of evidence within public health decision-making, multi-agency partnership working concerning youth justice, and evaluation methodologies within multi-agency working.

Rosie is a member of the Scientific Committee for Skills for Health /and Skills for Care's annual international research conference; a book reviewer for *Sociology*; a peer reviewer for the Health Technology Assessment Clinical Evaluation and Trials programme; Honorary Senior Lecturer in the Faculty of Medicine at the University of Glasgow; and UK Vice-Chair and representative for Scotland for Managers in Partnership, the trade union for senior health service managers. She is a member of the Chartered Management Institute, and is currently studying for a Diploma in Organisational Consultancy and Facilitation and to be a workplace assessor for Scottish Vocational Qualifications.

Pauline Craig BSc(Hons), RGN, DipHV, MSc, PhD, FFPH **Public Health Programme Manager since January 2005**

Pauline managed the programme for Health-Related Services and Health Inequalities. Her role included designing, commissioning and managing practice development, evaluation and research projects; and supporting planning and practice development in Community Health Partnerships, service teams and Health Boards for addressing health inequalities. Two major projects over that time were the development of an inequalities framework and leading on the development and early implementation of the financial inclusion project, *Healthier, Wealthier Children*.

Pauline contributed to a number of national advisory committees and working groups including the Meeting the Shared Challenge Steering Group and more recently the Antenatal Inequalities Subgroup of the Maternity Services Action Group. She also provided national support for the non-medical public health specialist workforce. During her time at GCPH, Pauline completed her PhD, graduating in 2008 and was accepted into the UK Public Health Register as a generalist specialist in 2009. Pauline moved to NHS Health Scotland in January 2011.

Fiona Crawford BN, MPH, FFPH **Public Health Programme Manager since September 2005**

Fiona's work involves conducting research and generating evidence and insights to inform local authority policy and practice. She leads an integrated programme of research, data analysis and policy review in

relation to travel and transport, and has facilitated evaluations of the impacts of changes to school food policies and programmes on the attitudes and behaviour of pupils, parents and school staff. She is a member of the GoWell research team and of a project group developing 'progress' indicators of health and well-being for Glasgow.

Fiona is an active member of the Scottish public health specialist network which aims to support non-medical public health specialists and contribute to the development of a multi-disciplinary public health workforce in Scotland. Fiona was accepted onto the UK Public Health Register as a generalist specialist in 2009. She is an honorary lecturer at Glasgow University and is also a member of several academic and strategic steering groups, currently including:

- Glasgow City Council's Joint Officers' Group for Health Improvement
- Oxfam's Humankind Index Steering Group, and
- University of Strathclyde iConnect Study 'Bridge to Nowhere' Steering Group.

**James Egan RMN, Dip Community Mental Health, BA, MRes
Public Health Programme Manager since December 2010**

James took up post in December 2010. His role continues the work programme established by Pauline Craig and currently involves *Healthier Wealthier Children*, Govanhill *Equally Well* test site evaluation, and supporting health-related services addressing health inequalities. Particular areas of focus in this last regard include breastfeeding and mental health. He is a member of the NHSGGC financial inclusion strategy group and the Glasgow City child poverty subgroup, which is linked to the Children's Service Planning Group.

**Russell Jones BSc, MA, PhD
Public Health Programme Manager since January 2005**

Russell leads the programme on 'healthy urban planning', focussing on ways in which urban planning can have a positive impact on health, well-being and quality of life. The aims of this programme are 1) to provide and generate evidence on the links between planning and health, 2) to raise awareness of and develop capacity in methods of incorporating a health perspective into planning, and 3) to integrate attention to health into planning policy and practice. Russell also takes forward the Centre's work on health impact assessment, leads the evaluation of the Glasgow City *Equally Well* test site on integrating health into planning, and is Glasgow's Healthy City Coordinator for the WHO European Healthy Cities Network.

Russell sits on the Board of the Glasgow and Clyde Valley Green Network Partnership, the steering group for the UK Healthy Cities Network, the advisory group for the Glasgow Strategic Greenspace Partnership, the advisory group for the Forestry Commission's Woods in and Around Towns programme, and the external reference group for the development of a national best practice framework for health, social housing and the environment.

**Jennifer McLean BSc, MSc, PhD
Public Health Programme Manager since February 2009**

Jennifer is the Programme Manager for the pSoBid study and works closely with the research team to ensure that the programme is appropriately governed and to support the production of academic outputs. Her role also involves managing the data analysis contract with the Robertson Centre for Biostatistics and undertaking further analyses and literature review work to support publication. Jennifer also contributes to other GCPH programmes, including GoWell, and the Centre's work on research commissioning and governance.

**David Walsh MA(Hons), MSc
Public Health Programme Manager since December 2006 (on secondment from ISD)**

David co-leads the Centre's 'Observatory Function' and is responsible for developing and managing a comprehensive public health information programme. Current responsibilities involve leading a large programme of work related to the 'Scottish Effect' and 'Glasgow Effect', as well as a large-scale European collaborative project, comparing health and its determinants in the West of Scotland with a number of other, post-industrial regions in Europe. In addition, he contributes to the 'ecological' component of the GoWell project.

David jointly co-ordinates the national PHINS (Public Health Information Network for Scotland) network, and is a member of a number of different local, national, and international public health groups including the Scottish Public Health Observatory (ScotPHO), and WHO's Scientific Group on Equity Analysis and Research. He is also an Honorary Senior Lecturer at the University of Glasgow and jointly supervises 2 PhD studentships, as well as being supervisor of a number of MPH projects and student attachments to GCPH.

Bruce Whyte BSc(Hons), MSc
Public Health Programme Manager since December 2006 (initially on secondment from NHS Health Scotland)

Bruce co-leads the Centre's 'Observatory Function' and is responsible for developing and managing a comprehensive public health information programme, with a particular emphasis on making health information accessible in different formats, and supporting its use for planning and prioritisation. His current work involves: leading the development of the Glasgow Indicators Project, including the Understanding Glasgow web resource; managing research investigating rises in breastfeeding in deprived neighbourhoods in Glasgow; managing the development of a mental health profile of Greater Glasgow and Clyde; undertaking research and analysis for GCPH's Active Travel programme; and leading a Glasgow-Gothenburg collaboration to create a comparative Miniature Cities film, building on the Miniature Glasgow film.

Bruce jointly co-ordinates the national PHINS (Public Health Information Network for Scotland) network, and is a member of a number of different local, national, and international public health groups such as the Scottish Public Health Observatory (ScotPHO), and WHO's Scientific Resource Group on Equity Analysis and Research. He is also an Honorary Senior Lecturer at the University of Glasgow.

Andrew Lyon MA, PhD
Converger, International Futures Forum.

Andrew is the principal link in the Centre's collaboration with the International Futures Forum, an organisation of which he is founder member. This collaboration has been helpful to both organisations is enabling futures perspectives and methodologies to be developed and applied in different contexts. Andrew's primary role in the Centre is the facilitation of the Seminar Series which is now in its seventh year. He also contributes new insights to all the Centre programmes and assists programme managers with innovations (for example the short film *Miniature Glasgow* and the recently launched *Understanding Glasgow* website).

In his role with GCPH, Andrew also supports the Centre's partners in a number of ways – recent examples being the design and facilitation of key strategic meetings including NHSGGC's primary care strategy review and this year's senior managers' conference. Andrew has been a volunteer most of his adult life and is currently a non executive board member of *Community Renewal* whose aim is to support people in deprived communities follow their aspirations.

Chris Harkins MA, MSc
Public Health Research Specialist since November 2009

Chris has responsibility for the evaluation of the Govanhill *Equally Well* test-site, drawing on his previous evaluation experience having performed similar roles working with the Scottish Government, the NHS, local authorities, the University of Glasgow and the University of Edinburgh. Chris maintains a strong interest in the continued development of Anticipatory Care in Scotland, linking with NHS Health Scotland and the Keep Well programme for the dissemination of his recently published work in this field, collaborating with Dr Kate MacIntyre (Section of Public Health, University of Glasgow) and others, using the *Have a Heart Paisley* evaluation dataset.

Ruth McLaughlin BSc, PhD
Public Health Research Specialist from November 2009

Ruth is responsible for taking forward a programme of work to explore how three influences on population health – culture, sustainability and economic development – might interact and play out in the Glasgow city region in the next decade or so. Her work has involved designing and delivering a programme of research; collecting, manipulating, analysing and presenting qualitative and quantitative data and reporting the work of the project. Ruth has also contributed to developing the second phase of the Glasgow-Liverpool-Manchester project and was responsible for populating the Mindset domain of the Glasgow Indicators

website.

Valerie McNeice BSc (Hons), MPH
Public Health Practitioner Specialist since June 2009

Valerie has responsibility for the evaluation of the *Equally Well* test site in Glasgow, which involves managing those components that are commissioned externally as well as undertaking the internal evaluation, deploying different methods to assess the processes and impacts of the test site. Valerie also led the development and organisation of a series of capacity-building workshops to support the integration of health issues into area-based planning processes, and contributes as a member of the management team to the development of the project as a whole.

Valerie was previously Communications Manager at GCPH in which role she undertook and graduated from the MPH programme at Glasgow University.

Lynn Naven BA, MPH
Public Health Research Specialist since September 2010

Lynn takes a lead role in establishing, developing, delivering and reporting the evaluation of the *Healthier Wealthier Children* project, an NHSGGC Children's and Families Financial Inclusion project. Lynn is a member of, and reports to, the project Steering Group which is a subgroup of NHSGGC Financial Inclusion Strategy Group, and she represents the project evaluation team on a Monitoring and Evaluation Subgroup and other satellite groups set up to support the project across NHSGGC. Lynn is also involved in helping identify child poverty indicators for Glasgow's Children's Health and Wellbeing Indicators (*Understanding Glasgow* website).

Lynn has had a long career in public health research, mainly in the University of Glasgow's department of Public Health and the Dental Public Health Unit at Glasgow Dental Hospital and School.

Pete Seaman MA (Hons), PhD
Public Health Research Specialist since April 2005

Pete is the qualitative research specialist at GCPH. He provides qualitative research support to many of the Centre's programmes and has been central to the development of the Civic Conversation. Pete has led the development of the Centre's work on Resilience and Social Networks. This currently focuses on alcohol use and has recently seen the completion of a JRF funded project looking at how young adults understand the place of alcohol in their lives. He is also involved in a qualitative investigation of the processes of change undergone by young people in gangs-based initiative.

Pete sits on an advisory group for a Demos project looking at young people and binge drinking and was recently made an Honorary Senior Research Fellow within the University of Glasgow.

Deborah Shipton BSc, MSc, PhD
Public Health Research Specialist since December 2009

Deborah has taken forward the Centre's work in identifying inequalities in mental health and contributed to observatory function by producing mental health indicators for the region. The mental health indicators report is due for publication in spring 2011. Thereafter, In conjunction with other members of the team, she will be taking forward further analyses on alcohol.

Deborah has a long-standing interest in child health epidemiology, working with the PEACH Unit at Glasgow University. Recent studies have focused on the reliability of self-reporting of health-related behaviours (smoking and drinking alcohol) in pregnancy.

Gregor Yates MSc, MA (Hons)
Public Health Practitioner Specialist since October 2010

Gregor joined the GCPH in October 2010, to provide maternity leave cover for Valerie McNeice. His role is to contribute towards the work of the *Equally Well* Glasgow test site on integrating planning and health. Gregor is part of a team which includes development and regeneration service (DRS) planners and corporate services staff from Glasgow City Council as well as staff from NHSGGC and GCPH. Gregor provides a monitoring and evaluation function within the test site team and is also responsible for facilitating communication between team members.

Fiona Edgar BA (Hons), MA
Research Assistant since August 2010

Fiona is a research assistant on a project looking at gender and alcohol use in young people's transitions to adulthood. She is currently also writing up her PhD thesis with the University of the West of Scotland. Her thesis is a qualitative exploration of women's alcohol use, across the adult age spectrum. Fiona has recently completed a book chapter based on findings from her PhD, for a book about Scottish Devolution and Social Policy which is due to be published later this year. She has co-authored articles that have been published in the journal *Drugs: Education, Prevention and Policy*, and is keen to develop her list of publications in the future.

Richard Withington BA (Hons)
Research Assistant since October 2010

Richard is a mixed-methods social researcher working on the *Healthier, Wealthier Children* project. He works closely with the Public Health Programme Manager and Public Health Research Specialist on the overall design, implementation, monitoring and evaluation of the project. He is currently leading on the qualitative research component of the project.

Fiona McKie BA (Hons)
Communications Manager since December 2008

Fiona has been the Communications Manager for the GCPH since December 2008 having previously worked in public health and health promotion after graduating with a degree in Marketing from the University of Strathclyde in 2005. Fiona manages the communication function of the GCPH across all work programmes including website management, event management, promotional activities, media liaison, report and briefing paper editing, and design and other functions as and when required for the Centre. She is currently working on developing the social media based aspects of the GCPH Communications Strategy with Ross Haig.

Fiona has been a member of the Association of Healthcare Communicators and Marketers since 2009 and is currently working towards gaining her MBA from the University of Glasgow with the aim of graduating in 2011.

Jennie Coyle BA
GoWell Communications Manager since October 2007

As Communications Manager for the GoWell programme, Jennie is responsible for developing and leading the implementation of the communications strategy which involves the production of GoWell reports, community newsletters, and website content, and organisation of events and meetings. The communications strategy involves outputs for a range of audiences including local communities as well as practitioners, policy-makers, academic audiences and the media. Jennie is also the main point of contact for all internal communications within the GoWell team, which currently involves 19 staff based across 7 locations, and with the programme's Steering Group.

Jennie was previously the Administrative and Office Manager at GCPH, and PA to the Director. While in this post she undertook and graduated with a BA in Human Resource Management from the University of West of Scotland.

Kelda McLean BSc, Cosca Certificate in Counselling Skills
Acting GoWell Communications Manager since August 2010/Programme Administrator since January 2009

Kelda is the Acting Communications Manager for GoWell, covering for Jennie Coyle who is on maternity leave. Kelda works with the support of the GoWell Steering Group, which is attended by key individuals from the organisations who sponsor GoWell. With their input, she has implemented the Communications Strategy for 2010/11, and will also develop the strategy for 2011/12. She is currently leading the further development and updating of the GoWell website.

In her substantive post, Kelda is a Programme Administrator with GCPH. This role includes providing administrative and management support for the GoWell programme.

Ross Haig LLB, MA
Communications Officer since December 2010

Ross is currently developing a GCPH e-communications strategy, assessing the potential use of social media to expand the Centre's reach and engage wider audiences with its work. He works with other GCPH staff as well as external contractors to maintain the Centre's online presence, posting updates to the GCPH website and managing its network of contacts, and is currently refreshing the GoWell website alongside the programme's Communications Manager. Ross assisted with the population and subsequent launch of the new Understanding Glasgow site in January, and will play a key role in its future development.

Jackie Hale Cert Personnel Practice
Administrative and Office Manager since April 2008

Jackie's role is to plan, coordinate and manage all aspects of office and administrative support within the GCPH, including: administrative/secretarial staff, office support systems, accommodation, health and safety, and supplies. In 2010 Jackie initiated and oversaw an administration review which resulted in better and more productive use of administrative resources. Jackie line manages 3 administrative staff and provides PA support to the Director. She acts as the focal point for the flow of information across the organisation and its structures as a whole.

Jackie is an Associate Member of Institute of Personnel Management and is working towards SVQ Level 3 in Management.

Rebecca Lenagh-Snow
Programme Administrator since May 2006

Rebecca is part of the administrative team at the Centre and provides administrative support to the programme managers and specifically to the Deputy Director. She has been involved in various programmes including GoWell, the Big Eat In and Equally Well. She has also assisted with the websites for the Centre and has helped to organise and run many events.

Ricky Fleming
Team Administrator since July 2008

Ricky provides an administrative and secretarial support service to the staff team and acts as the first point of contact for the Centre. He is responsible for raising purchase requisitions, processing invoices for all staff members for any goods/services required, and keeping accurate manual and electronic records of all orders. Ricky is also in charge of stock control of general office stationery and supplies.

