

# REVIEW OF GLASGOW CENTRE FOR POPULATION HEALTH

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FINAL REPORT

**MARCH 2008**



## RECOMMENDATIONS

### **Recommendation 1**

Scottish Government funding for GCPH should continue at its current level for a further three years (1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2012) contingent on the commitment of the partner organisations to sustain their contributions over this period. (Paragraphs 12, 13, 21.)

### **Recommendation 2**

The broad remit of GCPH should be retained. The Centre should retain its four aims and three workstreams as set out on Page 1 of the Director's report to the review. The Centre should continue to operate at arm's length from day-to-day policy development. (Paragraphs 14, 23, 24.)

### **Recommendation 3**

All partners should review and renew their commitment to GCPH, and should make explicit the contributions they will make during the next phase of funding. (Paragraphs 22, 37.)

### **Recommendation 4**

Discussions should be held with senior representatives of the University of Glasgow as a matter of priority in order to smooth the transition and handover of representation on the Executive Management Team, Management Board and External Advisory Group following changes in personnel scheduled for late 2008. (Paragraph 38.)

### **Recommendation 5**

Membership of both the Management Board and the External Advisory Group should be reviewed by the groups themselves in the light of new developments within Public Health. (Paragraphs 39-41.)

### **Recommendation 6**

A wider consultative mechanism should be established for GCPH. (Paragraph 42.)

### **Recommendation 7**

Additional senior support for the Director, in the form of a Deputy Director post should be put in place. The Management Board should consider whether this additional post can be funded as an 'in kind' contribution, or whether there might be other external funding which could be identified to support such a development. (Paragraph 43.)

### **Recommendation 8**

A greater degree of coherence and focus should be brought to the (14) programmes of work as set out on Page 2 of the Director's report. The focusing should be guided by stakeholder interests and may involve a 'light touch' consultation exercise. (Paragraph 44.)

**Recommendation 9**

The Management Board should agree a set of ‘success indicators’ by which the work of GCPH can be judged at a future point. (Paragraphs 33, 45, 58.)

**Recommendation 10**

The development of pSoBid (Phase 2) should be substantially resourced from external sources, with GCPH retaining a stakeholder / partnership role in any bid. (Paragraph 46.)

**Recommendation 11**

The future of the research funding committee of GCPH (currently in abeyance) should be reviewed, and any future funding through the mechanism of an ‘open call’ for applications should be approached on a much more selective basis. (Paragraphs 47, 56.)

**Recommendation 12**

The ‘action research’ / ‘development’ role of GCPH within the CHCP arena should be given further consideration. (Paragraph 48.)

**Recommendation 13**

GCPH should ensure that it promotes to all partner organisations the importance of policies being introduced in ways that can allow those policies subsequently to be evaluated. (Paragraph 49.)

**Recommendation 14**

GCPH should develop a communication plan, tailored specifically for the Scottish Government and for those stakeholders and potential stakeholders beyond the reach of its Glasgow and West of Scotland constituencies, to ensure that the work of the Centre is more fully understood and utilised. (Paragraph 50.)

**Recommendation 15**

The seminar series should continue. The format of the series should be kept under constant review to ensure that it remains both fresh and relevant to the core aims of GCPH. (Paragraphs 31, 51.)

**Recommendation 16**

More priority should be given to academic publication of the outputs from the ‘middle layer’ of GCPH work (i.e. work done on behalf of NHSGGC, City Council or other organisations). (Paragraphs 26, 52.)

**Recommendation 17**

More emphasis should be given to producing summary briefing papers and to disseminating general ‘high level’ messages more widely. (Paragraphs 53, 54.)

## INTRODUCTION

1. This report sets out the recommendations from the review of the Glasgow Centre for Population Health (GCPH) conducted by Jennifer Waterton Consultancy (JWC) during the period November 2007 – February 2008. The report recaps the purpose and remit of the review, explains the methods by which the review was conducted, summarises the findings of the review, and sets out the recommendations. (Recommendations appear **in bold** in the text, and are listed with the numbers of the paragraphs from which they are derived at the front of the report.)