**APPENDIX 5b – GLASGOW CENTRE FOR POPULATION HEALTH TRAINING
ATTACHMENTS AND SECONDMENTS**

Name, role and dates	Focus of attachment/secondment
<p><i>Tomi Ajetunmobi</i> Secondment from ISD July 2010 for 1 year</p>	<p>I am investigating increases in breastfeeding rates in most deprived neighbourhoods in Glasgow and exploring national infant feeding trends using linked maternal and infant records between 1997 and 2009.</p> <p>This project is jointly funded by GCPH and the Scottish Collaboration for Public Health Research and Policy.</p>
<p><i>Esther Aspinall</i> 3rd year of registrar training in Public Health Medicine May 2010 for 1 year (3 days/wk)</p>	<p>I am working on a literature review, data analysis, policy and practice analysis, and interviews with stakeholders on social regeneration, following on from GoWell findings that there has been less progress on social compared to physical regeneration. The work will also contribute towards competencies for Public Health registrar training, in particular, competencies on policy work, data analysis, and community engagement.</p>
<p><i>Jennifer Haynes (nee Hogg)</i> NHS Graduate Management Training Scheme September 2009 for 3 months</p>	<p>I worked on a project on the ageing population in Glasgow. This involved collecting and presenting data on past/current trends and future projections as well as issues around ageing such as policy, increased incidence of ill health, increased delayed discharges/emergency admissions and positive ageing. As well as this, the other main pieces of work I was involved with were analysing and providing narrative on data which measured the effect of regeneration on health in specified areas of Glasgow, completing a proposal on how to measure the progress of the recommendations in Growing a Healthier Glasgow and writing a briefing paper on an evaluation of a youth diversionary programme.</p> <p>The placement at GCPH allowed me to:</p> <ul style="list-style-type: none"> ▪ refine my data analysis skills ▪ learn how to present data effectively ▪ improve my business writing ▪ understand public health concerns in NHS Greater Glasgow and Clyde ▪ understand how a partnership organisation feeds into an NHS Board

<p>Gerry McCartney Final training post in public health medicine January 2010 for 7 months</p>	<p>I was involved in three substantive pieces of work when attached to the GCPH:</p> <ul style="list-style-type: none"> ▪ Review of the hypotheses postulated for the higher mortality in Scotland/Glasgow and the Scottish Effect/Glasgow Effect; review of the evidence for each of the hypotheses; synthesis of the learning. This is to be published as a GCPH report and has been submitted for journal publication (and presented at the Faculty of Public Health conference). ▪ Analysis of Glasgow city centre cordon count data. This has been submitted for journal publication. ▪ Descriptive analysis of the trends in international health inequalities. This work is ongoing.
<p>John O'Dowd Final training post in public health medicine (part time, shared with University of Glasgow with some ongoing input following Consultant appointment) September 2007 for 24 months</p>	<p>The initial focus of the attachment was centred on exploring the impact of inequalities on health beliefs. This work was difficult to develop as a result of ethics committee resistance. The majority of the attachment focused on developing work looking at the impact of primary care organisation on health outcomes and inequalities. The work started with an engagement event with public representatives from NHSGGC's Public Partnership Fora. The event was developed to explore the public's priorities for the future of primary care. This was followed by a literature review which was completed in April 2009. This work informed the development of the NHSGGC Primary Care Framework for Planning. Concurrently, a study of the views of primary healthcare staff and managers was developed, and completed in September 2009. As a result of this, I developed alternative models of primary care to test with both the public and professionals. This work is ongoing and I continue to collaborate with the GCPH. The work is registered for an MD at Glasgow University and I hope to present the thesis in the Summer of 2011. The title of the thesis will be Futures for Primary Care: Which models work best and why?</p>
<p>Sophie Parcell (nee Turner) Two placements as part of medical undergraduate training. June 2008 for 3 months (completed MBChB 1); and May 2010 for 1 month (completed MBChB 3)</p>	<p>1st placement: As part of the GoWell project, I completed analysis of data referring to health and wellbeing indicators (mortality rates, incidence of specific diseases, prevalence of smoking) for areas of social housing and specific areas that had been identified for reconstruction or improvement by Glasgow Housing Association (GHA). These data were compared to the 'average' Glasgow and Scotland data to investigate disparities. Findings were published within: <i>Health and Wellbeing in GoWell and Social Housing Areas in Glasgow</i>, GoWell, November 2008 and also referenced in GoWell Briefing Paper, <i>Health, Wellbeing and Deprivation in Glasgow and the GoWell Study Areas</i>, GoWell, January 2009.</p> <p>2nd placement: As part of the project focussing on post-industrial European regions I completed analysis of data referring to health and wellbeing indicators for areas of the Ruhr (Germany) and compared these data with similar information for West of Scotland local authorities. Findings are being included within the forthcoming GCPH publication.</p>

<p>Martin Taulbut Secondment from NHS Health Scotland March 2010 for 24 months</p>	<p>I am supporting Phase 2 of a research project comparing health outcomes and determinants in West Central Scotland and other, comparable post-industrial regions. Expected to report Spring 2011.</p> <p>I will also be undertaking analysis of longitudinal cohort data as part of the 'Glasgow effect' work programme from Spring 2011.</p>
<p>Joy Tomlinson Final training post in public health medicine April 2007 for 10 months</p>	<p>I worked with the Primary Care Observatory to provide a comprehensive description of primary care services in NHSGGC. The work fed into the process of developing a new primary care framework for NHSGGC.</p> <p>The output was the production of a report <i>The shape of primary care in NHS Greater Glasgow and Clyde</i>, published in 2008.</p>

Notes:

- The text has been provided by the individuals themselves and is therefore in their own words.
- This list does not include short student attachments (of which there have been several) nor information on secondees from the partner organisations.

APPENDIX 6 – PUBLICATIONS

This Appendix lists the publications resulting from GCPH work programmes. It includes:

1. reports (published by GCPH or other organisations) for which members of the GCPH team are authors or co-authors
2. GCPH Briefing Papers, which summarise research findings and conceptual developments for a policy or practice audience
3. peer-reviewed articles, other journal articles and chapters written for edited books/collections, for which members of the GCPH team are authors or co-authors
4. GCPH films, podcasts, articles and other outputs
5. GoWell publications (reports, briefing papers and journal articles)
6. publications directly resulting from GCPH-commissioned research
7. other research reports commissioned or supported by GCPH

Within each of the above categories the content is listed chronologically, starting with 2010.

This Appendix **does not include** the many contributions made by members of the GCPH to strategy documents and committee reports (such as the Glasgow Health Commission, *Equally Well*, the GCC Climate Change strategy, the public health reports for Greater Glasgow and Clyde, etc). Nor does it include reports of events, health impact assessments or consultation exercises.

1. Reports

In press

McCartney G, Collins C, **Walsh D** and Batty D. *Accounting for Scotland's excess mortality: towards a synthesis*. GCPH: 2011.

2010

Landy R, **Walsh D** and Ramsay J. *The Scottish Health Survey: Topic Report. The Glasgow Effect*. Scottish Government: 2010.

Ross N, Church S, Hill M and **Seaman P**. *The fathers of children born to teenage mothers: A study of processes within changing family formation practices*. Children 1st (The Big Lottery): 2010.

Seaman P and **Ikegwuono T**. *Drinking to belong: Understanding young adults' alcohol use within social networks*. Joseph Rowntree Foundation: 2010

Seaman P and **Ikegwuono T**. *Young people and alcohol: influences on how they drink*. Joseph Rowntree Foundation: 2010.

Walsh D, Bendel N, Jones R and Hanlon P. *Investigating a 'Glasgow Effect' – Why do equally deprived UK cities experience different health outcomes?* GCPH: 2010.

2008

GCPH. *A community health and wellbeing profile for East Dunbartonshire*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for East Glasgow*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for East Renfrewshire*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for Inverclyde*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for North Glasgow*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for Renfrewshire*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for South East Glasgow*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for South West Glasgow*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for West Dunbartonshire*. GCPH: 2008.

GCPH. *A community health and wellbeing profile for West Glasgow*. GCPH: 2008.

Jones R, Seaman P, Ellaway A and Kendall R. *It's more than just the park – Facilitators and barriers to the use of urban greenspace*. GCPH: 2008.

Quinn P and **Seaman P**. *Social networks and employability*. Full Employment Areas Initiative, Community Enterprise in Scotland and GCPH: 2008.

Tomlinson J, MacKay D, Watt G, **Whyte B**, Hanlon P and **Tannahill C**. *The shape of Primary Care in NHS Greater Glasgow and Clyde*. GCPH: 2008.

Walsh D, Taulbut M, Hanlon P. *The aftershock of deindustrialisation - trends in mortality in Scotland and other parts of post-industrial Europe*. GCPH: 2008

2007

Crawford F. *Healthy food promotion and provision in Elmvale primary school. What is the impact on food choices?* GCPH: 2007.

Croucher K, Myers L, **Jones R**, Ellaway A and Beck S. *Health and physical characteristics of urban neighbourhoods: a critical literature review*. GCPH: 2007.

Egan M, **Tannahill C**, Petticrew M and Thomas S. *Do psychosocial risk factors influence health in community settings?* GCPH: 2007.

Rowar NR, Ager W, Kearney N and **Seaman P** *Glasgow public involvement in cancer*. GCPH and Cancer Care Research Centre: 2007.

2006

Crawford F. *Healthy food provision and promotion in schools: a literature review*. GCPH: 2006.

Hanlon P, **Walsh D** and **Whyte B**. *Let Glasgow Flourish*. GCPH: 2006.

2. GCPH Briefing Papers

In press

Findings Series 30 *Focus on inequalities: a framework for action.*

2011

Findings Series 29 *Children's travel to school – are we moving in the right direction?*

Findings Series 28 *Are trends in adult active travel moving in the right direction?*

2010

Concepts Series 8 *The psychological, social and biological determinants of health: A review of the literature.*

Findings Series 27 *Evaluating the Impact of the 'Big Eat In' secondary school pilot.*

Findings Series 26 *Moving in the right direction? Findings from a review of transport policy in Scotland.*

Findings Series 25 *Investigating a 'Glasgow Effect': Why do equally deprived UK cities experience different health outcomes?*

Findings Series 24 *Exploring the impact of selective migration on the deprivation-mortality gap within Greater Glasgow.*

Findings Series 23 *The development of a framework for monitoring and reviewing health and social inequalities.*

2009

Concepts Series 7 *Healthy Sustainable Neighbourhoods Model.*

Findings Series 22 *Attitudes towards active travel in Glasgow: Findings from a qualitative research report.*

Findings Series 21 *Community responses to Let Glasgow Flourish.*

Findings Series 20 *Comparing models of smoking treatment in Glasgow.*

Findings Series 19 *Determining the accuracy of self-reported smoking status in pregnant woman at maternity booking and second trimester serum screening.*

Findings Series 18 *Health impacts of the John Muir Award.*

2008

Concepts Series 6 *Public health, housing and regeneration: What have we learned from history?*

Findings Series 17 *'It's more than just the park: Facilitators and barriers to the use of urban greenspace.*

Findings Series 16 *Working for a healthier life. Research report.*

Findings Series 15 *Findings from the 'Let Glasgow Flourish' report.*

Findings Series 14 *Community health profiles of Greater Glasgow and Clyde.*

Findings Series 13 *Perceived barriers in accessing healthcare services: Asylum seekers and refugee (ASRs) and service providers' perspectives.*

Findings Series 11 *European regional and city comparisons: How does the health of Greater Glasgow and the West of Scotland compare with other cities and post-industrial regions of Europe?*

Findings Series 10 *Managing partnerships for improving health and wellbeing.*

Findings Series 9 *Employability and those furthest from the labour market: Analysis grounded in social networks.*

2007

Concepts Series 5 *How can transport contribute to health?*

Concepts Series 4 *Policy background to Community Health Partnerships and Community Health and Care Partnerships.*

Concepts Series 3 *Piloting Health Impact Assessment as a method of integrating health into planning: A case study of the draft East End Local Development Strategy.*

Concepts Series 2 *Health and the physical characteristics of urban neighbourhoods: Critical literature review.*

Concepts Series 1 *Community engagement: The Centre's experiences and outcomes.*

Findings Series 8 *Healthy food provision and promotion in primary and secondary school: Impacts in school and beyond.*

Findings Series 7 *Comparisons of health-related behaviours and health measures between Glasgow and the rest of Scotland.*

Findings Series 6 *Turning the tap off! Incapacity Benefit in Glasgow and Scotland. Trends over the past five years.*

Findings Series 4 *Making change happen: exploring the effective diffusion and adoption of healthy working practices.*

Findings Series 3 *New forms of spiritual participation and social capital generation in Glasgow.*

Findings Series 2 *Perceptions of cancer in three deprived communities in Glasgow: Findings from the Glasgow Public Involvement in Cancer study.*

Findings Series 1 *Healthy food provision and promotion in primary school: What impact is it having on food choices?*

3. Peer reviewed journal articles, other articles and chapters

In press, submitted for review or awaiting publication

McCartney G, Collins C, **Walsh D** and Batty GD. Why the Scots die younger: towards a synthesis. Submitted to *Public Health*.

McCartney G, **Whyte B**, **Livingston M** and **Crawford F**. Getting into town – is variation in active travel in to Glasgow explained by infrastructure or population characteristics. Submitted to *Journal of Epidemiology and Community Health*.

Millar K, Batty GD, Bezlyak V, Burns H, Deans KA, Ford I, Lloyd S, McConnachie A, McGinty A, **McLean JS**, Packard CJ, Sattar N, Shiels PG, **Velupillai YN**, **Tannahill C** and Cavanagh J. Cognitive function in socio-economic deprivation: the role of inflammation and intellect. Submitted to *Journal of Psychosomatic Research*.

Tannahill C and **Whyte B**. Inequalities in health. Chapter 11 in McKendrick JH, Mooney G, Dickie J and Kelly P. *Poverty in Scotland 2011. Towards a more equal Scotland*. London: Child Poverty Action Group (in press).

Wilson N, **Jones R**, Fleming S, Lafferty K, Knifton L, Catherine K, and McNish H. Branching out: The impact of a mental health ecotherapy programme. Accepted by *Ecotherapy*.

2011

Packard C, Bezylak V, **McLean J**, Batty G, Ford I, Burns H, Cavanagh J, Deans K, Henderson M, McGinty A, Millar K, Sattar N, Shiels P, **Velupillai Y** and **Tannahill C**. Early life socioeconomic adversity is associated in adult life with chronic, carotid atherosclerosis, poorer lung function and decreased cognitive performance: a cross-sectional, population-based study. *BMC Public Health* 2011;11:42-58.

2010

Harkins C, Shaw R, Gillies M, Sloan H, MacIntyre K, Scoular A, Morrison C, MacKay F, Cunningham H, Docherty P, MacIntyre P and Findlay IN. Overcoming barriers to engaging socio-economically disadvantaged populations in CHD primary prevention: a qualitative study. *BMC Public Health* 2010;10:391.

Heim D, Hunter S and **Jones R**. Perceived discrimination, identification, social capital and well-being: relationships with physical health and psychological distress in a UK minority ethnic community sample. *Journal of Cross Cultural Psychology* 2010;doi:10.1177/0022022110383310.

Hunter D, Popay J, **Tannahill C** and Whitehead M. Getting to grips with health inequalities at last? Marmot review calls for renewed action to create a fairer society. *British Medical Journal* 2010;340:323-324.

Ilett R and Bigrigg A (eds) *Transforming sexual health in Scotland: Cultural, organisational and partnership approaches*. Bentham Science Publishers: 2010.

Ilett R and Bigrigg A. Why good sexual health matters. In Ilett R and Bigrigg A (eds) *Transforming sexual health in Scotland: Cultural, organisational and partnership approaches*. Bentham Science Publishers: 2010.

Ilett R. The story of Sandyford – developing accessible sexual health services in the West of Scotland. In Ilett R and Bigrigg (eds) *Transforming sexual health in Scotland: Cultural, organisational and partnership approaches*. Bentham Science Publishers: 2010.

Jepson RG, Harris FM, Platt S and **Tannahill C.** The effectiveness of interventions to change six health behaviours: a review of reviews. *BMC Public Health* 2010;10:538.

McCartney G, Palmer S, Winterbottom J, **Jones R,** Kendal R and Booker D. A health impact assessment of the 2014 Commonwealth Games in Glasgow. *Public Health* 2010;124(8):444-451.

Mutrie N and **Crawford F.** Editorial – Promotion of cycling and health. *British Medical Journal* 2010;341:c5405.

Ross N, Church S, Hill M, **Seaman P** and Roberts T. The perspectives of young men and their teenage partners on maternity and health services during pregnancy and early parenthood. *Children and Society* 2010;doi:10.1111/j.1099-0860.2010.00338.x

Seaman P, Jones R and Ellaway A. It's not just about the park, it's about integration too: Why people choose to use or not use urban greenspaces. *International Journal of Behavioural Nutrition and Physical Activity* 2010;7:78.

Tannahill C, Bond L, Kearns A. Strengthening mental health within communities. Chapter 18 in Goldie I (eds) *Public mental health: a handbook*. Brighton: Pavilion, 2010.

Tannahill C. Getting findings into policy. Chapter 15 in Thorogood M and Coombes Y (eds) *Evaluating health promotion. Practice and methods*. 3rd Edition. Oxford: Oxford University Press, 2010.

Walsh D, Taulbut M and Hanlon P. The aftershock of deindustrialization – trends in mortality in Scotland and other parts of post-industrial Europe. *European Journal of Public Health* 2010;20:58-64.

Walsh D, Bendel N, Jones R and Hanlon P. It's not 'just deprivation': Why do equally deprived UK cities experience different health outcomes? *Public Health* 2010;124:487-495.

Wilson N, Fleming S, **Jones R,** Lafferty K, Kirsty C, **Seaman P** and Knifton L. Green shoots of recovery: the impact of a mental health ecotherapy programme. *Mental Health Review* 2010;15(2):4-14.

2009

Craig P, Hanlon P and Morrison J. Can primary care reduce inequalities in mental health? *Public Health* 2009;123(1):e57-61.

Deans K, Bezylak V, Ford I, Batty G, Burns H, Cavanagh J, de Groot E, McGinty A, Millar K, Shiels P, **Tannahill C, Velupillai Y,** Sattar N, Packard C. Differences in atherosclerosis according to area level socioeconomic deprivation: cross-sectional population-based study. *British Medical Journal*, 2009;339:b4170.

Gray L, Batty G, Craig P, Stewart C, **Whyte B,** Finlayson A and Leyland A. Cohort Profile. The Scottish Health Surveys Cohort: linkage of study participants to routinely

collected records for mortality, hospital discharge, and cancer and offspring birth characteristics in three nationwide studies. *International Journal of Epidemiology* 2009;39(2):345-350.

Wilson N, Kiloran M, Lafferty K and **Jones R**. A review of ecotherapy as an adjunct form of treatment for those who use mental health services. *Journal of Public Mental Health* 2009;7(3):23-25.

2008

Egan M, **Tannahill C**, Petticrew M and Thomas S. Psychosocial risk factors in home and community settings and their associations with population health and health inequalities: a systematic meta-review. *BMC Public Health* 2008;8:239.

Velupillai YN, Packard CJ, Batty GD, Bezlyak V, Burns H, Cavanagh J, Deans K, Ford I, McGinty A, Millar K, Sattar N, Shiels P, **Tannahill C**. Psychological, social and biological determinants of ill health (pSoBid): Study protocol of a population-based study. *BMC Public Health* 2008;8:126.

2007

Craig P and Fischbacher M. Collaborating for health. In Cowley S (eds) *Public health in policy and practice*. 2nd Edition. Edinburgh: Elsevier, 2007.

McKee R, Mutrie N, **Crawford F** and Green B. Promoting walking to school: Results of a quasi-experimental trial. *Journal of Epidemiology and Community Health* 2007;61:818-823.

Hanlon P, Lawder R, Elders A, Clark D, **Walsh D**, **Whyte B** and Sutton M. An analysis of the link between behavioural, biological and social risk factors and subsequent hospital admission in Scotland. *Journal of Public Health* 2007;29(4):405-412.

2006

Hill M, Turner K, Walker M, Stafford A and **Seaman P**. Children's perspectives on social exclusion and resilience in disadvantaged communities. In Tisdall EKM, Davis JM, Hill M and Prout J (eds) *Children, young People and social inclusion*. Bristol: Policy Press, 2006.

Seaman P. Entries for social exclusion, social stratification, relative deprivation, household structure and family size and structure. In Odekon M (eds) *Encyclopaedia of World Poverty*. Sage, 2006.

Sweeting H and **Seaman P**. Family within and beyond the household boundary: Children's constructions of who they live with. In McKie L (eds) *Families in society: Relationships and boundaries*. Policy Press and the Centre for Research in Families and Relationships, 2005.

2005

Tannahill C. Health and health policy. In Mooney G and Scott G (eds) *Exploring social policy in the 'new' Scotland*. Bristol: Policy Press, 2005.

4. GCPH films, podcasts, magazine articles and other outputs

Films and podcasts

GCPH and IFF Seminar Series 7 – individual films of each seminar in the series

GCPH and IFF Seminar Series – podcasts of all GCPH seminar series events

Miniature Glasgow (film) 2009 (language versions produced 2010)

Views of Health in Glasgow (film) 2009

Active Travel (film) 2009

Magazine articles

'When people ask me what I do for a living...I say NHS manager with an uneasy laugh' Voices from the NHS management front line in Scotland. Dr Rosie Ilett, Deputy Director GCPH. *Healthcare Manager magazine*. February 2011.

'Facing up to the challenge – Tackling Scotland's health inequalities'. Professor Carol Tannahill, Director GCPH. *Holyrood Magazine*. September 2010.

'It's time to reclaim the Golden Rule'. Future Vision Series No. 7 *Scotregen Issue 51* Autumn, 2010.

'Green Shoots of Resilience 2?' Future Vision Series No. 6 *Scotregen Issue 50* Summer, 2010.

'Green Shoots of Resilience?' Future Vision Series No. 5 *Scotregen Issue 49* Spring, 2010.

'Finding the value in work' Future Vision Series No. 4 *Scotregen Issue 48* Winter, 2009.

'The Vital Spark' Future Vision No. 3 *Scotregen Issue 47* Autumn, 2009.

'It's the culture, stupid' Future Vision No. 2 *Scotregen Issue 46* Summer, 2009.

'New Horizons' Future Vision No. 1 *Scotregen Issue 45* Spring, 2009.

'Miniature Glasgow' *Scotregen Issue 44* Winter, 2008.

Websites

Understanding Glasgow www.understandingglasgow.com – 2010

GCPH website www.gcph.co.uk – 2010 (rebuild)

Miniature Glasgow www.miniatureglasgow.com – 2009

Other outputs

Health girl and friends: From here to equality – Comic book style publication to support the Equally Well test site focussed on integrating health and spatial planning policy and practice.

5. GoWell publications

Reports

In press

Kearns A and Mason P. *Moving out/moving on?* GoWell: 2011.

2011

Crawford F and **Walsh D.** *The wider relevance of GoWell to other urban areas in Scotland.* GoWell: 2011.

2010

Kearns A and Whitley E. *Health, wellbeing and social inclusion of migrants in North Glasgow.* GoWell: 2010.

Aston E, Thomson H, Scoular A and Kearns A. *Evaluation of Glasgow Housing Association's youth diversionary programme.* GoWell: 2010.

GoWell. *Synthesis of research findings 2006-2009.* GoWell: 2010.

GoWell. *Progress for people and places: Monitoring change in Glasgow's communities.* GoWell: 2010.

GoWell. *GoWell annual progress report 09/10.* GoWell: 2010.

2009

GoWell. *GoWell annual progress report 08/09.* GoWell: 2009.

Hexagon Consulting and MRC SPHSU. *Environmental employability programme: Evaluation report.* GoWell: 2009.

2008

Turner S and **Walsh D.** *Health and wellbeing in GoWell and social housing areas in Glasgow.* GoWell: 2008.

Walsh D. *Health and wellbeing in GoWell and social housing areas in Glasgow – deprivation based analyses.* GoWell: 2008.

GoWell. *Residential conditions and health in St Andrews Drive, Glasgow.* GoWell: 2008.

GoWell. *GoWell Annual Progress Report 07/08.* GoWell: 2008.

2007

Crawford F, Beck S and Hanlon P. *Will Glasgow Flourish? Regeneration and health in Glasgow: Learning from the past, analysing the present and planning for the future.* GoWell: 2007.

GoWell. *The regeneration challenge in transformation areas.* GoWell: 2007.

GoWell. *Community health and wellbeing survey: baseline findings 2006*. GoWell: 2007.

2006

GoWell. *Progress and findings report 2006*. GoWell: 2006.

Briefing Papers

In Press

GoWell Briefing Paper 14 *Putting a spring in Glasgow's step: Neighbourhood walking in deprived areas*.

GoWell Briefing Paper 13 *Community Empowerment in transformational regeneration and local housing management in Glasgow: Meaning, relevance, challenges and policy recommendations*.

GoWell Briefing Paper 12 *The contribution of regeneration to mental wellbeing in deprived areas*.

GoWell Briefing Paper 11 *The effects of high-rise living in the social rented sector in Glasgow*.

2010

GoWell Briefing Paper 10 *Glasgow's deprived neighbourhood environments and health behaviours: What do we know?*

GoWell Briefing Paper 9 *Youth diversionary programme evaluation*.

GoWell Briefing Paper 8 *Who says teenagers are a serious problem? GoWell's findings on householder perceptions of youth-related problems in deprived areas of Glasgow*.

GoWell Briefing Paper 7 *Area reputation: An examination of newspaper coverage of the Sighthill estate*.

2009

GoWell Briefing Paper 6 *Community engagement in the initial planning of regeneration in Glasgow*.

GoWell Briefing Paper 5 *How will regeneration activity impact on the health of residents of Glasgow? A GoWell Briefing Paper on policy and key informant interviews in 2007*.

2008

GoWell Briefing Paper 4 *Environment employability programme evaluation*.

GoWell Briefing Paper 3 *GoWell findings: Asylum seekers and refugees in Glasgow's regeneration areas 2006-07*.

GoWell Briefing Paper 2 *Public health, housing and regeneration: What have we learned from history?*

GoWell Briefing Paper 1 *Health, wellbeing and deprivation in Glasgow and the GoWell study areas.*

Peer reviewed journal articles, other articles and chapters

In press, submitted for review or awaiting publication

Mason P, Kearns A and Bond L. Neighbourhood walking and regeneration in deprived communities. Accepted by *Health and Place*.

Kearns A, Whitley E, Mason P and Bond L. Living the high-life? Residential, social and psychosocial outcomes for high-rise occupants in a deprived context. Awaiting publication in *Housing Studies* 2012;27(2).

2011

Bond L, Kearns A and Sautkina E. Mixed messages about mixed tenure: do reviews tell the real story? *Housing Studies* 2011;26(1):69-94.

2010

Beck SA, Hanlon PW, **Tannahill CE**, **Crawford FA**, Ogilvie RM and Kearns AJ. How will area regeneration impact on health? Learning from the GoWell study. *Public Health* 2010;124(3):125-130.

Egan M, Kearns A, Mason P, **Tannahill C**, Bond L, **Coyle J**, Beck S, **Crawford F**, Hanlon P, Lawson L, **McLean J**, Pettigrew, M, Sautkina E, Thomson H and **Walsh D**. Protocol for a mixed methods study investigating the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of residents: the GoWell programme. *BMC Medical Research Methodology* 2010;10:41.

Lawson L and Kearns A. Community empowerment in the context of the Glasgow housing stock transfer. *Urban Studies* 2010;47(7):1459-1478.

Lawson L and Kearns A. Community engagement in regeneration: are we getting the point? *Journal of Housing and the Built Environment* 2010;25(1):19-36.

2009

Kearns A, **Tannahill C**, and Bond L. Regeneration and health: Conceptualising the connections. *Journal of Urban Regeneration and Renewal* 2009;3(1):56-76.

Kearns A and Lawson L. (De)Constructing a policy 'failure': housing stock transfer in Glasgow. *Evidence and Policy* 2009;5(4):449-470.

2008

Kearns A and Lawson L. Housing stock transfer in Glasgow – the first five years. A study of policy implementation. *Housing Studies* 2008;23(6):857-878.

Magazine articles

'Neighbourhood environments and health behaviours – what does research tell us?' *Scotregen Issue 51*, Autumn, 2010.

'Mixed progress for people and places' *Scotregen Issue 50*, Summer, 2010.

'Young people – old problems?' *Scotregen Issue 49*, Spring, 2010.

'Swinging success for wellbeing' *Scotregen Issue 48*, Winter, 2009.

'Regeneration improves health – a fair assumption?' *Scotregen Issue 47*, Autumn, 2009.

'Regeneration and health: Working on the environment' *Scotregen Issue 46*, Summer, 2009.

'Regeneration and health: Some early findings from the GoWell project 2' *Scotregen Issue 45*, Spring, 2009.

'Regeneration and health: Some early findings from the GoWell project 1' *Scotregen Issue 44*, Winter, 2008.

Websites

GoWell Online www.gowellonline.com – 2008 (rebuild)

6. Publications and other outputs from research programmes commissioned by GCPH (excluding reports and Briefing Papers mentioned above)

(i) Tackling smoking in Glasgow; evaluation of smoking cessation services; comparing models of smoking treatment

Submitted

Bauld L, Boyd K, Briggs A, Chesterman J, Ferguson J, Judge K and Hiscock R. One year outcomes for smokers accessing group-based and pharmacy-led smoking treatment services: a cost-effectiveness study. Submitted to *Nicotine and Tobacco Research*.

In press

Hiscock R, Judge K and Bauld L. Social inequalities in quitting: What factors mediate the relationship between socioeconomic position and smoking cessation? *Journal of Public Health* (in press).

Published

Bauld L, Chesterman J, Ferguson J and Judge K. A comparison of the effectiveness of group-based and pharmacy led smoking cessation treatment in Glasgow. *Addiction* 2009;104:308-316.

Boyd KA and Briggs AH. Smoking treatments in Glasgow: Cost-effectiveness of pharmacy & group behavioural support smoking cessation services in Glasgow. *Addiction* 2009;104:317-325.

Bauld L, Wilson M, Kearns A and Reid M. *Exploring Reductions in Smoking in Pregnancy in Glasgow*, GCPH: 2007.

Presentations

Bauld L. *Smoking cessation and health inequalities: new research and policy developments*. 4th Annual Scottish Smoking Cessation Conference. *Edinburgh, November 2010*.

Bauld L, Ferguson J and Judge KJ. Pharmacy and group-based interventions for smoking cessation: what works for whom in which circumstances? *Joint conference of the SRNT and SRNT Europe*. Ireland, April 2009.

Briggs A. Cost-effectiveness of smoking cessation services in Glasgow: Starting Fresh & Smoking Concerns. *Glasgow Smoking Cessation Planning & Implementation Group*. Glasgow, April 2009.

Bauld L and McNeill A. *Smoking cessation services and disadvantaged smokers*. London Tobacco Control Annual Conference. *London, September 2008*.

Bauld L and Ferguson J. *Comparing Models of Smoking Treatment in Glasgow*, Faculty of Public Health Scottish Conference. *Aviemore, November 2008*.

Bauld L and Ferguson J. Comparing different models of smoking cessation treatment. *Scottish Smoking Cessation Conference: Sharing Practice, Reducing Prevalence*. Glasgow, November 2008.

Bauld L. *Reducing health inequalities: the role of smoking cessation services in the UK*. The 19th IUHPE World Conference on Health Promotion and Health Education. *Canada, June 2007*.

Bauld L. *Socio-economic inequalities and smoking cessation*. South West Public Health Observatory. Bristol, June 2007.

Bauld L. *Measuring success: going beyond what we already know*. Scottish Smoking Cessation Conference: Sharing practice, reducing prevalence. Glasgow, December 2007.

(ii) The capability approach. Developing an instrument for evaluating public health interventions

Smith RD, Lorgelly PK, Al-Janabi H, Venkatapuram S and Coast J. The Capability Approach: an alternative evaluation paradigm for health economics?" Forthcoming in Jones AM (eds), *The Elgar Companion To Health Economics* (2nd ed). Edward Elgar Publishing Limited, UK.

Lorgelly PK, Coast J, Smith RD. Concepts of capability and overlooked applications. *American Journal of Public Health* 2010;100(10):1823-1824.

Lorgelly PK, Lawson KD, Fenwick EAL and Briggs AH. Outcome measurement in economic evaluations of public health interventions: a role for the capability approach? *International Journal of Environmental Research and Public Health* 2010;7(5):2274-2289.

Lorgelly PK. Developing a capability measure for use in public health evaluations. *Maitreyee*, E-Bulletin of the Human Development and Capability Association, Number 14, June 2009.

Coast J, Smith RD, Lorgelly PK. Welfarism, extra-welfarism and capability: the spread of ideas in health economics. *Social Science and Medicine* 2008;67(7):1190-1198.

Coast J, Smith RD, Lorgelly PK. Should the capability approach be applied in Health Economics? *Health Economics* 2008;17(6):667-670.

Lorgelly PK, Lorimer K, Fenwick E and Briggs AH. *The Capability Approach: developing an instrument for evaluating public health interventions*. University of Glasgow: 2008.

Presentations

How capable are we at evaluating public health interventions? *Capabilities and Health Workshop*. Italy, June 2008.

Operationalising Sen's Capability Approach: An application in public health. *Department of Economics, George-August-University of Göttingen*. Germany, June 2008.

How capable are we at evaluating public health interventions? *European Health Economics Conference*. Italy, July 2008.

Designing a disease model for heart failure to examine the cost effectiveness of statins. *Health Economists' Study Group Summer Meeting*. Aberdeen, August 2008.

Economic evaluations of public health interventions: a role for Sen's Capability Approach. *Centre for Health Economics, Monash University*. Victoria, Australia, October 2008.

How capable are we at evaluating public health interventions? *30th Australian Conference of Health Economists*. Adelaide, Australia, October 2008.

Operationalising Sen's Capability Approach: An application in public health. *Centre for Wellbeing in Public Policy (CWIPP), School of Health and Related Research, University of Sheffield*. Sheffield, November 2008.

(iii) Employment and Health; Scottish observatory for work and health

Webster D, Arnott J, Brown J, Turok I, Mitchell R and Macdonald EB. Falling Incapacity Benefit claims in a former industrial city: Policy impacts or labour market improvement? *Policy Studies* 2010;31(2):163-185.

Scottish Observatory for Work and Health Year 2 Report. June 2010.

Changes in incapacity benefit receipt in UK Cities, 2000-2008. January 2010.

Changes in incapacity benefit receipt in MSP constituencies 2001 & 2008. January 2010.

Brown J, Hanlon P, Turok I, Webster D, Arnott J and Macdonald EB. Mental health as a reason for claiming incapacity benefit – a comparison of national and local trends. *Journal of Public Health* 2009;31:74-80.

Scottish Observatory for Work and Health Year 1 Report. June 2009.

Brown J, Hanlon P, Turok I, Webster D, Arnott J and Macdonald EB. Establishing the potential for using routine data on Incapacity Benefit to assess the local impact of policy initiatives. *Journal of Public Health* 2008;30:54-9.

Presentations

Macdonald EB. Occupational Health Services – Now and in the future. *Towards Better Work and Well-being Conference*. Helsinki, February 2010.

Brown J. IB claimant profiles. *National Employment and Health Innovations Network*. Edinburgh, April 2010.

Brown J. The Scotland Incapacity Benefit experience. *Public Health Information Network for Scotland*. Glasgow, September 2009.

(iv) Managing partnerships for health improvement

Pate J, Fischbacher M and Mackinnon J. Health improvement: countervailing pillars of partnership and profession. *Journal of Health Organization and Management* 2010;24(2):200-217.

(v) Understanding the ‘Glasgow Effect’

Gray L, Merlo J, Mindell J, Hallqvist J, Tafforeau J, O’Reilly D, Regidor E, Næss Ø, Kelleher C, Helakorpi S, Lange C and Leyland AH. International differences in self-reported health measures in 33 major metropolitan areas in Europe. *European Journal of Public Health* 2010;doi:10.1093/eurpub/ckq170.

Gray L and Leyland AH. A multilevel analysis of diet and socio-economic status in Scotland: investigating the “Glasgow effect”. *Public Health Nutrition* 2009;12:1351-1358.

Gray L and Leyland AH. Is the “Glasgow effect” of cigarette smoking explained by socio-economic status? A multilevel analysis. *BMC Public Health* 2009;9:245.

Gray L. What’s Cooking? Fare choice newsletter of Community Food and Health Scotland. September, 2007.

Presentations

Gray L and Leyland AH. Comparisons of health indicators in selected European areas. *Finnish/Swedish/Scottish Meeting on Inequalities in Health*. UK, 2008.

Gray L. Glasgow-based comparisons of obesity in men and women within Scotland and the rest of Europe. *ScotPHN Obesity, Policy and Practice in Scotland conference*. Glasgow, May 2008.

Gray LA, Merlo J, Ohlsson H, Regidor E, O’Reilly D and Leyland AH. Comparisons of health determinants in regional areas in Europe. *Society for Social Medicine Annual Scientific Meeting/International Epidemiological Association European Group Meeting*. Cork, September 2007.

Gray L. Comparisons of health-related behaviours and health outcomes in Glasgow with other regional areas in Europe. *Public Health Information Network Seminar*. Glasgow, September 2007.

Gray LA, Merlo J, Ohlsson H, Regidor E, O’Reilly D, Tafforeau J, Roberts C and Leyland AH. General health, cardiovascular disease and psychiatric morbidity across Europe: comparisons of seven countries. *European Public Health Association Conference*. Finland, October 2007.

(vi) Mental health, culture and wellbeing in Scotland

In press

Hanlon P, Carlisle S, Hannah M, Reilly D, Lyon A. Making the case for a Fifth Wave in Public Health. *Public Health* (in press).

Published

Carlisle S, Hanlon P, Turner S and Henderson G. Understanding wellbeing in the context of modern culture. *British Journal of Wellbeing* 2010;1:18-24.

Carlisle S, Henderson G and Hanlon P. Enabling well-being in a time of radical change: Integrative public health for the 21st century. *Public Health* 2010;124:305-312.

Hanlon P. Is Scotland's health different from the rest of the UK – and why? In Ilett R and Brigg A (eds) *Transforming Sexual Health in Scotland: Cultural, Organisational and Partnership Approaches*. Bentham Science Publishers: 2010.
Hanlon P and Carlisle S. Re-orienting public health: rhetoric, challenges and possibilities for sustainability. *Critical Public Health* 2010;20(3):299-309.

McCartney G and Hanlon P. Ramifications of peak oil [letter]. *British Medical Journal* 2010;341:c5796.

Brown J, Hanlon P, Turok I, Webster D, Arnott J and Macdonald EB. Mental Health as a reason for claiming incapacity benefit. *Journal of Public Health* 2009;31(1):74-80.