## PURPOSE AND REMIT OF REVIEW

2. The purpose of the review is to advise the Scottish Government on the strategic relevance, scientific quality, working methods, and potential for health improvement of the GCPH's work in Glasgow, Scotland and beyond. This comprises an assessment of the extent to which the Centre has achieved its aims and objectives, and an assessment of the role the Centre could and/or should play in the future in relation to identifying and addressing the thinking and the evidence required to develop the public health agenda in Glasgow and beyond.
3. The specific questions to be addressed in the review were set out in the proposal. To recap, these are:
  - i. To what extent has the Centre achieved the objectives as set out in the development and implementation plan of December 2003; adopted the key working principles as set out in the December 2003 plan; and achieved the work programme as set out originally in the December 2003 plan and developed over the period 2004-2007?
  - ii. What are the Centre's strengths and weaknesses in terms of its strategic relevance, scientific quality, working methods, leadership, capacity, and potential for health improvement?
  - iii. What recommendations should be made regarding the Centre's focus and activities in the future? What role should the Centre play in identifying and addressing issues for future long term thinking about public health in Glasgow and beyond?
  - iv. Does the Centre provide value for money? How could the value for money of the Centre be improved?

## CONDUCT OF THE REVIEW

4. The review was conducted using a combination of face-to-face and telephone interviews. Three facilitated sessions were held, with the Management Board, the External Advisory Group, and the Centre itself. A total of 34 individual interviews

were carried out (see Annex 1 for a list of those interviewed), of which 17 were conducted face-to-face and the remainder (17) were conducted by telephone. The face-to-face interviews lasted between 45 minutes and two hours, with most taking around an hour. The telephone interviews lasted between 20 minutes and one hour, with most taking around half an hour.

5. In addition, an ‘open call’ was placed on the GCPH website, together with the details of the review itself, inviting comments to be submitted via the website on any aspect of GCPH’s work. A total of 31 responses were received.
6. Finally, a review of the management and governance arrangements was conducted by correspondence with the host institution (NHS Greater Glasgow and Clyde).
7. To support the conduct of the review, the Centre’s Director wrote a report summarising the Centre’s achievements and addressing the questions posed by the review. This report was made available to all review participants in advance of the interviews.

## **OVERVIEW OF FINDINGS**

8. The work of GCPH during the period 2004-2007 is viewed very positively by stakeholders. The consensus is that GCPH has delivered strongly on the challenging agenda it was set. Particular strengths highlighted were: the broad remit of GCPH’s work; the flexible approach adopted by GCPH staff and their responsiveness to fast moving and complex agendas; the high quality of the leadership; the relevance of the Centre’s work at strategic and operational levels; the quality of the Centre’s work; the focus on Glasgow; the partnership arrangements and a strong commitment to partnership working and collaboration; the development of civic engagement and ownership; the Centre’s role in stimulating new thinking and new ideas; and the continual focus on evidence into practice.
9. Overall then, there was strong endorsement of the Centre’s achievements. GCPH was thought to have made a strong contribution to raising the profile of health and health inequalities, based on its excellent networking and the breadth and depth of its relationships across the entire field of public health. The Centre was believed to have helped to shift the cultural landscape, particularly within Glasgow City Council, and to have done this on a fairly slim resource.
10. More broadly, the value for money provided by the Centre was thought to be very good. This reflected the fact that the GCPH was a ‘lean and mean’ organisation, with limited bureaucracy, and a strong track record in ‘leveraging in’ partnership contributions.

11. However, stakeholders were also clear that in the short timescale (2004-2007), the very ambitious remit for GCPH could only begin to be delivered. The start that had been made was very promising and the Centre was now poised to move into a new phase more clearly focused on delivery and the achievement of changes to policy, practice and ultimately health outcomes which could currently only be hinted at.
12. As far as the future is concerned then, stakeholders are of the view that continued Scottish Government funding – at around the same level as is currently provided - is both appropriate and necessary to allow the Centre to fulfil its potential and to further develop its ‘translational’ or ‘knowledge transfer’ role.
13. Stakeholders value the ‘pump priming’ funding model, and believe that this should continue in the medium term. However, there is also realism about the extent to which Scottish Government funding could or should continue indefinitely; and there is an (implicit) understanding that this funding can only and should only be released if partner contributions are also sustained. **The recommendation is therefore that Scottish Government funding should continue at its current level for a further three years (1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2012) contingent on the commitment of the partner organisations to sustain their contributions over this period.** *(Note that Scottish Government funding at this level will continue the – shallow - tapering which has been applied during the initial phase given the lack of uplift for inflation and salary costs.)*
14. No radical suggestions for the next phase of the development of the Centre’s work were made. The general approach adopted in the start up phase was thought to be appropriate for the medium term and an evolutionary approach was thought to be appropriate. No major change was suggested to the current remit, and the direction of travel mapped out in the Director’s report (Page 34) was endorsed. **It is recommended that the broad remit of GCPH should be retained. The Centre should retain its four aims and three workstreams as set out on Page 1 of the Director’s report to the review. The Centre should continue to operate at arm’s length from day-to-day policy development.**
15. However, a number of suggestions were made to strengthen the Centre and to help its evolution. The key areas for development are in relation to: improving the focus and coherence of the work programmes; strengthening – and perhaps expanding - the partnership arrangements; ensuring that opportunities for external funding are identified and pursued; reviewing the ‘open call’ research funding role; strengthening support for the Director; and improving publication, dissemination and communications. Detailed recommendations are made in each of these areas.

## DETAILED FINDINGS

16. These are described in relation to the four main questions posed by the review.

*i) To what extent has the Centre achieved the objectives as set out in the development and implementation plan of December 2003; adopted the key working principles as set out in the December 2003 plan; and achieved the work programme as set out originally in the December 2003 plan and developed over the period 2004-2007?*

17. There is wide and general agreement (only a very small number of dissenting voices from the stakeholder interviews and from the web comment) that the Centre has been remarkably successful in achieving its objectives. Specific and repeated comment was made about the substantial achievement in a relatively short timeframe against a very challenging agenda. Whilst the financial profile demonstrates that GCPH did not get fully ‘into its stride’ within the original timeframe (expenditure lagged behind spending allocation by 6-12 months), there was general recognition that progress had been as fast as was realistically possible.

18. Throughout the interviews, it is striking how many times stakeholders praise the working methods and approach of the centre. GCPH staff are described in glowing terms. Not only are they seen as professional, but they are also described as hardworking, committed, enthusiastic, flexible, helpful, constructive and challenging.

19. Few respondents commented specifically on the extent to which individual elements of the work programme had been achieved. However, the overall impression given was that stakeholders had confidence in the Centre that where programmes had been changed / developed from their original intention, this was for sound reasons.

20. Finally, the financial probity and governance arrangements have been confirmed as satisfactory through correspondence with the Chairman and Finance Director of NHS GGC.

*ii) What are the Centre's strengths and weaknesses in terms of its strategic relevance, scientific quality, working methods, leadership, capacity, and potential for health improvement?*

21. The review identified a number of key strengths of GCPH. *The funding model* was seen as innovative (even unique), ‘fit for purpose’, and a key ingredient in GCPH’s success. Stakeholders commented how impressed they were with the ‘pump priming’ funding model whereby the commitment of funding from the Scottish Government had allowed the leveraging in of substantial contributions from the partner organisations and had also allowed the development of a platform from which major programmes of work – which might otherwise not have been possible – could be pursued. This was seen to be vital for the first phase of the Centre’s work (which

included a huge amount of work to develop relationships, build trust, and capitalise on existing knowledge and skills from predecessor organisations). The consensus was that a further period using this funding model was both necessary and appropriate.