Carlisle S and Hanlon P. Is 'modern' culture bad for well-being? Reflections from Scotland. *Global Health Promotion* 2009;16:27-34.

Carlisle S, Henderson G and Hanlon P. Wellbeing as a collateral casualty of modernity? *Social Science and Medicine* 2009;69:1556-1560.

Carlisle S, Henderson G and Hanlon P. 'Wellbeing': a collateral casualty of modernity? *Social Science & Medicine* 2009;69:1556-1560.

Hanlon P and Carlisle S. Is Modern Culture bad for our well-being? *Global Health Promotion* 2009;16(4):27-34.

McCartney G and Hanlon P. How can a health transition to sustainability be achieved? *Public Health* 2009;123:761-764.

Carlisle S, Hanlon P and Hannah MB. Status, taste and distinction in consumer culture: acknowledging the symbolic dimensions of inequality. *Public Health* 2008;122:631-637.

Carlisle S and Hanlon P. What can the emerging science of well-being tell the established discipline of psychiatry? (And why might psychiatry listen?). *Advances in Psychiatric Treatment* 2008;14:312-319.

Carlisle S and Hanlon P. 'Well-being' as a focus for public health? A critique and defence. *Critical Public Health* 2008;18:263-270.

Hanlon P and McCartney M. Peak Oil: Will it be public health's greatest challenge? *Public Health* 2008;122:647-652.

Hanlon P and McCartney G. Climate change and rising energy costs: A threat but also an opportunity for a healthier future. *Public Health* 2008;122:653-656.

Hanlon P and McCartney G. Is it conceivable that market mechanisms will prevent economic collapse? *Public Health* 2008;122:669-670.

Hanlon P and Carlisle S. Do we face a third revolution in human history? If so, how will public health respond? *Journal of Public Health* 2008;30:355-361.

Hanlon P. Global health equity and self preservation – but only at a price. *Journal of the Royal College of Physicians of Edinburgh* 2008;38:290-291.

McCartney G, Hanlon P and Romanes F. Climate change and rising energy costs will change everything: A new mindset and action plan for 21st Century Public Health. *Public Health* 2008;122:658-663.

Carlisle S and Hanlon P. The complex territory of well-being: contestable evidence, contentious theories and speculative conclusions. *Journal of Public Mental Health* 2007;6(2):8-13.

Carlisle S and Hanlon P. Wellbeing in a consumer culture. *Health Promotion International* 2007;22(3):261-268.

NOTE: This programme is separately funded by the National Programme for Improving Mental Health and Wellbeing in Scotland, Scottish Government and supported by the Glasgow Centre for Population Health. There have been too many presentations to list based on this programme of work. An additional output is the Afternow website (see www.afternow.co.uk).

(vii) Development of the organisational dimensions of public health

MacIntosh R, MacLean D and Burns H. Health in organisation: toward a process-based view. *Journal of Management Studies* 2007;44(2):206-221.

(vii) Health impacts of the John Muir Award

In press

Mitchell R and Bushby R. The Impact of John Muir Award experiences on the health-related behaviours, attitudes and aspirations of participants. In Marrs SJ, Foster S, Hendrie C, Mackey EC and Thompson DBA (eds) *The Changing Nature of Scotland* (eds). Edinburgh: TSO Scotland, in press.

Published

Bushby R. The John Muir Award can be good for your health. *John Muir Trust Journal* 2009;46:24-25.

Presentations

Mitchell R. What are the relationships between public health and wellbeing, and woodlands or green spaces? *Trees and forests in British society conference*. April 2010.

Mitchell R. Health Impacts of the John Muir Award. *John Muir Trust Glasgow Members group*. Glasgow, April 2009.

(viii) Determining the accuracy of self-reported smoking status in pregnant women.

Shipton D, Tappin DM, Vadiveloo T, Crossley JA, Aitken DA and Chalmers J. Reliability of self reported smoking status by pregnant women for estimating smoking prevalence: a retrospective, cross sectional study. *British Medical Journal* 2009;339:b4347.

Usmani ZC, Craig P, Shipton D and Tappin D. Comparison of CO breath testing and women's self-reporting of smoking behaviour for identifying smoking during pregnancy. *Substance Abuse Treatment, Prevention and Policy* 2008;3:4.

(ix) Epidemiological underpinning for the primary care contribution to public health

In press

Watt GCM. General Practitioners at the Deep End. *British Journal of General Practice* (in press).

Published

Mackay DF and Watt GCM. General practice size determines participation in optional activities: cross-sectional analysis of a national primary care system. *Primary Health Care Research and Development* 2010;11:271-279.

Twelve meeting reports, plus summary reports, from the Deep End group (see <http://www.gla.ac.uk/departments/generalpracticeprimarycare/deepend/>). GCPH funding supports this work alongside support from the RCGP (Scotland), Scottish Government Health Directorates, and the Academic Unit of General Practice and Primary Care at the University of Glasgow.

7. Other research reports commissioned by GCPH

FMR Research. *GCPH seminar series – evaluation*. FMR Research: 2010.

Popham F, Boyle P, O'Reilly D, Leyland AH. *Exploring the impact of selective migration on the deprivation-mortality gap within Greater Glasgow*. GCPH: 2010.

JMP Associates. *Qualitative research into active travel in Glasgow*. JMP and GCPH: 2009.

Ison E. *Health Impact Assessment of the lunchtime experience at Eastbank Academy, Glasgow*. Public Health Resource Unit Oxford: 2007.

Ison E. *Health Impact Assessment of the lunchtime experience at St Mungo's Academy, Glasgow*. Public Health Resource Unit Oxford: 2007.

MacGregor A. *Healthy food provision and promotion in schools*. Scottish Centre for Social Research: 2007.

Swift J. *An investigation in GPs and social prescribing. A pilot study*. Jan Swift Consulting: 2007.

Fitzgerald R. *Evaluation of inequalities, gender sensitivity and primary care mental health pilot work in South West Glasgow*. Fitzgerald Specialists: 2006.

APPENDIX 7 – EVENTS

This Appendix lists the events that have been organised by the GCPH team, some in collaboration with other organisations. Reports and other outputs are available for many of these events, from the GCPH website. In-house seminars and discussion meetings are not included, even when these include external participants.

GCPH Seminar Series, run in collaboration with the IFF

Series 7 (includes those planned to take place in 2011)

- Professor Max Boisot, Professor of Strategic Management, ESCADE Business School, Barcelona. *The city as a complex adaptive system: Lessons from the ATLAS experiment at the LHC*, November 2010.
- Hazel Henderson, Founder of Ethical Markets Media. *Transforming finance: Recognising the global financial system as a commons*, January 2011.
- Professor Phil Hanlon, Professor of Public Health, University of Glasgow. *The True, the Good and the Beautiful*, February 2011.
- Anthony Hodgson, Director of Decision Integrity Ltd. *Is Resilience Enough?*, March 2011.
- Timo Hamalainen, Sitra Fellow, Strategic Research, Sitra, Finland. Title to be confirmed, April 2011.
- Dr Peter Gianaros, Associate Professor of Psychiatry and Psychology, University of Pittsburgh, May 2011.

Series 6

- Dr Michael Meaney, McGill University, Quebec. *Nature and Nurture? The intergenerational transmission of risk for chronic illness*, December 2009.
- Professor Tim Jackson, Professor of Sustainable Development, University of Surrey. *Prosperity without growth*, January 2010.
- Eleanor Yule. *Scots Miserablism*, February 2010.
- Wayne Elliot, Head of Health Forecasting, Met Office. *Impact of weather on human health: current and future issues*, March 2010.
- David Gustave, Educational Motivator, Kids Company. *Code of the street: How we should re-interpret morality*, April 2010.
- Adam Kahane, Associate Fellow, Saïd Business School, University of Oxford. *Power and Love: A theory and practice of social change*, May 2010.

Series 5

- Professor Avner Offer, Chichele Professor of Economic History, Oxford University. *The challenge of affluence*, November 2008.
- Professor Maureen O'Hara, Professor of Psychology, National University, California. *We have the future of the world in our hands - are we up to it?*, December 2008.
- Professor Stuart MacDonald, Gray's School of Art, Aberdeen. *Talking cities: The micropolitics of urban space*, January 2009.
- Professor Bert Mulder, The Hague University, the Netherlands. *Next generation e-health - turning a digital city into a vital society*, February 2009.
- Dr Harry Burns, CMO for Scotland. *From theory to policy - the implications of recent research findings on health inequalities*, March 2009.

- Shakti Maira. *Nested relationships: Beauty, aesthetics, art and happiness*, April 2009.

Series 4

- Professor Bruce Link, Columbia University, New York. *Health patterns and trends in New York: exploring the idea of fundamental social causes of health status*, December 2007.
- Professor Geoffrey Boulton, University of Edinburgh. *Learning to live with an angry planet: Human relations with the earth in the past and future*, January 2008.
- Professor James C Scott, University of London. *Seeing like a state: Why certain schemes to improve the human condition have failed*, March 2008.
- Professor Liz Gould, Princeton University. *Positive and negative stress alter brain structure*, April 2008.
- Oliver James, clinical psychologist and author. *Selfish capitalism*, June 2008.

Series 3

- Jerry Sternin, Positive Deviance Initiative, Tufts University, Boston. *Social change from the inside out*, November 2006.
- Professor Irene McAra-McWilliam, Glasgow School of Art. *Creative communities: Design, technology and wellbeing*, December 2006.
- Professor Bruce McEwen, Rockefeller University, New York. *Of molecules and mind: Stress, the individual and the social environment*, January 2007.
- Professor David Hunter, Durham University. *The crisis of confidence*, February 2007.
- Dr Jeffrey Wigand, Smoke-free Kids Inc. *Exposing deceit and wrongdoing in the US tobacco industry: lessons learned for health improvement*, March 2007.
- Rajiv Kumar, Indian Council for Research on International Economic Relations, India. *Towards ethical economics: An initial exploration*, April 2007.
- Aftab Omer, Institute of Imaginal Studies, California. *Principles and practices for engaging the other*, April 2007.

Series 2

- Professor Andrew Steptoe, University College London. *How stress gets under your skin: Psychobiological studies of social status, stress and health*, October 2005.
- Professor Tom Devine, University of Aberdeen. *The Transformation of Scotland: 1980-2005*, December 2005.
- Professor Jennifer Popay, University of Lancaster. *Where's the evidence? The contribution of lay knowledge to reducing health inequalities*, January 2006.
- Dr Ilona Kickbusch, Ilona Kickbusch Consult. *The global health challenge: why we need good governance for health*, February 2006.
- Dr Howard Frumkin, Director of Public Health, National Centre for Environment Health, Centre for Disease Control and Prevention. *Urban vision and public health: designing and building wholesome places*, April 2006.
- Professor Anthony Grayling, Birkbeck College, University of London. *Civic humanism and conversation about the good life*, May 2006.

Series 1

- Professor Anthony Grayling, Birbeck College, University of London. *Imagine the perfect polis: Creating health in the city*, November 2004.
- Professor Alistair Lawrence, Scottish Agricultural College. *Animal Farm*, December 2004.
- Dr Sholom Glouberman, Baycrest Centre for Geriatric Care, Toronto. *Changing ideas – Changing health*, February 2005.
- Professor Lord Richard Layard, Centre for Economic Performance, London School of Economics. *Happiness*, April 2005.
- Denys Candy, Community Partners Institute, Pittsburgh. *The art of engagement*, April 2005.
- Dr Maureen O'Hara, Saybrook Graduate School, San Francisco. *Minding the future*, May 2005.

Glasgow's Healthier Future Forums

- *Emerging work from the GCPH*, June 2005.
- *Glasgow's health in the past, present and future*, November 2005.
- *Methodologies for change*, April 2006.
- *Positive deviance*, November 2006.
- *Layers of influence on Glasgow's health*, June 2007.
- *New findings from GoWell*, November 2007.
- *Research from the observatory function of the GCPH*, May 2008.
- *Glasgow: Culture, wellbeing and the economy*, June 2009 (plus follow-up July 2009).
- *pSoBid - the psychological, social and biological determinants of ill-health study*, February 2010.
- *Mental health and inequalities*, December 2010.

Scientific meetings, learning events and research seminars

- *Building a healthier future*, GCPH launch event, October 2004.
- *Celebrating 30 years of the MIDSPAN studies*, November 2005.
- *Socioeconomic change seminar series*, November 2006 & December 2006.
- *Healthy food provision and promotion in primary school: What impact is it having?* GCPH research seminar, March 2007.
- *Economic evaluations of public health interventions: A role for the capabilities approach?*, August 2007.
- *PHINS Annual seminar*, September 2007.
- *Promoting positive mental health in a time of inequalities: an ethical dilemma?*, October 2007.
- *Healthy food provision and promotion in primary and secondary school: What impact is it having in school and beyond?* GCPH research seminar, November 2007.
- *The Aftershock of deindustrialisation*, launch of the report 'The Aftershock of deindustrialisation: trends in mortality in Scotland and other parts of post-industrial Europe', June 2008.
- *What then shall we do?*, Julian Tudor Hart and David Donnison, September 2008.
- *PHINS Annual seminar*, September 2008.
- *Genuine Progress Index seminar*, Dr Ronald Colman, GPI Atlantic, March 2009.
- *Scottish Observatory for Work and Health discussion seminar*, August 2009.

- *The neuroplasticity revolution and the discovery that mental experience changes brain structure* – Dr Norman Doidge. GCPH and Centre for Confidence and Wellbeing, September 2009.
- *PHINS Annual seminar*, September 2009.
- *Health inequalities*. GCPH and Scottish Policy Innovation Forum, October 2009.
- *A Games Legacy for Glasgow: A catalyst for social change*, GCPH and Glasgow City Council, October 2009.
- *Active, sustainable travel: Are we moving in the right direction?*, October 2009.
- *Civic Conversation World game event*, February 2010.
- *Active travel in a time of austerity: Can we turn crisis into opportunity?*, October 2010.
- *PHINS Annual seminar*, October 2010.
- *Healthier Wealthier Children launch event*, GCPH and Public Health Resource Unit, November 2010.
- *'The Big Eat In' secondary school pilot*, December 2010.
- *Understanding Glasgow – the Glasgow indicators project website launch*, January 2011.

Equally Well workshop events

- *An introduction to health and planning*, February 2010.
- *What makes a quality place?*, March 2010.
- *Tools to integrate health and planning*, April 2010.
- *Community engagement, health and the built environment*, May 2010.
- *Practical ways to integrate health and planning*, September 2010.

GoWell events

- *GoWell 1st Annual event*, March 2007.
- *GoWell 2nd Annual event*, April 2008.
- *GoWell 3rd Annual event*, May 2009.
- *GoWell 4th Annual event*, April 2010.

APPENDIX 8 – GCPH AND GOWELL PRESENTATIONS

This Appendix lists the conference and seminar presentations delivered by GCPH team members to end December 2010. It **does not include** the many inputs made by members of the team to corporate events, seminars, discussion meetings, CPD/teaching or training sessions, or network events. Nor does it reflect the facilitation, chairing and reporting roles that are regularly fulfilled. GCPH-organised seminars and events are listed in Appendix 7.

GCPH presentations

2010

International

- **Jones R.** The development of 20mph speed zones in Glasgow. *WHO Health Cities Network Annual Business Meeting*. Sandines, June 2010.
- **Tannahill C** and Burns H. Getting to grips with the Glasgow Effect. *Institute for Healthcare Improvement Strategic Partners Summer Camp*. Glasgow, June 2010.
- **Tannahill C.** Integrated approaches to health, sustainability and equity. Keynote presentation at *International symposium on linking health, equity and sustainable development in schools, preceding the IUHPE World Conference*. Geneva, July 2010.
- **Crawford F.** Can't get there from here? Qualitative research into travel in Glasgow. *European Public Health Conference*. Amsterdam, November 2010.
- **Walsh D**, Bendel N, Jones R, **Taulbut M** and Hanlon P. To what extent do socio-economic circumstances explain differences in health outcomes in key post-industrial regions of Europe? *European Public Health Association (EUPHA) Conference*. Amsterdam, November 2010.

UK

- **Jones R.** Healthy urban planning: Context and Glasgow's experience. Key note presentation at *Building Health: Planning and Designing for Health and Happiness*. Bristol, January 2010.
- **Walsh D**, Bendel N and Jones R. It's not "just deprivation": why do equally deprived UK cities experience different health outcomes? Plenary presentation at *Social Science & Medicine Conference*. Belfast, September 2010.
- **Ilett R.** Is it possible to be an integrated radical in the twenty-first century NHS? Exploring personal and political and negotiating boundaries. *British Sociological Association, Work, Employment and Society Conference*. Brighton, September 2010.
- **Ilett R.** Is it possible to be an integrated radical in the twenty-first century NHS? Exploring the personal and political and negotiating boundaries *International Research Conference, Personal and Public Lives: Exploring Relationships, Roles and Responsibilities*. Huddersfield, September 2010.

Scotland

- **Tannahill C.** Stress and population health. *RSE Science Seminar for Government*. Edinburgh, January 2010.
- **Ilett R.** Working towards a vision for positive sexual health and wellbeing in Scotland. *Faculty of Sexual and Reproductive Health, Royal College of*

- **Harkins C.** Govanhill Equally Well evaluation framework. *Refugee Council 'Smile' Conference*. Glasgow, March 2010.
- **Seaman P.** Social networks and young adults' decision making about alcohol. *British Sociological Association Annual Conference*. Glasgow, April 2010.
- Connolly M and **Shipton D.** Eight years of a psychosis register in Glasgow: The highs and lows. *International Congress of the Royal College of Psychiatrists*. Edinburgh, June 2010.
- **Craig P.** Healthier Wealthier Children. *Tackling Child Poverty Holyrood conference*. Edinburgh, September 2010.
- **Craig P.** Healthier Wealthier Children. *Scottish Early Years Network Annual Conference*. Edinburgh, September 2010.
- **Craig P.** Framework for planning and evaluating action on inequalities. *Association of Community Health Partnerships Annual Conference*. East Kilbride, September 2010.
- **Whyte B.** Our changing demographics. *Scottish Federation of Housing Associations Annual Conference*. Glasgow, September 2010.
- **Craig P.** Healthier Wealthier Children: Addressing child poverty through family focused income maximisation. *Faculty of Public Health Scottish Conference*. Dunblane, November 2010.
- **McCartney G.** Accounting for Scotland's excess mortality: Towards a synthesis. *Faculty of Public Health Scottish Conference*. Dunblane, November 2010.
- **McCartney G.** Getting into town: active transport patterns in Glasgow. *Faculty of Public Health Scottish Conference*. Dunblane, November 2010.
- **Seaman P.** Young adults' decision making around alcohol. *Faculty of Public Health Scottish Conference*. Dunblane, November 2010.
- **Shipton D.** Mental health indicators for the Glasgow area. *Faculty of Public Health Scottish Conference*. Dunblane, November 2010.
- **Taulbut M.** What factors explain differences in health outcomes among post-industrial regions of Europe? *Faculty of Public Health Scottish Conference*. Dunblane. November 2010.
- **Whyte B, Livingston M, and Crawford F.** Investigating patterning of active travel to school in Greater Glasgow and Clyde Valley. *Faculty of Public Health Scottish Conference*. Dunblane, November 2010.
- **Whyte B.** Creating health and wellbeing indicators for Glasgow. *Faculty of Public Health Scottish Conference*. Dunblane, November 2010.
- **Seaman P.** Alcohol: How young people drink. Cultural heritage and the unequal burden of harm. *An Unequal Struggle for Health: One year on from the Director of Public Health annual report*. Paisley, November 2010.