22. The *hybrid nature* and particularly *the partnership approach* of GCPH was highlighted as a key strength. There was widespread agreement that the three major players within the partnership were the correct three players and that each one was vital in sustaining the partnership.
23. The *broad remit* was thought to be challenging but appropriate and although there was discussion about the focusing of the (14) work programmes, the overall remit was not thought to require any adjustment. The wide span stretching from internationally relevant research through to grassroots development work at a local scale was repeatedly referred to as a strength, with stakeholders expressing the view that the iteration between academic thinking and grassroots development was what gave GCPH its unique edge. It was recognised that it was not easy to keep such a wide ranging organisation focussed on its core agenda, but the judgement was that this had been achieved.
24. The *independence* of GCPH was seen as vital. The Centre was seen as having credibility and authority based on its independence and relative autonomy. This allowed GCPH to challenge its partners in a constructive way. (One interviewee did question whether the challenge function was fully delivered, but did so from a fairly ‘removed’ position.) Whilst there was certainly a discussion to be had about whether it might not make more sense for GCPH to be seen as the NHSGGC’s Department of Public Health (and indeed there are many other Health Boards who would wish to have such an entity supporting their work), the balanced position was that the freedom from the day-to-day demands of NHSGGC (and by extension Glasgow City Council) was vital to allow the Centre to make its contribution. This quality of independence was also thought to be vital in securing ‘ownership’ of the outputs of the Centre.
25. The *lack of bureaucracy* was highlighted by many as a key feature and a key strength of GCPH. It was recognised that both the intention and the reality had been to create an organisation which was ‘light on its feet’ and not weighed down by a large administrative bureaucracy or by a large commitment to infrastructure either in terms of buildings or staffing. It was described as a very ‘modern’ organisation. The management and advisory structures were thought to be broadly appropriate.
26. The *linkage between high quality research and practical implementation* on the ground was thought to be very impressive. Whilst partners concerned with more operational aspects, particularly those in Glasgow City Council, sometimes scratched their heads as to the relevance of some of the academic work (and asked the ‘So What?’ question); and academic partners sometimes questioned the quality of the work done at operational level, there was a clear recognition that the benefits could and did flow in both directions, from high quality academic thinking to practical

implementation and back again. Moreover, it was recognised that GCPH had been able - because of the unique nature of its remit – to *work across disciplinary boundaries*, and to *develop new ways of thinking* about health, health inequalities and the determinants of health. The Centre was seen as having impacted on the culture within both NHSGGC and the City Council, and on assisting with a more enlightened and holistic approach to health and the impacts of health on the population.

27. The *leadership* of GCPH was thought to be outstanding. The Director was thought to be an excellent leader. She had demonstrated clear vision, intellectual strength, practical understanding, the ability to work across a wide range of partner organisations, people management skills, excellent communication ability (both in writing and orally), determination, a sharp focus on delivery, and huge commitment to the Centre. Many of the Centre’s successes flowed from the mature relationships that the Director had developed with partners. The Director’s report, which had been produced to support the review process, was commended.
28. The *policy relevance* of GCPH’s work was rehearsed by many stakeholders. Particular mentions were made both of its short and medium term work in for example developing Health Impact Assessment, on getting health up the agenda within urban planning, on developing the work on healthy schools, on bringing new issues onto the radar of agencies charged with the delivery of public services, and on developing the methods and approaches for community profiling. An upbeat assessment was also given of the importance of both GoWell and pSoBid, although it was recognised that the timeframe for these to impact on local policy was long term.
29. Stakeholders judged that it was too early to really comment on the *scientific quality* of the work. There was unanimous praise for the work of the observatory function and a consensus that this work was excellent. However the two major – potentially internationally influential - research projects (GoWell, pSoBid) had not really been fully tested yet by the scientific community (the publications should start to come through in 2008), so there is a sense that the ‘jury is still out’. Moreover, there was a strong view that the scientific quality of the ‘middle layer’ work had not been tested, as there had not been sufficient focus on getting the outputs from this work published in the scientific literature.
30. Stakeholders discussed the role that the Centre played in *building capacity within health improvement*. Despite the reservations articulated in the preceding paragraph, recipients of the Centre’s work judged its quality favourably. It was thought that in the next phase, effort should be directed at embedding these skills within the partner organisations.
31. There was strong endorsement of the *seminar series, and of the new thinking* that had been accessed through the programme of events. Some comment was made that there needed to be more ‘follow through’ in relation to the seminar programme – so that the translation of the high level ideas into practical application could be given a sharper focus. There was also a view that the series was slightly ‘hit and miss’; but on the

whole it was agreed that this was not unreasonable, and that it would be inappropriate to expect every seminar to be of first class quality. Going forward, the view was expressed that perhaps the seminar series needed to reinvent itself and alternative ways be developed for capturing new thinking.

32. The *civic engagement* through GCPH – and more specifically through GoWell – was highly commended. There was an unusual degree of ownership of both the approach and the messages adopted by GCPH. Those who specialised in this area felt this aspect both could and should be strengthened in the next funding period. There was some nervousness expressed in relation to the sheer scale of the task for neighbourhood engagement with GoWell; this was an area where more resources might be required.
33. Throughout, it was recognised that the *timescales for change* on these complex issues of health and health inequality were long term. Stakeholders are realistic about the complexity and the challenge of the agenda. There was no specific expectation of impact on health outcomes within the next funding phase; however it would be important for the Centre to identify some hard measures of success by which it could be judged in the future. Moreover, there was a question mark in some stakeholders' minds about whether the current aspirations for GCPH were too ambitious, and whether the Centre might benefit from a scaling back of the rhetoric.
34. The issue on timescales linked to the issue of *sustainability*. Whilst there was good evidence that GCPH was now well embedded and could weather the storms of 'losing' (whether through retirement or job moves) some figures who have been key to the early stages of its development, there is still an issue about how much change in personnel a relatively small organisation can support.
35. Whilst there was strong support for the quality of GCPH's *communications publications and dissemination activities*, there was also a sense that these functions could be strengthened. (There was a recognition that these improvements were being sought from what was seen as a high baseline of performance.) This observation was linked to a number of strands: the website could be improved as a gateway to the Centre's work; there was potential to expand the communications, especially beyond Glasgow and the West of Scotland; wider development and communication of the 'summary' and 'key messages' arising out of the Centre's work could be very influential ; and there was a need to ensure that the civic and community engagement dialogue was given sufficient priority. As far as the publications were concerned, the current output was thought to be reasonable. However, more would be expected in the next phase.

*iii) What recommendations should be made regarding the Centre's focus and activities in the future? What role should the Centre play in identifying and addressing issues for future long term thinking about public health in Glasgow and beyond?*

36. The detailed recommendations for GCPH's activities and direction over the medium term draw on the wide ranging discussions which have been described above. The recommendations cover issues of management, governance, partnership, remit, work programmes, communications, publication and dissemination.
37. As has already been made clear, commitment to the continuation of Scottish Government funding should be linked to the continued commitment of the three partner organisations. **It is recommended that all partners should be asked to review and renew their commitment to GCPH, and to make explicit the contributions that they will make during the next phase.**
38. There are particular pressures on the University of Glasgow arising from the requirements for Full Economic Costing and the importance of the Research Assessment Exercise as a driver of the activities of the academic community. Whilst the partnership arrangement with / through GCPH does make a major contribution to the University's strategic objectives this is not always evident within day-to-day planning. It is vital that the University of Glasgow continues to play a central role within GCPH, and that this should be sustained following the current representative's retirement. **It is therefore recommended that discussions are held with senior representatives of the University of Glasgow as a matter of priority in order to smooth the transition and handover of representation on the Executive Management Team, Management Board and External Advisory Group following changes in personnel in late 2008.**
39. During the review, specific proposals were made for the extension and / or development of the membership of the External Advisory Group and the Management Board; but there was no consensus from stakeholders about the nature of any change. The specific proposals made by stakeholders related both to current existing structures and organisations within the field of public health, and also to future structures and organisations which are anticipated but not yet fully developed or realised.
40. For example, a number of stakeholders raised the possibility that the Ministerial Task Force on health inequalities, due to publish its findings in Summer 2008, may recommend changes to the current structures and organisations within public health. Stakeholders commented that it will be important that GCPH is able to respond positively to any such changes. Moreover, the founding Director of the Scottish Collaboration for Public Health Research and Policy (SCPHRP) takes up his post on a full time basis in Summer 2008, and it will be important to ensure that GCPH interacts effectively with SCPHRP. The expertise that GCPH has in relation to knowledge transfer is likely to be particularly important to SCPHRP.
41. Given the changing context, it is therefore **recommended that membership of both the Management Board and the External Advisory Group should be reviewed by the groups themselves in the light of new developments within Public Health.** More broadly, it will be important that GCPH engages proactively with any new

structures within the field of public health to ensure that activities are not duplicated and that the Centre continues to play a distinctive role.