2009

International

- **Jones R.** The Commonwealth Games? HIA contribution to a health legacy of the Glasgow 2014 Commonwealth Games. *International Health Impact Assessment Conference*. Rotterdam, October 2009.
- **Tannahill C.** Getting health inequities on the agenda and developing a national plan of action in Scotland. *WHO Europe Multi-country seminar. Social Determinants and Health: The role of national action plans in reducing health inequities*. Helsinki, November 2009.

UK

- **Seaman P.** Using social network maps to understand young people's decision making around alcohol. *ESRC International Visual Methods Conference*. Leeds, September 2009.
- **Crawford F.** Can't get there from here? Why people travel the way they do. *Cabespace Conference*. Stoke on Trent, October 2009.

Scotland

- **Craig P.** Tackling inequalities: Empowering communities. *Meeting the Shared Challenge Conference*. Perth, February 2010.
- **Crawford F.** Moving in the right direction? A proposal to build the information base and evaluate the impact of local and regional transport policies and programmes on active, sustainable travel in Glasgow and the Clyde Valley area. *Walking, Cycling, Connecting Communities Conference*. Perth, May 2009.
- **Craig P.** Framework for Community Health (and Care) Partnerships to review action on inequalities. *Evaluation Summer School*. Stirling, May 2009.
- **Craig P.** Framework for Community Health (and Care) Partnerships to review action on inequalities. *Scottish Social Research Group conference*. Edinburgh, June 2009.
- **Jones R.** Healthy urban planning. *GreenSpace Scotland International Conference 'Great Cities, Great Places'*. Glasgow, June 2009.
- **Seaman P.** Can't get there from here? How people choose current transport options and opportunities for modal shift. *Faculty of Public Health Scottish Conference*. Peebles, November 2009.
- **Crawford F.** Growing a healthier Glasgow: The Glasgow Health Commission. *Faculty of Public Health Scottish Conference*. Peebles, November 2009.
- **Walsh D,** Bendel N and Jones R. Investigating the 'Glasgow Effect': poverty and poor health in three major UK cities. *Faculty of Public Health Scottish Conference*. Peebles, November 2009.
- **Whyte B.** The potential health and social impacts of the 'Credit Crunch' in the West of Scotland. *Faculty of Public Health Scottish Conference*. Peebles, November 2009.

2008

International

- **Tannahill C.** Learning how to improve health in "the sick city of Europe". *Invited lecture as part of Glasgow University-Columbia University collaboration*. New York, April 2008.
- **Whyte B.** Miniature Glasgow and Views of Health in Glasgow. *Social Inclusion and the Transformation of Mental Health Services: Transatlantic Perspectives*. Pittsburgh, June 2008
- **Jones R.** Peer support workers as an intervention for building social capital. *WHO Healthy Cities Network Annual Business Meeting*. Zagreb, October 2008.
- **Jones R.** Glasgow community health and wellbeing research and learning programme: Investigating the processes and impacts of neighbourhood change. *WHO Healthy Cities Network Annual Business Meeting*. Zagreb, October 2008.
- **Jones R.** Healthy Sustainable Neighbourhoods Model. *WHO Healthy Cities Network Annual Business Meeting*. Zagreb, October 2008.
- **Jones R.** Health impact assessment of the 2014 Commonwealth Games. *WHO Healthy Cities Network Annual Business Meeting*. Zagreb, October 2008.

- **Walsh D, Taulbut M** and Hanlon P. The aftershock of deindustrialisation: trends in mortality in Scotland and other parts of post-industrial Europe. *European Public Health Association (EUPHA) Conference*. Lisbon, November 2008.

UK

- **Craig P.** Can primary care reduce inequalities in mental health? *UK Public Health Association*. Liverpool, April 2008.
- **Walsh D, Taulbut M** and Hanlon P. The aftershock of deindustrialisation: trends in mortality in Scotland and other parts of post-industrial Europe. *Social Science & Medicine Conference*. Southampton, September 2008.
- **Tannahill C.** Social cohesion: public health and David's story. *Top 200 event and policy reform group (Whitehall DGs and Scottish Government)*. Glasgow, October 2008.

Scotland

- **Tannahill C.** Improving Glasgow's health. Learning from the past, informing the future. *Inaugural lecture*. Glasgow Caledonian University, January 2008.
- **Tannahill C.** Health inequalities: The need for enlightened evaluation. *Evaluation Summer School*. Edinburgh, May 2008.
- **Tannahill C.** Improving the health of the Scottish population. Tackling health inequality. *Glasgow University Division of Developmental Medicine Conference*. Glasgow, November 2008.
- **Craig P.** Whitehead and Dalgren's principles for tackling inequalities in health: implications for CHPs. *Faculty of Public Health Scottish Conference*. Aviemore, November 2008.
- **Crawford F.** Healthy food provision and promotion in primary and secondary school: Impacts in school and beyond. *Faculty of Public Health Scottish Conference*. Aviemore, November 2008.
- **Crawford F.** Out for lunch? A Health Impact Assessment of secondary school pupils' lunchtime experience. *Faculty of Public Health Scottish Conference*. Aviemore, November 2008.

GoWell presentations

2010

International

- Kearns A. Considering the restructuring of social housing areas. *OTB Research Institute for the Built Environment Conference*. Delft, November 2010.

UK

- Egan M. Who thinks teenagers are a problem? Perceptions of anti-social behaviour, health and place. *Society for Social Medicine Annual Conference*. Belfast, September 2010.

Scotland

- Kearns A. Addressing Scotland's complex socio-economic challenges. *Scottish Government Annual Forum*. Edinburgh, March 2010.
- Kearns A. GoWell community survey findings 2006-8. *Scottish Government*. Edinburgh, April 2010.
- **Tannahill C.** Urban regeneration, mental health and the recession. Some lessons from the GoWell programme. *University of Edinburgh Health Policy and Practice Network Seminar*. Edinburgh, March 2010.
- Kearns A. Assessing the health impacts of Glasgow's Local Housing Strategy (LHS) 2011-2016: A stakeholder consultation workshop. *Glasgow City Council Workshop*. Glasgow, May 2010.
- Kearns A. From housing and neighbourhoods to health and wellbeing. *Scottish Federation of Housing Associations: Realising the Potential for Healthy Homes in Scotland*. Edinburgh, April 2010.
- **Tannahill C** and Kearns A. Findings for regeneration. *Scottish Government Regeneration Seminar*. Edinburgh, October 2010.
- Egan M. Mental wellbeing, housing and neighbourhoods. *SURF Seminar*. Edinburgh, November 2010.

2009

International

- Mason P and Kearns A. Outcomes in Glasgow: Results from the GoWell programme. *EURA City Futures Meeting*. Madrid, June 2009.
- Mason P and Kearns A. The effects of high-rise living on residential, social and health indicators. *EURA City Futures Meeting*. Madrid, June 2009.
- Kearns A and Lawson L. The social integration of asylum seekers and refugees in a regeneration context *EURA City Futures Meeting*. Madrid, June 2009.
- Lawson L and Kearns A. Community engagement in the planning of neighbourhood regeneration in Glasgow. *Conference of the European Network for Housing Research*. Prague, June 2009.
- Sautkina E and Kearns A. Does tenure mix matter for residents' health and wellbeing? The role of social, residential and economical variables. *Conference of the European Network for Housing Research*. Prague, June 2009.
- Mason P and Kearns A. Living in high-rise flats: Residential, social and psychosocial outcomes. *Conference of the European Network for Housing Research*. Prague, June 2009.

- Kearns A and Mason P. Residential environments and mental wellbeing in deprived areas. *Conference of the European Network for Housing Research*. Prague, June 2009.

UK

- Mason P, Kearns A, Whitely E and **Tannahill C**. The effects of high-rise living on residential, social and health indicators and outcomes in Glasgow: Results from the GoWell programme. *Wellbeing and Place: an International Conference*. Durham, April 2009.

Scotland

- **Tannahill C**. Spotlight on health and housing. *CIH Annual Conference*. Aberdeen, March 2009.
- Mason P. High-rise stories. *Tackling Multiple Deprivation in Communities: Considering the Evidence Scottish Government Seminar*. Edinburgh, June 2009.
- Lawson L and Mathews P. What do we mean by 'meaningful' community engagement? *Tackling Multiple Deprivation in Communities: Considering the Evidence Scottish Government Seminar*. Edinburgh, June 2009.
- **Tannahill C**, Kearns A and Bond L. The GoWell research and learning programme – learning lessons for community regeneration. *Scottish Government Regeneration Seminar*. June 2009.
- Kearns A. GoWell findings. *Tenant Participation Advice Service Annual Conference*. Glasgow, October 2009.
- **Crawford F** and **Coyle J**. Impact of housing on the health and wellbeing of communities. *SFHA/CIH Conference. Care, Health and Housing: Making the Connections*. Stirling, December 2009.

2008

International

- Aston A and Thomson H. Youth diversionary projects: challenges in evaluating the health effects of a social intervention. *International Conference on Urban Health*. Vancouver, October 2008.

UK

- Kearns A. Understanding and investigating regeneration's impact upon health: View from the (far) north. *Tyne & Wear Research and Information (TWRI) Conference*. Newcastle, December 2008.

Scotland

- **Crawford F**. Housing, regeneration and health – Applying lessons from the past today. *Health, Housing and Regeneration: Policies and Partnerships for Healthier Communities, Holyrood Conference*. Edinburgh, May 2008.
- Aston E. and Thomson H. Youth diversionary projects and community safety: challenges for evaluation. *The European Society of Criminology Conference*. Edinburgh, September 2008.
- Kearns A and Lawson L. Community empowerment in the context of the Glasgow housing stock transfer. *Scottish Government Seminar*. Edinburgh, October 2008.
- **Tannahill C**. Delivering a healthy Scotland: what's your role? *Employers in Voluntary Housing annual conference*. St Andrews, October 2008.

- **Walsh D** and Mason P. Development of housing typology and wider ecological monitoring. *Scottish Government seminar*. Edinburgh, October 2008.
- **Crawford F**. Public health, housing and regeneration: What have we learned from history? *Faculty of Public Health Scottish Conference*. Aviemore, November 2008.
- Aston A and Bond L. Young people and GoWell, *Scottish Government Seminar*. Edinburgh, November 2008.
- Kearns A. Asylum seekers and refugees in the GoWell study. *Scottish Government seminar*. Edinburgh, December 2008.

APPENDIX 9 – GCPH CONSULTATIVE PROCESSES

Background

The 2007 Review of GCPH recommended (Recommendation 6) that ‘a *wider consultative mechanism should be established for GCPH*’ (Paragraph 42). This Recommendation was not agreed as written by the External Advisory Group or the Management Board. Some members supported wider involvement and engagement in GCPH programme development, but the collective view was that the GCPH partnership structures were the appropriate ones for setting the Centre’s agenda and that these would best be informed and supported by a range of consultative mechanisms, including ‘virtual consultees’, on a programme-by-programme basis. This paper therefore begins by setting out the main partnership arrangements that support and inform GCPH, and then discusses the consultative structures related to the main GCPH work programmes and to the input that GCPH has into partner, and other, organisations.

GCPH partnerships

The Centre’s governance and partnership arrangements involve key partners and others in defining, informing and overseeing the work of the Centre, in both strategic and more operational terms. These are described in Appendices 2-4. Responsibility for strategic planning and priority-setting lies with the Centre’s Management Board, ‘hands-on’ decision-making is taken by the Executive Management Team, and the External Advisory Group provides a more detached assessment of quality, relevance and connectivity, as well as advising on approaches to strengthen the Centre’s work. All three formal structures also receive inputs from stakeholders who are external to the core GCPH team. The GCPH staff team meets monthly and works in a collegiate manner in developing and testing out new and ongoing work through open debate.

GCPH work programmes and consultative structures

Most GCPH work programmes involve elements of co-production in defining the work to be done and the processes. Various models and structures exist to achieve this. The multiple roles of the Centre mean that in some cases (such as the GoWell programme), a Steering Group of sponsors and partners, externally chaired, oversees the work that GCPH is undertaking with others; in other cases, GCPH manages a group that ensures the delivery of work commissioned to another agency or team (for example, the evaluation of smoking cessation services), and in other instances, GCPH is part of a larger partnership group (the Scottish Observatory for Work and Health is one example), providing advice and ensuring that information plays back into GCPH as well as influencing wider policy and practice.

What follows is a summary of the consultative elements integral to the GCPH work programmes.

Programme 1 – Healthy urban planning

This programme has a number of associated consultative groups at international, national and local levels. The methodological and policy-related developments being taken forward in these groups have influenced the shape of the GCPH programme, just as the programme itself has influenced these wider groups. GCPH work has been presented to, discussed and influenced by each of the groups.

- World Health Organisation (WHO) European Healthy Urban Planning sub-network, limited to 15 cities and with a remit to provide training and tools for all cities in the WHO European Healthy Cities Network.

- Scottish Health and Environment Network, predominately a virtual network coordinated by Scottish Government and Health Scotland to explore and broaden traditional links between the environment and health.
- Scottish Health Impact Assessment Network, providing tools, training and support to encourage the use of HIA throughout Scotland.
- Glasgow and Clyde Valley Green Network Partnership which co-ordinates strategic action to make the Glasgow region one of Europe's most attractive places in which to live, work and play.

The *Equally Well* test site, integrating health into spatial planning, forms a part of this programme. The work is shaped and overseen by a management team and a wider Advisory Group, representing the spectrum of council services, academia, health, housing, leisure services and national government.

Programme 2 – GoWell

The GoWell programme has a Steering Group comprising all of the funding partners, together with external academic advisors. This group operates effectively as a governance structure, advising on priorities and resource allocation, agreeing strategies for the various components of the programme, and undertaking a formal annual review of progress. The Steering Group is supported by a publications group (again with representation from all sponsors). As well as using its many seminar presentations as a route to obtaining views and feedback, GoWell holds an annual event, which is interactive by design, and enables participants to respond to findings and proposals from the research team, and inform developments in the coming year.

Programme 3 – pSoBid

pSoBid does not have a steering group as such, but the full project team meets regularly, and a smaller group has quarterly meetings with the Chief Medical Officer to discuss findings and future directions for the research. A Glasgow's Healthier Future Forum event was held in February 2010 to discuss emerging findings and their implications with a wide range of interested parties; and every year one of the GCPH winter seminars has involved an input related to pSoBid and a follow-up meeting with the presenter to consider implications for our work here.

Programme 4 – Resilience and social networks

The sub-components of this programme each has a consultative group.

- An advisory group (now concluded) was established to guide the alcohol and young people research study commissioned by the Joseph Rowntree Foundation. This group was made up of representatives from Middlesex University, NHS Health Scotland, Caledonian University, University of Stirling, Alcohol Focus Scotland, University of the West of England, Strathclyde University and the Scottish Council Foundation
- The Includem Gangs Pilot Steering Group oversees work with young people in the East End who are on the periphery of gang violence. It has membership from Includem, Strathclyde Police, CIRV, Scottish Government, Community Safety Services, the Robertson Trust and GCPH. GCPH is evaluating the intervention as well as the workings of the partnership of which the Steering Group is a component.

Programme 5 – Incentives for behaviour change

The development of this programme has involved an extensive period of consultation – both in relation to the research component, which is a collaboration across a number of disciplines and organisations, and the service delivery component. The research has been peer reviewed through the CSO, with the methodologies being refined to reflect the feedback received. Once this programme starts, there will be a Steering Group established, which is likely to be jointly convened by GCPH and NHSGGC.

On a smaller scale, the trial to evaluate use of brief interventions on alcohol, within the acute setting, has been developed with the guidance of an advisory group comprising representation from addictions services, public health, NHS Health Scotland, GCPH and academia.

Programme 6 – Health-related services: tackling health inequalities

With the exception of the *Healthier Wealthier Children* project (see below), this programme has not established formal consultative or steering groups, but has developed in line with requests, priorities and areas of interest expressed by health-related services locally and nationally. Established groups, such as the Heads of Planning and Health Improvement, and the Directors for the CH/CPs in Greater Glasgow and Clyde, have been consulted on the programme; and individual teams, such as local Integrated Children's Services groups, have been intimately involved in developments. National structures, including the *Equally Well* test sites, have requested support and the local work has thereby developed to respond to these requests.

A Steering Group has been set up to oversee the development, implementation, evaluation and reporting of the *Healthier, Wealthier Children: Children and Families Financial Inclusion Project*. In addition to Scottish Government, GCPH and NHSGGC, this has representation from all CH/CPs and Councils served by NHSGGC. An evaluation sub-group has also been established, which includes academic advisors.

Programme 7 – Strengthening the health impact of local authority services

This programme has various elements, some with linked multi-agency groups. For example, the secondary school pilot Steering Group (involving GCC Education, GCC Leader's Office, Cordia, NHSGGC, Glasgow Life and GCPH) oversaw the planning, implementation and evaluation of the secondary school stay on site lunchtime policy and advised on implications for Glasgow and beyond. It should also be highlighted that the stay on site developments themselves were a recommendation from the Glasgow Health Commission, with its wide-ranging membership. GCPH is also a member of the Glasgow City Council Joint Officers' Group on Health Improvement which raises awareness of the Council's role in improving health and tackling inequalities; influences thinking on health issues through sharing evidence and good practice, and ensures that all Council strategies, policies, plans and services take account of their impact on health and health inequalities. The group meets quarterly, reporting to the Council's Executive Team, and comprises Council departments and services and arms-length organisations, NHSGGC. GCPH work is regularly presented to this group and shaped by the discussion.