42. **It is recommended that a wider consultative mechanism should be established for GCPH.** This would allow a broader constituency of views – especially including the voluntary sector and community views - to be heard in relation to the development of the Centre’s work. The suggestion is that a list of ‘virtual consultees’ could be developed who could then be asked to comment on proposals and also on GCPH outputs as appropriate to their interests and expertise. A specific role for the consultative mechanism would be to consult on the development of the Centre’s work programmes; another specific role would be in developing a tailored communication plan.
43. As has been discussed, the leadership of GCPH was thought to be outstanding. However, many stakeholders expressed concern at the breadth of the responsibilities shouldered by the Director. There was a strong view that additional senior support was required. **It is therefore recommended that additional senior support for the Director, in the form of a Deputy Director post should be put in place. The Management Board should consider whether this additional post can be funded as an ‘in kind’ contribution, or whether there might be other external funding which could be identified to support such a development.** (The focus of such a role could include academic support to enhance the publication profile; management of the team and the delivery of the day to day workload; help with the large communications task at all levels; and / or assistance to strengthen the translational role of the Centre and to help with the embedding knowledge and skills within the partner organisations.)
44. It is recognised that the Centre’s work is complex, and brings together a large number of perspectives / themes / topics etc.; it is also agreed that a large amount of focusing is not helpful or appropriate. However, the current programmes are seen to represent the totality of the ‘historical baggage’ that GCPH carries, with many individual projects being of only peripheral relevance to the Centre’s core aims; and it is thought that the time is now right to coalesce and cohere the programmes around a smaller number of significant themes and topics. (This is particularly important in the context of new opportunities within the crime and violence, climate change etc. fields.) **It is recommended that a greater degree of coherence and focus should be brought to the (14) programmes of work as set out on Page 2 of the Director’s report. The focusing should be guided by stakeholder interests and may involve a ‘light touch’ consultation exercise.**
45. **The Management Board should set agree a set of ‘success indicators’ by which the work of GCPH can be judged at a future point.**
46. The pSoBid project has benefited from pump priming through GCPH. **The development of pSoBid (Phase 2) should be substantially resourced from external sources, with GCPH retaining a stakeholder / partnership role in any bid.**

47. **The future of the research funding committee of the Centre (currently in abeyance) should be reviewed, and any future funding through the mechanism of an ‘open call’ for applications should be approached on a much more selective basis.** This will allay current concerns that projects which are of marginal relevance to the core aims of the centre or which seem purely ‘academic’ – with no clear application in practice - are avoided. (Note, the role of research commissioning in relation to GCPH’s core activities should be retained.)
48. **The ‘action research’ / ‘development’ role of GCPH within the Community Health and Care Partnership (CHCP) arena needs further consideration and review<sup>1</sup>.** In the longer term the GCPH role may most appropriately be to provide expertise and advice to CHCPs in relation to evaluation. However, the transition into this type of role will take time to develop and may evolve naturally as the CHCPs themselves mature.
49. **GCPH should ensure that it promotes to all partner organisations the importance of policies being introduced in ways that can allow those policies subsequently to be evaluated.** Whilst there was comment that within the GoWell context this had been achieved, there was also agreement that GCPH’s influence towards this end could be strengthened.
50. Whilst awareness of GCPH’s work is judged to be high in relation to the time the Centre has been in existence, and the scale of its funding, there is scope for further awareness raising, particularly within the Scottish Government, and beyond Glasgow and the West of Scotland. **GCPH should develop a communication plan, tailored specifically for these constituencies, to ensure that the work of the Centre is more fully understood and utilised.**
51. **The seminar series is seen as a key strength of the Centre’s work and should be continued.** The format may evolve if and when the current format ceases to be fit for the purpose of stimulating new thinking within the relevant fields.
52. **More priority should be given to academic publication of the outputs from the ‘middle layer’ GCPH work (i.e. work done on behalf of the NHSGGC , City Council or other organisations), which has not been through a peer review process or through ethical review.** This work – and the quality of this work - is vital for the Centre’s authority and credibility. An increased focus on this will enable the partnership with University of Glasgow to be strengthened.
53. Although ‘Let Glasgow Flourish’ was valued highly, the report would have been more influential if some summary material had also been produced; it would also have been more influential if there had been a greater focus on interpretation of the findings. In addition, the impacts of the Centre’s work on smoking cessation services are not perceived to have been disseminated to other Health Board or Council areas;

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<sup>1</sup> The observatory function role within CHCPs is working well. Indeed, it has been suggested that the observatory function role could be extended into a fully paid for / bespoke service.

and there are other examples where the work has been influential but lessons have not been fully disseminated. **It is recommended that more emphasis should be given to producing summary briefing papers and to disseminating general ‘high level’ messages more widely.**

54. Moreover, whilst the focus on Glasgow is correct, and affirmed by a wide range of stakeholders, and whilst there is no expectation that GCPH can ‘rollout’ its approach or expertise across Scotland, it is important to ensure that any generalisable lessons are disseminated widely; this will help to manage the current situation where the Centre’s profile and authority is high in Glasgow, is growing internationally, but is rather more limited within Scotland.

*iv) Does the Centre provide value for money? How could the value for money of the Centre be improved?*

55. Throughout, stakeholders expressed the view that the Centre provided value for money. This assessment was made by benchmarking the costs and benefits of the Centre against other (more bureaucratic) organisations working in the same general area. The assessment was also linked to the scale of the problem that the Centre was established to address; the resources were thought to be ‘a drop in the ocean’ in the context of the issues of health and health inequalities in Glasgow and the West of Scotland.

56. Part of the value for money assessment was the widely held belief that no money or resources were ‘wasted on unnecessary bureaucracy’. The only aspect of the Centre’s work which was questioned in value for money terms was the research it had funded through its ‘research funding committee’ role.

57. Finally, the success that the Centre had in leveraging a wide range of contributions was recognised, and this was commended.

58. Going forward, stakeholders felt that value for money could be improved by increasing the resources raised both from partner contributions and through the targeting of external funders.

## **Annex 1 Interviews Conducted for GCPH Review**

(\* Denotes Face-to-Face Interview)

### **Facilitated Sessions**

1. Management Board
2. External Advisory Group
3. GCPH Staff Team

### **Individual Interviews**

#### **Peer Reviewers**

\*Professor Sir David Carter, Chair, External Advisory Group  
Professor Sue Atkinson, Member, External Advisory Group  
Professor David Hunter, Member, External Advisory Group  
Professor Sally Macintyre, Director, Medical Research Council Social and Public Health Sciences Unit  
\*Professor Steve Platt, Director, Research Unit for Health and Behaviour Change, University of Edinburgh  
Dr Jim McCormick, former Director, Scottish Council Foundation

#### **Public Health Community in Scotland**

Professor Peter Donnelly, Deputy CMO  
Dr Dorothy Moir, Directors of Public Health Group  
Dr Laurence Gruer, Director of Public Health Science, Health Scotland  
\*Professor John Frank, Director, Scottish Collaboration for Public Health Research and Policy  
\*Dr Andrew Fraser, representing the Faculty of Public Health

#### **Scottish Government : National Policy Perspective**

\*Pam Whittle, Director of Public Health and Wellbeing  
\*Kathleen Bessos, Assistant Director, Primary and Community Care Directorate  
\*Gregor Henderson, Head of National Programme for Mental Health and Wellbeing  
\*Karen Macnee, Head of Social Research, Analytical Service (Health)  
\*Dr Sue Warner, Analytical Services  
\*Dr Peter Craig, Research Manager, Chief Scientist Office

#### **NHS Greater Glasgow and Clyde / Community Health and Care Partnerships**

\*Professor Sir John Arbutnott, former Chair, Management Board  
\*Dr Linda de Caestecker, Director of Public Health, and Member, Management Board  
Tom Divers, Chief Executive, NHSGGC  
Professor Chris Packard, R&D Director, NHSGGC (and University of Glasgow)  
Hamish Battye, Head of Planning and Health Improvement, South East CHCP  
Julie Murray, Director (previously Head of Planning and Health Improvement), East Renfrewshire CHCP

\*Sue Laughlin, Head of Corporate Inequalities Team, NHSGGC

**Community Perspective**

Elspeth Gracey, Community Health Exchange

**University of Glasgow**

\*Professor Margaret Reid, Department of Community Based Sciences and Member, Management Board

\*Professor Phil Hanlon, Professor of Public Health

\*Professor Ade Kearns, Professor of Urban Studies

Professor Andy Briggs, Professor of Health Policy and Economic Evaluation

**Glasgow City Council**

\*Dawn Corbett, Head of Policy, and Member, Executive Management Team

Duncan Booker, Health Policy Team

Bill Potts, Development and Regeneration Services

**International Perspective**

Professor Nick Freudenberg, New York University

Professor Bruce McEwen, Head, Laboratory of Endocrinology, The Rockefeller University, New York