Programme 8 – Healthy sustainable transport

The 'active travel' programme works collaboratively with a Transport Advisory Group, which now meets bi annually. It comprises representatives from several local authorities including Glasgow, East Dunbartonshire, North Lanarkshire, East Renfrewshire and Renfrewshire as well as NHSGGC, the Medical Research Council

Epidemiology Unit, Cambridge, NHS Health Scotland, Strathclyde Partnership for Transport, Transport Scotland, Scottish Government, Glasgow and Clyde Valley Strategic Development Planning Authority and GCPH. Its role has been to advise and support the creation and management of the GCPH work programme, to help plan and execute the dissemination strategy and events (for example research seminars organised in 2009 and 2010), and to broker access to strategic decision making forums to present and discuss outputs.

Programme 9 – Partnership working to reduce health inequalities

This programme was initially overseen by a Steering Group of senior representatives from GCPH's local partners – NHSGGC, Glasgow City Council and the University of Glasgow – that met on a regular basis to advise and help shape the work, but due to the shifting focus of the programme, the Group no longer meets. Instead separate discussions have been taking place with individuals and agencies linked to different parts of the programme. The most formalised of these is the multi-site research project funded by SDO/NIHR looking at public health decision-making and the role of evidence, where GCPH is working with other partners across the UK. As well as being part of the UK research group, the Centre has supported the convening of a local NHSGGC group of senior planners and commissioners and will provide the secretariat and link to the UK research group and the overall study.

Programme 10 – Understanding Glasgow's health: local to international perspectives

This programme has a number of consultative mechanisms, including the following.

- ScotPHO Steering Group, which oversees and approves the overall work programme of ScotPHO. Its membership comes from ISD Scotland, Health Scotland, Scottish Government, General Register Office for Scotland, NHS24, Health Protection Scotland and GCPH. The linked ScotPHO editorial group comprises ISD Scotland, Health Scotland and GCPH and has a remit to oversee, implement changes to, and undertake reviews of, the ScotPHO website.
- Glasgow-Liverpool-Manchester qualitative research steering group, comprising representation from Liverpool Primary Care Trust and the Manchester Joint Health Unit as well as Glasgow University and GCPH. Linked to this is the Glasgow-Liverpool-Manchester population survey group, made up of GCPH, NHS Health Scotland and Glasgow University with a remit to oversee the population survey aspect of the '3 cities' work. The extensive dissemination of the 'Glasgow Effect' analyses has also led to a great many people contributing ideas and being involved in discussion about the next stages of this research.
- Linked Scottish Health Survey analyses group, with a membership of GCPH, ISD Scotland and Glasgow University, has a remit to oversee the programme of research based on the use of the linked Scottish Health Survey.
- *Understanding Glasgow*: the Glasgow Indicators Project, has a Project Advisory Group to provide expertise, guidance and support for the development and shape of the website. Although GCPH manages the development of the website and chairs group meetings, members take responsibility for the development of specific domains and content. There is also a wider stakeholder group drawn from those who attended earlier consultative events.
- *Towards a mental health profile of Greater Glasgow and Clyde* was developed following consultation with mental health professionals and others in Greater Glasgow and Clyde, and now has a Research Advisory Group with a wide membership to provide expertise, guidance and support in planning and delivery of the project. GCPH and the Mental Health Partnership jointly chair advisory group meetings. There is also a wider stakeholder group, which is used 'virtually'.

- A project advisory group has been established to provide expertise, guidance and support for the work to investigate observed increases in breastfeeding rates in deprived areas. This includes national as well as local advisors with expertise in breastfeeding as well as relevant analytical skills. This project was shaped in its initial stages by reviewers' feedback on the project proposal, and is part-funded by the Scottish Collaboration for Public Health Research and Policy into which the findings will be reported.

Programme 11 – Employment, economy and health

GCPH is one of the partners in the Scottish Observatory for Work and Health and is a member of the project steering group, along with the Scottish Government, Scottish Centre for Healthy Working Lives, NHSGGC and NHS Lanarkshire who co-sponsor the work. As a result, the work of this programme is agreed jointly by the sponsors and the Observatory team.

Programme 12 – New perspectives on health

A major component of this programme is the Culture and Wellbeing project, led by Prof Phil Hanlon and Dr Sandra Carlisle at Glasgow University. This programme has a long-standing research advisory group, and produces quarterly reports for Scottish Government. As noted for some of the other programmes above, feedback on the wide range of outputs from this project, including discussion at the many presentations made by Phil Hanlon, have shaped its development.

Other dimensions of this programme – including the civic conversation, the facilitation of events and strategy processes (for example NHSGGC corporate events, and primary care strategy developments) – are by their very nature consultative. The design is agreed in collaboration, and the processes are highly participative.

Summary

A 'wider consultative mechanism' per se has not been established for GCPH, but it is evident that consultation and the involvement of a wide range of stakeholders is part and parcel of the way that the Centre works. The consultative processes deployed are those that seem most appropriate to the particular programmes of work, and the Centre as a whole has strong governance and advisory structures that have been reviewed and work well. As is evident in other sections of this report, the GCPH team is strongly characterised by its openness and willingness to respond to opportunities, a partnership ethos, and a commitment to shared learning and development.

APPENDIX 10 WORK PROGRAMME SUMMARIES

The purpose of this Appendix is to illustrate, through selected project summaries, the ways in which the Centre team is addressing its aims and overarching outcomes. The summaries describe the processes involved, the outputs and outcomes delivered to date, and (where appropriate) the future direction of the project. Most projects deliver on success indicators relevant to both of the overarching outcomes.

This Appendix **does not include** summaries of all of the GCPH projects. Those included have been chosen to highlight the different ways in which the Centre operates and has influence, and the mutual dependence of those approaches. It is intended that these examples provide another way of demonstrating the work of the Centre and in conveying its impact.

The Aftershock of Deindustrialisation – phase 1

Aim 1:

To create and test new models for understanding the patterns, and causes of, Glasgow's enduring poor health while identifying potential solutions and actions for improvement.

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A4: Methodological developments and innovative practice

B1: Publications

B3: Collaborations, partnership and reach

Structure

Stakeholders and partners include GCPH; NHS Health Scotland; Glasgow University; and a range of partners and data suppliers in various European countries (e.g. Germany, France, Belgium, Netherlands, Czech Republic, Poland, England, N. Ireland).

An advisory group comprised members of GCPH, NHS Health Scotland and Glasgow University, overseeing and advising on data collection, analyses and reporting. The project was based on discussion and agreement with key contacts in the different European regions in order to obtain the required data. A range of other external experts were also consulted.

Strategic objective

Post-industrial decline (and its many associated factors) is frequently cited as one of the major underlying reasons behind the poor health profile of Scotland and, especially, the West of Scotland (WoS). Given this, the strategic objective was to identify other European regions that had experienced comparable levels of deindustrialisation and to compare their health trends with those of the WoS.

Process

- Consultation (with a range of experts in European history and public health)
- Detailed negotiation (to access detailed data sets from a range of different countries)
- Statistical analyses
- Further consultation
- Reporting and dissemination

Outputs

- Detailed GCPH report and associated GCPH Briefing Paper
- Peer reviewed journal paper (*European Journal of Public Health*)
- International seminar
- Numerous presentations to different audiences (conference; policy; local; national/international)

Outcomes

- Strengthening of evidence for existence of West of Scotland 'effect', or Glasgow 'effect' – i.e. confirming the need to look beyond socio-economic deprivation alone as explanation for poor health outcomes
- Policy awareness that mortality trends in WoS are unfavourable even when compared with regions with not dissimilar histories
- Recognition of need for more in-depth follow-up analysis, and resulting in the establishment of collaborative research agreements with colleagues in Germany, France and the Czech Republic

Future work

A considerable analytical and consultative effort produced a series of results that probably could not have been predicted, and which clearly identified the need for, and led to, further research. This has taken the shape of collaborative research agreements with colleagues in the above three European countries, as well as extensive analyses of a range of health determinant data from other sources. There is also an associated PhD study examining political and social histories. The project is closely linked to the GCPH led Glasgow-Liverpool-Manchester programme of research and is leading to growing recognition that health outcomes in the West of Scotland are not adequately explained by established understandings and measures of deprivation. Health in Glasgow and the West of Scotland is improving more slowly not only than other parts of Scotland and the UK, but also than comparable regions across Europe.

'The Glasgow Effect' project – phase 1

Aim 1:

To create and test new models for understanding the patterns, and causes of, Glasgow's enduring poor health while identifying potential solutions and actions for improvement.

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A4: Methodological developments and innovative practice

B1: Publications

B3: Collaborations, partnership and reach

Structure

Stakeholders and partners included GCPH; Glasgow University; NHS Manchester/Manchester Joint Health Unit; Liverpool Primary Care Trust.

The project was led by GCPH, with input (particularly in relation to the provision of data) from colleagues in the above Liverpool and Manchester organisations. A network of those partners, together with other individuals from the same organisations and representatives of Glasgow University helped to shape some of the analyses and the final outputs.

Strategic objective

The study was based on two, complementary, objectives:

1. To establish whether there is evidence of a 'Glasgow Effect' (i.e. additional poor health in Glasgow over and above that explained by socio-economic factors), even when comparing the city to its two most similar and comparable UK cities (Liverpool and Manchester), and when based on a more robust and spatially sensitive measure of deprivation than has previously been available.
2. To develop data that facilitate the identification of comparable small areas within the three cities as a focus for a second, qualitative, piece of research: specifically, to identify communities in Glasgow which experience significantly different health outcomes compared to similarly deprived communities in Liverpool and Manchester.

Process

- Creation of small area based geographical unit for Glasgow which is comparable to units used in Liverpool and Manchester
- Collation of required detailed data sets (population, deprivation, mortality)
- Undertaking of a range of detailed analyses
- Reporting and dissemination of findings

Outputs

- Detailed GCPH report and associated GCPH Briefing Paper
- Peer reviewed journal paper (*Public Health*)
- Seminar

- Numerous presentations to different audiences (conference; policy; local; national/international)

Outcomes

- Establishment of evidence of a Glasgow 'effect' – i.e. confirming the need to look beyond socio-economic deprivation alone as explanation for poor health outcomes
- Identification of most plausible theories to explain the effect
- Creation of detailed programme of research (qualitative and quantitative) to investigate this Glasgow 'effect'

Future work

A detailed programme of research has been developed as a direct result of this project. This includes: detailed qualitative research (based in communities in the three cities which have identical socio-economic profiles, but where mortality is higher in the Glasgow areas); a new population survey in each city; and a range of other quantitative analyses to test a range of hypotheses put forward to explain the 'effect'.

Health and wellbeing profiles, and *Miniature Glasgow*

Aim 1:

To create and test new models for understanding the patterns, and causes of, Glasgow's enduring poor health while identifying potential solutions and actions for improvement.

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A4. Methodological developments and innovative practice

Outcome B:

Greater capacity for effective action to improve health and reduce inequalities

Evidenced by success indicators:

B2: Contributions to professional development, collective learning and reflective practice

Structure

The development of community health and wellbeing profiles arose out of the GCPH programme of work supporting Community Health (& Care) Partnerships (CH(C)Ps). The profiles were conceived, designed and published by GCPH in collaboration with NHS Greater Glasgow and Clyde (NHSGGC) and ISD Scotland's Scottish Public Health Observatory (ScotPHO) team. Managers and staff within NHSGGC's 10 CH(C)Ps were consulted on the content, format and dissemination of the profiles.

Strategic objective

The purpose of the health and wellbeing profiles was to inform service providers, planners, policy makers and the public about public health issues, both locally and at national level.

Specifically, each local profile was designed to:

- provide organisations and communities with up-to-date and locally-relevant public health intelligence
- highlight health and social inequalities
- show trends in key indicators
- provide local level information to aid priority-setting and the targeting of resources
- develop knowledge of the complex nature of health and its determinants

Process

- These profiles build on the success of the 2004 Community Health Profiles published by NHS Health Scotland, and the 'Let Glasgow Flourish' report published by GCPH in April 2006
- Development was informed by a consultation process involving a broad constituency of potential users
- Data for over 60 local and national indicators were gathered from local and national surveys and administrative sources. The indicators covered a range of health outcomes (e.g. life expectancy, mortality, hospitalisation) and health

- An evaluation of the profiles was carried out in 2009

Outputs

- Ten community health and wellbeing profiles covering the majority of the Greater Glasgow and Clyde area
- Dissemination happened in a number of ways:
 - directly mailing to key individuals and organisations
 - via the GCPH web site
 - presentations and workshops, coordinated with dissemination of the 2007/8 Director of Public Health's report for NHSGGC, 'A Call to Debate, a Call to Action'
 - presentations to a wide range of other audiences, including: local MSPs, housing associations, an NHSGGC corporate seminar, the Board of the Health Protection Agency, a WHO/Lithuanian Ministry of Health study group and various conferences e.g. a national CHP conference, the Faculty of Public Health's Scottish Conference

Outcomes

Strong demand exists within NHSGGC, Councils and other local community organisations for up-to-date health intelligence that is brought together in one place, is easy to understand and provides an overview of health and health related factors at a community and neighbourhood level.

The profiles have been widely influential in planning and policy development across the Greater Glasgow and Clyde area: informing debates and planning priorities, assisting in targeting resources, influencing service redesign, supporting funding and project applications, raising awareness, informing communities, aiding research and in work with a specific focus e.g. alcohol, inequalities, smoking cessation.

Future/Related Work

The development of health profiling in Scotland, which has been pioneered over a number of years in the Public Health Institute of Scotland, Health Scotland and latterly in GCPH, is now an established approach to describing health indicators, locally and nationally. The understanding gained from this work has led on to other innovative approaches to presenting public health intelligence including the accessible format of the film *Miniature Glasgow*. This film has been used on undergraduate and post-graduate teaching courses and has been replicated by several other cities and regions. It is available on DVD or via a dedicated website (www.miniatureglasgow.com) and is accessible in nine different languages. Website statistics indicate it has been viewed in 64 countries. It has been presented at various international meetings, including in Pittsburgh, Brussels, Taiwan, Delhi and San Francisco. *Miniature Glasgow* is now being developed to include comparisons with other cities.

Equally Well – Glasgow test site integrating planning and health

Aim 2:

To bring excellent and innovative population health research together with the work of policy-makers and service providers to accelerate and strengthen processes for better and more equal health

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A2: Influence drawn from across the core GCPH activities: public health information, research evidence and future orientation/fresh thinking.

A3: Evaluations of public health interventions and policies, with translational impact

B2: Contributions to professional development, collective learning and reflective practice

Structure

Stakeholders within the Glasgow Equally Well test site to integrate planning and health are Glasgow City Council, GCPH, and NHS Greater Glasgow and Clyde. The Equally Well programme is the Scottish Government's action plan for reducing health inequalities. The Scottish Government provides external funding for delivery of this project and its evaluation.

Strategic objective

This Equally Well Glasgow **City** test site recognises and explores the links between planning and health. Led by Glasgow City Council Development and Regeneration Services, the project seeks to contribute towards reducing health inequalities throughout Glasgow. Throughout the process, various planning mechanisms will be explored to determine the extent to which they can contribute towards this goal. To date, a large proportion of the test site work has taken place in the east end of the city, although there may be scope to cover Glasgow more widely as the project advances.

The test site includes a focus on finding innovative ways of engaging with communities. This centres on the idea of having a healthy sustainable neighbourhood and the concept of local people taking control of their community. It is hoped that it will encourage greater levels of participation from community members and encourage planners to consider the impact of proposals on the quality of life of people within an affected community. Service redesign and capacity building for health and planning professionals have been two other critical elements of this programme of work.

Process

- Consultation with community groups
- New and innovative means of community engagement with a particular focus on place making and quality of life issues
- Project reporting to Scottish Government
- Collaboration with other Equally Well test sites across Scotland and health and planning professionals throughout Glasgow
- Capacity building workshops for planners and health professionals

- Willingness to share information and inform interested parties
- Monitoring and evaluating new approaches to place making and healthy urban planning.

Outputs

- Internal and external evaluation reports
- Capacity building workshops and associated reports
- Healthy Sustainable Neighbourhoods (HSN) Model and related GCPH briefing papers and a series of briefing notes and other related resources
- HSN place maker toolkit as a means of community consultation
- Outputs related to an international seminar
- 'Health Girl and Friends in From Here to Equality' – publication in cartoon form outlining in simple terms the benefits of partnership working between health and planning
- Presentations by test site members at local, national and international conferences

Outcomes

- Increased awareness of HSN Model
- Increased awareness by planners and health professionals of each other's work and organisational cultures
- Increased capacity for integration of health and planning
- Influence on the other test sites to consider the built environment in addressing health inequalities

Future Work

The test site will enter into a third year of operation in March 2011 and a project plan is being developed for this next phase.

Active, sustainable travel: Are we moving in the right direction?

Aim 2:

To bring excellent and innovative population health research together with the work of policy-makers and service providers to accelerate and strengthen processes for better and more equal health.

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A2: Influence drawn from across the core GCPH activities: public health information, research evidence and future orientation/fresh thinking

A3: Evaluations of public health interventions and policies, with evidence of findings having influence on future developments in research, intervention or policy

Structure

This cross-cutting two year work programme is facilitated and funded by GCPH with additional sponsorship from the Scottish Government, Strathclyde Partnership for Transport (SPT) and NHS Greater Glasgow and Clyde (NHSGGC). It is supported by a multi-agency advisory group comprising: Transport Scotland; NHS Health Scotland; NHSGGC; local authority representatives from Glasgow and Clyde Valley region; SPT; Glasgow and the Clyde Valley Strategic Development Planning Authority; and the MRC Epidemiology Unit, Cambridge.

Strategic objective

Improving physical activity and developing sustainable transport are high on political and public health agendas. Adverse effects of transport fall disproportionately on the most vulnerable groups in society. This programme of work set out to provide a clearer picture of patterns and trends in travel, transport and road traffic injuries within the Glasgow and Clyde Valley area; to evaluate the impact of current strategy, policy and plans on concrete measures to promote active, sustainable travel; and to explore attitudes towards travel in and around Glasgow in order to inform strategy, policy and practice in this area.

Process

A two year programme of research, data analysis and policy review conducted by three GCPH team members (and one seconded member of staff) with the following objectives:

- To undertake qualitative research using interviews and focus groups to explore cultural norms around urban travel
- To explore and review national/regional/local transport-related strategies, policies and plans to assess the translation of aspiration into reality on the ground
- To undertake analysis of secondary data from Census, Scottish Household Survey and other data sources to elicit patterns and trends in school travel, travel to work, and pedestrian and other road casualties

Outputs

- GCPH briefing papers and full reports on each strand of work plus a supporting film (available in DVD format or via the GCPH website)

- Two research seminars, attended by a broad spectrum of participants (approximately 150 at the first and 100 at the second) including national and local decision makers, politicians, policy makers and practitioners to discuss and debate emerging findings and implications for action
- Presentations by GCPH team at local, national and international conferences and to a number of strategic groups
- A consultation response submitted to the Scottish Parliamentary Inquiry on active travel drawing on evidence and insights generated through the work of the programme

Outcomes

- Evidence briefings regarding transport, health and the environment informed three of the Glasgow Health Commission's recommendations, one of which has led to the implementation of 20 mandatory 20mph zones across Glasgow
- Data and evidence from programme were included in Chapter 6 of NHSGGC's Director of Public Health's report (2009) 'The Population of NHSGGC Needs to Get More Active'
- Data and evidence are being utilised in the 'Glasgow Indicators project and are contributing to a physical activity profile for Glasgow City as part of implementation of the Glasgow Physical Activity Strategy

Future work

This programme is involved in generating and compiling good quality information and evidence in order to argue for policies and decisions that support more active and sustainable modes of travel. This involves challenging established priorities and cultures, and the taking of a long-term view. Future work in this programme will involve the twin-track approach of, on the one hand, building the arguments through further evidence-generation and, on the other, continuing to disseminate and discuss that evidence with strategic decision makers. Subject to resources, specific plans include:

- Further dissemination and discussion of findings with strategic decision makers including SPT Board, MSPs and others
- Further data analysis (Hands Up data, Scottish Household Survey, Cycle Cordon Count)
- Journal articles being written on Cycle Cordon Count and school travel analysis
- Use of Cycling HEAT (health economic assessment tool) to evaluate the cost/benefits of cycling in Glasgow
- Qualitative research to understand why some schools are bucking the trend in 2008 and 2009 Hands Up surveys
- Monitoring and evaluation of '20s Plenty' traffic calming and new 20mph zones in Glasgow
- Involvement in iConnect 'Bridge to Nowhere' evaluation (with partners from Strathclyde University)
- Involvement in M74 extension phase two study (with partners from UKCRC Centre for Diet and Activity Research, MRC Epidemiology Unit, Cambridge)

Drinking to belong

Aim 2:

To bring excellent and innovative population health research together with the work of policy-makers and service providers to accelerate and strengthen processes for better and more equal health.

Outcome B:

Greater capacity for effective action to improve health and reduce inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

B1: Publications

B2: Contributions to professional development, collective learning and reflective practice

Structure

GCPH conducted this research with funding from the Joseph Rowntree Foundation (JRF). An advisory group was established with representation from: NHS Health Scotland; Institute of Social Marketing, University of Stirling; Glasgow Caledonian University; University of West of England; Alcohol Focus Scotland; and JRF. It was chaired by Professor Betsy Thom (Middlesex University and JRF).

Strategic objective

Alcohol related harm continues to rise in Glasgow and Scotland at a faster rate than the rest of the United Kingdom. Understanding how young adults are responding to a changed alcohol environment in which consumption, harm, affordability, availability and marketing visibility of alcohol are on an upward trajectory will help us anticipate and respond to factors that will continue to shape future rates of harm.

Process

Qualitative study with 80 young adults including drink diaries, focus groups and interviews.

Outputs

- Full report published by JRF (December 2010)
- JRF findings report published (December 2010)
- Launch event with Health Scotland and Scottish Government
- Submission of findings to peer review journal (*Journal of Youth Studies*)
- Presentations at conferences including: British Sociological Association 2010, Faculty of Public Health Scottish conference 201,
- 'An Unequal Struggle for Health', response to Director of Public Health Report conference (2010)
- Briefing provided to Heads of West of Scotland Drug and Alcohol Partnerships (DAPs) strategy group

Outcomes

- The findings drew attention to the close cultural association between the enactment of young adulthood and excessive alcohol consumption. This has helped policy makers and practitioners understand an additional influence shaping how young people drink (alongside issues of price, availability and marketing of alcohol) that can underpin capacity for action

- The findings also drew attention to differences in the long and short term risks between socioeconomic locations and promoted understanding of how different strategies may be required for different groups of young adults. Again this has been used to build capacity for future action around alcohol and young people
- Developing a qualitative understanding of how pricing influences decision-making around alcohol choices has also developed capacity for effective action in this policy area

Future work

Further research is now underway in partnership with *Alcohol Focus Scotland (AFS)* focussing on gender and young adulthood. This partnership will assist the translation of research findings into policy and practice arenas around alcohol.

Alcohol's central position in the enactment of sociability in Scottish/UK culture makes it an important entry point for investigating social networks, social capital and other assets for wellbeing. Alcohol use also changes its form and underlying intentions through opportunities presented across the life-course. A study of social network activity in later life through the prism of relationships with alcohol is suggested from these findings.

Includem – Gangs pilot project

Aim 2:

To bring excellent and innovative population health research together with the work of policy-makers and providers to accelerate and strengthen processes for better and more equal health.

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A2: Influence draws from across the core GCPH activities: public health information, research evidence and future orientation/fresh thinking

A3: Methodological developments and innovative practice

B3: Collaborations, partnership and reach

Structure

GCPH is undertaking an evaluation of the partnership working aspect of the Gangs Pilot Project which involves Includem, Scottish Government, Strathclyde Police, Community Initiative to Reduce Violence (CIRV), Criminal Justice Services and the Robertson Trust. GCPH is funding the research element of this project, with funding for the project itself coming from Scottish Government and the Robertson Trust.

This project has two distinct components:

1. An investigation of the process of change from the perspective of young people going through the intervention
2. An investigation of the process of partnership working to deliver a multi-agency intervention round a complex social problem

Strategic objective

Aims of the Gangs Pilot Project overall:

- To reduce antisocial and criminal behaviour in the young people targeted by the initiative, including a reduction in re-offending rates, preventing them from entering the Children's Hearing System or adult justice system
- To assist vulnerable young people and those involved in criminal behaviour to re-enter employment, education or training and increase their involvement with the communities around them
- To develop a partnership to identify those most in need of support and target effective community based interventions to them

Aims of the research into understanding young people's perspectives:

- To produce better understanding of holistic approaches to complex personal problems
- To understand how interpersonal assets such as supportive social networks can be created, energised and maintained through intervention
- To offer learning around the interpersonal forms of engagement within responses to complex problems, often overlooked from evaluations that structure findings for scalability and 'roll-out'

Aims of the evaluation of partnership working:

- To produce a clearer understanding of the conditions necessary for successful partnership working around a specific social problem. This learning is likely to have wider applicability in the context of improving Glasgow's health where partnership working is necessary in recognition of the multi-dimensional causes of poor health and inequality
- To take account of how different professional approaches to a problem, traditionally invested with differing levels of power, status and authority are harmonised to produce new ways of viewing problems incorporating multiple disciplinary perspective
- To document processes of operational decision making and communication taking account of inherent challenges to current governance priorities such as information sharing and confidentiality
- To feed back learning to partners rapidly to encourage reflection and adaptation of practice in light of emergent problems highlighted through evaluation

Process

Young people:

- Qualitative interviews and structured data collection with young people at two time points in the intervention (at start and at six months)
- Qualitative data collection with Includem workers around strategies with young people and learning.

Partnership work:

- Development, undertaking and analysis of semi-structured interviews with partners
- Presentation to and discussion with partners of interim themes after first and second set of interviews with aim to include co-production and reflective elements
- Development and dissemination of final report

Outputs

Young People:

- An interim report from first round of data collection and learning fed back to partner steering group through presentation

Partnership work:

- First stage presentation and interim report have been produced

Anticipated outcomes

Contribution to future funding plans for the pilot and CIRV in terms of outlining partnership outcomes, and to the shaping and content of intensive interventions for young people involved in gangs which is the concern of the project.

Future work

This research project will conclude in 2011 and there are currently no plans beyond the project's end. However, there is important learning from this project – about partnership working, and also about approaches to build the trust of young people with complex problems. This is highly relevant to the current emphasis nationally on asset-based approaches and the aim will be to inform those developments and any associated GCPH work.

Health Impact Assessment

Aim 3:

To develop greater capacity for effective action to improve health through educational processes and events, provision of regular communications, and organisational and professional development.

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A2: Influence draws from across the core GCPH activities: public health information, research evidence and future orientation/fresh thinking

A3: Evaluations of public health interventions and policies, with translational impact

B2: Contributions to professional development, collective learning and reflective practice

Structure

Health Impact Assessment (HIA) encompasses a range of tools and methodologies to assess the potential positive and negative health impacts and their distribution among groups of strategies, plans and policies. The stages of HIA include screening, scoping, appraisal, decision making, monitoring and evaluation. HIAs include community profiling and an evidence review and often engage local community members. The team of stakeholders involved varies with each HIA.

Strategic objective

HIA is a tool designed to bring public health issues into the foreground of policy and decision making. A core strength of HIA is that its recommendations can be based on the participation of a wide range of stakeholders, working on an equal footing to provide a fully considered view on issues affecting the health of the local community. The strategic objective of GCPH's advocacy and support for HIA was to establish the process as a more regular part of the policy-development processes in Glasgow, in order that health – and health inequalities – impacts could be considered explicitly alongside other impacts. At an early stage, GCPH sponsored and organised two training events to build a core capacity for HIA in the city.

Process

- Scoping events for HIA have been conducted on the Glasgow Housing Strategy and GCC City Plan 3
- Scoping and appraisal for HIA have been conducted on the East End Local Development Strategy; lunchtime experiences in two secondary schools in Glasgow; Glasgow 2014 Common Wealth Games; Glasgow's alcohol licensing policy; and the external environment of new build at Southern Hospital Campus
- Desktop appraisal has been conducted on the new economic strategy for Glasgow

Outputs

- Various training materials and resources have been produced along with reports which have been disseminated to participants and made available on the GCPH website for the East End Local Development Strategy; lunchtime experiences in

Outcomes

- Potential health impacts and the distribution of those impacts among groups have been considered by key stakeholders in policy and decision-making as they were involved in the HIA processes
- Recommendations from the HIA of the East End Local Development Strategy (EELDS) were incorporated into the final strategy
- The steering group of the EELDS recommended that HIA as a tool to incorporate health considerations in traditionally non-health related Council policy and strategy
- Glasgow City Council have embraced HIA as a method of incorporating health considerations into policy

Future work

- Monitoring and evaluation of the Commonwealth Games, the Alcohol Licensing Policy and Southern Hospital Campus
- Field testing of health indicators in New Economic Strategy
- Further engagement with stakeholders to continue work on the Glasgow Housing Strategy and City Plan 3
- HIAs are being considered for town centre 'masterplans' and a cycling strategy
- Develop a guide with Scottish Health Impact Assessment Network on the built environment

Glasgow's Health Commission

Aim 3:

To develop greater capacity for effective action to improve health, through educational processes and events, provision of regular communications, and organisational and professional development.

Outcome A:

Strengthened processes for improving population health and reducing health inequalities

Evidenced by success indicators:

A1: Influence on policy and strategy development

A2: Evidence that this influence draws from across the core GCPH activities: public health information, research evidence and future orientation/fresh thinking

B3: Contributions to professional development, collective learning and reflective practice

Structure

The Leader of Glasgow City Council established Glasgow's Health Commission in June 2008. Membership was drawn from a broad range of professional backgrounds with the remit being to take a fresh look at Glasgow's health challenges and to come up with proposals on how to tackle them.

Strategic objective

To consider Glasgow's main health challenges and make recommendations that add value to ongoing efforts to build sustainable health improvement and reduce health inequalities.

Process

The Principal of Glasgow Caledonian University chaired the Commission. 15 commissioners met over the course of six months, hearing and discussing evidence and presentations regarding determinants of health and health inequalities in Glasgow. GCPH was influential both in preliminary discussions regarding the establishment of the Commission and throughout its life, contributing in terms of membership of the Commission, providing evidence briefings, facilitation of discussion and fresh thinking, consultation processes, and helping to produce the final report and recommendations.

Outputs

- 'Growing a Healthier Glasgow' - published report and recommendations of the Glasgow Health Commission. Twenty final recommendations were made after consultation with community groups
- Presentations to local decision makers outlining the recommendations and implications for action by stakeholder organisations
- Presentation at the Scottish Public Health Conference in November 2009 to disseminate learning to public health colleagues across Scotland
- Development of appropriate measures of progress on recommendations

Outcomes

- All GCC services, 'arms length' organisations (ALEOs) and community planning partners were asked to respond to the recommendations detailing what additional actions they intend to implement
- The Glasgow Indicators Project was established and a new website has been created – *Understanding Glasgow* – to be launched in January 2011
- The GCC Joint Officers' Group is supervising progress on individual recommendations and a Specialist Registrar in Public Health has been attached to the Council to develop a way forward on the 'child-friendly city' recommendation

Future work

Progress regarding action on recommendations will be reported to GCC's Executive Group in 2011. Challenges remain in maintaining momentum with the Commission's recommendations and ensuring that the recommendations from the Economic Commission and City Vision processes of 2011 take account of the Health Commission's work.

Glasgow Indicators project – ‘Understanding Glasgow’

Aim3:

To develop greater capacity for effective action to improve health, through educational processes and events, provision of regular communications, and organisational and professional development.

Outcome B:

Greater capacity for effective action to improve health and reduce inequalities

Evidenced by success indicators:

A4: Methodological developments and innovative practice

B2: Contributions to professional development, collective learning and reflective practice

B3: Collaborations, partnership and reach

Structure

The Glasgow Indicators project is led by the Glasgow Centre for Population Health (GCPH) with support from Glasgow City Council (GCC), Glasgow's Community Planning Team, Glasgow Life, Glasgow's Community Safety Partnership, NHS Greater Glasgow and Clyde (NHSGGC) and the International Futures Forum (IFF).

Strategic objectives

- To create an accessible interactive web resource describing health and wellbeing in Glasgow across 12 key domains
- To collect health and wellbeing indicators for the city in one place, in order to make comparisons internally within the city and outwardly to other Scottish, UK and European cities and illustrate key trends for Glasgow
- To help a range of different audiences to better understand health issues in Glasgow (and beyond) and support improved delivery of services and monitoring of policies and strategies
- To strengthen civic engagement about the challenges and opportunities facing the city (and beyond), by provoking conversation and democratising access to knowledge

Process

- The action plan accompanying the city's economic development strategy, *A step change for Glasgow* (2007), included a commitment to developing health and wellbeing indicators for the city
- A series of seminars guided the process, with delegates attending from several public and voluntary sector organisations
- The seminars were used to determine whether a set of Glasgow health and wellbeing indicators would be desirable and if so, what form they should take
- Learning from approaches used elsewhere (e.g. the Boston Indicators Project, the London Health Commission), review of current Glasgow approaches (Community Health Profiles) and discussion over more difficult concepts (e.g. cultural participation, three-horizon thinking) was used to advance the debate
- A stakeholder event held in November 2010 involved hands-on testing of the prototype website and led to further development of the site prior to launch

Outputs

- Reports created from seminars (February, April, June and November)
- Presentation delivered at the Faculty of Public Health Scottish conference November 2010)
- Website developed, holding comparative and trend data for Glasgow and other geographies arranged under 12 domains based upon the IFF 'world game model'
- Understanding Glasgow website to be launched in January 2011

Outcomes

Seminar reports and participant views have highlighted the value of the Glasgow Indicators project approach "*as [a] top priority*" in three ways:

- It offers a universal, holistic view of the city (and city-region)
- It offers a simple way to judge progress (and hold public actors to account): "*...a bit like Scotland performs but better*"
- It offers a tool which assists in the ready development of strategic conversation and action on key issues

The creation of the site, and the range of indicators within it, will facilitate monitoring the recommendations of the Glasgow Health Commission report 'Growing a Healthier Glasgow' (2009).

Future work

- Content development – adding international comparisons (at a city or region-level), more detail on comparable UK cities (Liverpool and Manchester) and data on population sub-groups (children and young people) to the site
- Dissemination and use – with a range of local and international partners to foster dialogue and new thinking about the city. The intention is to work with partners from the private and voluntary sectors as well as those already involved

Civic Conversation

Aim 4:

To be a focus for the exchange of ideas, independent thinking, analysis and debate about population health and health inequalities, linked with similar activities elsewhere in the world.

Outcome B:

Greater capacity for effective action to improve health and reduce inequalities

Evidenced by success indicators:

B1: Publications

B2: Contributions to professional development, collective learning and reflective practice

B3: Collaborations, partnership and reach

A4: Methodological developments and innovative practice

Structure

Led by the GCPH and the International Futures Forum (IFF), the Civic Conversation involved participants from the voluntary, statutory and private sectors. The initial open ended conversations were based upon the outputs which participants wished to pursue. The conversation developed around a basic question regarding aspirations for the long term future of the City.

Strategic objective

Working from the basis that effectively tackling Glasgow's obstinate health challenges will be assisted by the development of new perspectives uncovered through new forms of exchange, the Civic Conversation aimed to open up dialogue among stakeholders on health and health inequalities.

Process

Between 2006 and 2008 a series of conversations were undertaken with civic leaders, decision and policy makers in the city, community members and representatives of the voluntary sector. A number of pilot events were followed by three half day conversations with increasing involvement and scope of those involved.

Further voices were heard from other sources such as web-based discussions via the GCPH website, scenario planning sessions with council workers, practitioners in the mental health field and older volunteers, photo voice methods to engage with young people and discussion with representatives of faith-based groups and employers in the city. Data from the 97 participants included transcripts, diagrams, cartoons, artwork, graphical representation notes and photographs.

Outputs

- Comprehensive Civic Conversation final report
- Award winning visual report – 'Equal Exposure'
- Regular article written for Scotregen – Scotland's Independent Regeneration Forum's magazine
- Use of similar methods for NHSGGC acute strategy review conference, national quality in primary care conference and NHSGGC senior managers conference 2010

- Contributed to development of Miniature Glasgow film along with the Health and Wellbeing profiles
- Contributed to the development of the Glasgow Indicators project and the Understanding Glasgow website

Outcomes

- Promoted an appetite for future thinking and preparedness for uncertainty and discontinuity among practitioners and policy makers within the city
- Has helped develop the use of a 'tool kit' for further conversations – including the three horizons model and scenario planning
- Methods developed during the conversation have been employed subsequently to address more specific policy questions.

Future work

The methodologies developed in the Civic Conversation, and the material generated thereby, are now being deployed within other aspects of the Centre's work.

Glasgow Centre for Population Health Seminar Series

Aim 4:

To be a focus for the exchange of ideas, independent thinking, analysis and debate about population health and health inequalities, linked with similar activities elsewhere in the world.

Outcome B:

Greater capacity for effective action to improve health and reduce inequalities

Evidenced by success indicators:

B2: Contributions to professional development, collective learning and reflective practice

B3: Collaborations, partnership and reach

Structure

The seminar series is developed in conjunction with the International Futures Forum. The Spoken Word project at Glasgow Caledonian University curate the audio and the more recently added element of visual outputs. The series consists of up to six public lectures each year. Follow up sessions are also utilised where appropriate to continue the conversation with relevant stakeholders.

Strategic objective

To create a space in which participants have the opportunity to engage with interesting and relevant new ideas, develop their thinking and increase multi-disciplinary, multi-sector dialogue, leading to new ways of working appropriate to the obstinate nature of health challenge.

Process

- Six high quality, relevant, public lectures are organised and advertised via the GCPH network of contacts and wider
- Each seminar is recorded and as much information as possible is posted on the GCPH website and disseminated via the GCPH e-bulletin
- Evaluation of the first six Seminar Series sets took place in 2010 – a set of recommendations were given and are being incorporated in to subsequent seminars

Outputs

- Web based resources available for each lecture include Powerpoint presentation slides, seminar summary documents, sound files, podcasts and films
- Sound and visual files held as part of an international archive at Glasgow Caledonian University

Outcomes

According to recent evaluation of the series:

- More than 35,000 downloads of sound files over six sets of seminars
- Over 80% of participants have changed or plan to change the way they work as a result of attendance
- Almost 80% have changed the way they think about something as a result of attendance
- Over 95% of participants plan to come to future seminars

- About 90% say that the Seminar Series offers something different to other similar events

Future work

- Webcasting to extend the reach of the seminars nationally and internationally
- Increase awareness of range of outputs available from the series via increased promotional activities, use of social media and other communication techniques

APPENDIX 11 – GLOSSARY

Active travel

Active travel refers to an approach to travel and transport that focuses on physical activity (walking and cycling) as opposed to motorised and carbon-dependent means.

Aftershock of deindustrialisation

A GCPH report comparing the trends in mortality in Scotland and other parts of post-industrialised Europe.

Big Eat In

This was a pilot exercise introduced by Glasgow City Council, aimed at encouraging first year secondary school pupils to stay within school grounds at lunchtime, eating a healthy school meal and participating in lunchtime activities. GCPH is involved in its evaluation.

CABE Space

Part of CABE (Commission for Architecture and the Built Environment) that aims to bring excellence to the design and management of parks and public spaces in towns and cities in England.

Centre for Confidence and Wellbeing

The Centre for Confidence and Wellbeing, based in Glasgow, seeks to raise awareness of aspects of Scottish culture that lead to poorer outcomes. It runs a range of events, educational activities and projects focused on approaches to enhance individual and population wellbeing.

Centre for Rural Health

The Centre for Rural Health (CRH) is based in Aberdeen, and is a collaborative venture between the University of Aberdeen and the UHI Millennium Institute.

Chief Medical Officer (CMO)

The Chief Medical Officer (CMO) is the Scottish Government's principal medical adviser and is Head of the Scottish Medical Civil Service. The post has direct involvement in the development of health policy in Scotland, including prevention, health promotion, health protection and harm reduction.

Civic Conversation

The premise underlying the Civic Conversation is that the way a community talks to itself, how it forms its values, beliefs and policies ultimately influences how it behaves. It offers those with a stake in the future of the City an additional way to meet and discuss issues of strategic importance and how these might be effectively addressed. (See also *World Game*)

Clyde Valley shared services review

This is a report published by the commission chaired by Sir John Arbuthnott after investigating the possibilities of the eight local authorities in the Clyde Valley sharing their services more consistently to reduce costs and improve efficiency.

Community Health Partnerships (CHPs)

These bring together the community-based and primary care services for a geographical area, so that they are managed and delivered in a way appropriate to the needs of the population in that area. As well as being responsible for delivering health services, they also have responsibilities for population health improvement and tackling health inequalities.

Community Health and Care Partnerships (CHCPs)

These are integrated health and social care structures, involving staff and services from both the NHS and local authority under a single management structure.

Community Health and Wellbeing Profiles

Community health and wellbeing profiles for Greater Glasgow and Clyde were produced by GCPH in 2008. The indicators are based on a socio-ecological model of health and include a combination of health outcomes (e.g. deaths, hospitalisations) and health determinants (e.g. behaviours, socioeconomic factors).

Culture and Sport Glasgow (now Glasgow Life)

Glasgow Life is the company that manages arts, culture, leisure, libraries, museums, music and sports facilities in Glasgow, in liaison with Glasgow City Council.

Defined Public Health Specialist Steering Group

This group promotes multi-disciplinary public health, through advocating for the role of non-medical public health professionals who undertake an assessment and portfolio process to join the Register of Public Health Specialists.

Demos

Demos is a London-based think-tank focused on power and politics. It attempts to challenge the traditional model of policy making by giving a voice to people and communities, and involving them in research.

Economic and Social Research Council (ESRC)

The Economic and Social Research Council (ESRC) is a leading agency for research funding and training in economic and social sciences in the UK.

Equally Well, Glasgow and Govanhill test sites

In 2008, following publication of *Equally Well: the report of the Ministerial Task Force on Health Inequalities*, the Scottish Government sought applications from areas interested in developing new, joined-up approaches to tackle health inequalities. Two Glasgow developments - in Govanhill, looking at street level community regeneration, building on local residents' visions of what is needed, and in Glasgow City, looking at integrating health into current and future city planning - were selected as two of the test sites in Scotland. GCPH is involved in the evaluation and development of these test sites.

EURO-URHIS network (European Urban Health Indicators System)

The European Urban Health Indicator System (EURO-URHIS) project commenced in 2006 and is a network of over 60 urban areas in Europe. The main objective was to describe a health indicator system at urban area level based on the European Community Health Indicators (ECHI) shortlist.

Glasgow Centre for Population Health seminar series

The GCPH seminar series is a series of free, publicly available events covering a wide range of topics. Each series (run over winter months each year) consists of up to six seminars and aims to create a space in which participants are exposed to interesting and relevant ideas and are encouraged to develop their thinking and increase dialogue across sectors and disciplines. The Series is run collaboratively with the International Futures Forum.

Glasgow City Plan

The Scottish Government requires all local authorities to prepare local development plans, and City Plan 3 is being developed in the period 2009 - 2014.

Glasgow and the Clyde Valley Strategic Development Planning Authority (GCVSDPA)

GCVSDPA comprises the eight metropolitan local authorities in the Clyde Valley and has responsibility for preparing the Strategic Development Plans (SDP) and Local Development Plans (LDP) for the four Scottish city-regions and LDPs for all areas outwith the city-regions.

Glasgow Clyde Valley Structure Plan Joint Committee (GCVSPJC)

The GCVSPJC is a Local Government Joint Committee comprising the eight local authorities in the Glasgow metropolitan area working together on strategic development planning matters.

Glasgow Common Purpose Navigator

Common Purpose is an independent not-for-profit organisation that runs leadership development courses which mix people from across sectors. The Navigator programme is one of their courses.

Glasgow effect

A term increasingly used to describe the poor health status of Glasgow over and above that attributable to the city's high levels of socio-economic deprivation.

Glasgow Health Commission

The Glasgow Health Commission was set up at the request of the previous Leader of Glasgow City Council, with the backing of key partners including NHS Greater Glasgow and Clyde and GCPH, to develop a united approach to tackling health inequalities. The commissioners were all senior representatives of organisations in community, public and private sectors. The commission was chaired by the Principal of Glasgow Caledonian University.

Glasgow Health and Wellbeing Indicators

The GCPH is leading the development of health and wellbeing (HWB) indicators for the city. This work is in part a response to the city strategy action plan of November 2008 which proposed research into such indicators for the city. It is also a response to the Glasgow Health Commission report: a set of HWB indicators will allow progress to be measured against the report's recommendations. The indicators are drawn from 12 domains of city life (eg education, environment, economy, mindset). See www.understandingglasgow.com

Glasgow's Healthier Future Forum (GHFF)

GHFF events are run by GCPH, often in collaboration with others, to engage with practitioners and policy-makers from all sectors through dialogue and debate. They take place 2-3 times a year, for half a day, and involve the presentation of new material (research findings, conceptual frameworks etc) which is then discussed and developed to elicit implications for policy and practice.

Glasgow Housing Association (GHA)

Glasgow Housing Association is a not-for-profit housing association which owns and manages social housing in Glasgow and oversees its transfer to community-based housing associations. GHA is a sponsor of the GoWell programme.

Glasgow Science Centre

Glasgow Science Centre is a visitor attraction which aims to present science and technology to everyone through exhibits, films, lectures and other means.

GoWell

GoWell is a ten-year research and learning programme investigating the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities. It is a collaboration between GCPH, University of Glasgow, and the Medical Research Council / Chief Scientist Office Social and Public Health Sciences Unit, and is sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde. See www.gowellonline.com

Health Impact Assessment (HIA)

Health Impact Assessment is a systematic approach that ensures decision making at all levels considers the potential impacts of decisions on health and health care.

Health Technology Assessment: Clinical Evaluation and Trials programme (HTA CET)

The HTA programme is funded by the National Institute for Health Research, with contributions from the Chief Scientist Office in Scotland and the Welsh equivalent. The HTA Clinical Evaluation and Trials funds evaluation studies and clinical trials supporting research that is immediately useful to clinical practice and decision makers in the NHS.

Healthier, Wealthier Children

The Healthier, Wealthier Children project is a collaboration between NHS Greater Glasgow and Clyde, Glasgow City Council and GCPH - funded for 15 months from September 2010 by the Scottish Government. The project aims to support the development of expertise for addressing child poverty within financial inclusion services and within health and other early years' service structures.

Healthy Urban Planning

Healthy urban planning means planning for people, and promotes the idea that the city is much more than buildings, streets and open spaces, but a living, breathing organism, the health of which is closely linked to that of its citizens.

Includem

Includem is a voluntary organisation based in Glasgow that works to provide services for vulnerable young people. It receives funding from local authorities and others and aims to challenge offending behaviour and to support change.

Institute of Advanced Studies (now Scottish Universities Insight Institute)

The Scottish Universities Insight Institute is a development from the Institute for Advanced Studies funded by the University of Strathclyde as a pilot since January 2009, and now a formal partnership between the Universities of Dundee, Edinburgh, St Andrews, Stirling and Strathclyde. The Institute aims to break down disciplinary and organisational barriers in bringing together academics from different backgrounds, policymakers and practitioners.

International Futures Forum (IFF)

The International Futures Forum is a non-profit organisation established to support a transformative response to complex and confounding challenges and to restore the capacity for effective action in today's powerful times. It has collaborated closely with GCPH since 2004, enabling the IFF models and insights to be applied and developed in the context of Glasgow's challenges.

Joseph Rowntree Foundation (JRF)

JRF is an independent development and social research charity, supporting a wide programme of research and development projects in housing, social care and health.

Let Glasgow Flourish

Published by GCPH in 2006, *Let Glasgow Flourish* is the most comprehensive review to date of health and its determinants in Glasgow and the West of Scotland. It highlights differences within the city region, and presents a historical perspective together with current data and future trends.

Managers in Partnership

UK trade union organisation for senior managers in healthcare.

Marmot review of health inequalities in England

In February 2010, the Marmot Review Team published *Fair Society, Healthy Lives* after a year long independent review into health inequalities in England, chaired by Professor Sir Michael Marmot at the invitation of the Secretary of State for Health. The review proposes evidence-based strategies for reducing health inequalities in England from 2010.

Mental Health Foundation Scotland (MHFS)

MHFS is the Scottish office of the Mental Health Foundation, a voluntary organisation which works on mental health issues. It seeks to influence policy and develop services specific to Scotland.

Mentoring Partnership Scotland (MPS)

The Mentoring Partnership Scotland is a national mentoring service which provides cross sector leadership development for senior leaders.

Miniature Glasgow

Miniature Glasgow is a short film developed and produced by GCPH in which the city is imagined as a village of 100 people. It is inspired by the Miniature Earth project www.miniature-earth.com. The aim is to present information about the city and its people in a simple and accessible way.

MRC/CSO Social and Public Health Sciences Unit (MRC/CSO SPHSU)

Based at the University of Glasgow the MRC/CSO SPHSU aims to promote human health via the study of social and environmental influences on health. Like GCPH it has a focus on measuring and understanding health inequalities, and a concern with the evaluating social policy interventions. The MRC/CSO SPHSU is a partner in GoWell, and there have been a number of other collaborations between the two organisations since 2004.

Neuroplasticity

Neuroplasticity (also known as cortical re-mapping) refers to the ability of the human brain to change as a result of one's experience.

NHS Greater Glasgow and Clyde (NHS GGC)

This is the Health Board which is responsible for the provision and management of the whole range of health services in this area. It serves a population of 1.2 million and is the largest NHS organisation in Scotland. NHS GGC is a partner in GCPH.

NHS GGC: Corporate Inequalities Team

This team has a corporate leadership role in NHS GGC, to maximize its potential for addressing the causes and health consequences of inequality and discrimination.

The work of the team also includes managing the Board's legal requirements in relation to inequalities.

NHS GGC: Director of Public Health

The Director of Public Health manages the public health functions of the NHS in Greater Glasgow and Clyde and provides leadership, working closely with all sections of the organisation. This post is a joint post with Glasgow City Council, an acknowledgement of the role of local authorities in improving health.

NHS Health Scotland

Health Scotland is the national agency for health improvement. It is a Special Health Board in NHS Scotland, covering all aspects of health improvement, evidence-gathering and evaluation. NHS Health Scotland has collaborated with GCPH on a variety of programmes since 2004.

NHS Quality Improvement Scotland (NHS QIS)

NHS QIS is a Special Health Board that advises, supports and assesses NHS Boards to help improve the quality of healthcare for the people of Scotland.

National Institute for Health Research (NIHR) and Public Health Research (PHR) Funding Board

The National Institute for Health Research (NIHR) set up the Public Health Research (PHR) programme following the Cooksey Review's recommendation of the need for more public health research. The scope of the NIHR Public Health Research programme is multi-disciplinary and broad. The main focus of the PHR programme's evaluation of public health interventions is on effectiveness and cost-effectiveness.

pSoBid

pSoBid is a cross sectional population-based study which set out to investigate the psychological, behavioural and biological determinants of ill-health. It aims to explore the extent to which the syndrome of central obesity/chronic inflammation contributes to the social gradient in vascular disease and is associated with variation in mental outlook.

Public Health Information Network Scotland (PHINS)

The Public Health Information Network for Scotland (PHINS), originally established in 2001, aims 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.

Robertson Trust.

This is an independent Scottish grant-making Trust which provides financial support to charities. Its main priority areas are care, health, education and training, and community art and sport.

ScotPHO (Scottish Public Health Observatory)

The ScotPHO collaboration brings together key national organisations involved in public health intelligence in Scotland, and is led by ISD Scotland and NHS Health Scotland.

Scotregen

See SURF

Scottish Collaboration for Public Health Research and Policy (SCPHRP)

SCPHRP is a public health consortium of members drawn from research, policy and practice. It creates strategies to tackle Scotland's poor health record. The Collaboration is dedicated to identifying opportunities to develop novel public health interventions that will equitably address major health problems in Scotland. GCPH staff sit on working groups and are involved in projects collaboratively with the SCPHRP.

Scottish effect

This term is used to describe the higher levels of mortality and poorer health found in Scotland beyond that explained by socio-economic circumstances.

Scottish Government Ministerial Task Force on Health Inequalities

The Ministerial Task Force (chaired by the Minister for Public Health) involved seven Scottish Ministers and five professional experts / representatives. It sought to identify and prioritise practical actions to reduce the most significant and widening health inequalities. *Equally Well*, the report of the Ministerial Task Force on Health Inequalities, was launched in June 2008. This was followed by a detailed action plan in December 2008, and a review of implementation in 2010.

Scottish HIA Network

The Scottish HIA Network is co-ordinated by Health Scotland and is open to anyone working or planning to work on health impact assessments in Scotland.

Scottish Observatory for Work and Health

The Observatory, based at the University of Glasgow, aims to observe and understand those receiving benefit for health-related worklessness, and to understand the relationships between health and worklessness in a Scottish context through research and investigation. It is part-funded by the GCPH.

Scottish Policy Innovation Forum

A network of academics and individuals from the public, private and voluntary sectors based at the University of Glasgow which facilitates dialogue between academics and policymakers.

SharePoint

SharePoint is a browser based web platform that streamlines the management of, and access to in-line data.

Skills for Health / Skills for Care

Skills for Health and Skills for Care are the sector skills councils for the health and care sectors that provide education, training and set competencies for the health and social care workforce.

SURF

SURF is Scotland's independent regeneration network whose output includes research, seminars, conferences, international policy exchanges, study visits, open forums, annual awards for best practice and the distribution of the independent regeneration policy journal, *Scotregen*.

Tackling Poverty Stakeholder Forum.

The Tackling Poverty Stakeholder Forum is part of the Evidence Participation Change project run by the Poverty Alliance. The Forum comprises senior level Scottish Government Civil Servants, COSLA, local authorities, the voluntary sector and community activists with direct experience of poverty issues.

Understanding Glasgow

See Glasgow Health and Wellbeing Indicators

WHO European Healthy Cities Network

The WHO European Healthy Cities Network consists of cities around the WHO European Region that are committed to health and sustainable development: more than 90 cities and towns from 30 countries. They are also linked through national, regional, metropolitan and thematic Healthy Cities sub-networks.

World Game

The World Game was developed by the International Futures Forum to help players engage with the complexity of global problems in a fun, non-threatening, interactive and highly creative way. It has been used within the Civic Conversation aspect of GCPH's engagement work.

Glasgow Centre for Population Health
House 6
94 Elmbank Street
Glasgow
G2 4DL

www.gcph.co.uk

