



**Development and Implementation Plan
2009-2012**

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Development and Implementation Plan 2009-2012

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Glasgow Centre for Population Health Phase 2: Development and Implementation Plan 2009-2012

1. Background and purpose

The Glasgow Centre for Population Health (GCPH, the Centre) was established in April 2004 as part of the then Scottish Executive's programme to increase action on health improvement in Scotland, and is a partnership between NHS Greater Glasgow and Clyde, Glasgow City Council, the University of Glasgow and the Scottish Government.

The Centre is a resource to generate insights and evidence, propose new ways forward, and provide leadership for action to improve health and tackle inequality. It offers an arena for academics, policy-makers, practitioners and local people to confront the problems facing population health in Glasgow and beyond. The Glasgow focus enables close working relationships and active dialogue between partners, and the development of detailed, in-depth work relevant to and reflective of local contextual factors. Nevertheless, the Centre actively contributes to wider debates and action and ensures that it brings to Glasgow and Scotland insights and evidence from other parts of the world.

The purpose of this document is to present GCPH's strategic plan for 2009-2012 through clearly setting out the planned work programmes of the Centre alongside the additional work undertaken by the core staff to deliver the objectives. The document provides the framework for Phase 2 of the Centre's work, which runs from April 2009 to April 2012. It also builds on Phase 1 of the Centre's life which included work to establish the Centre and its initial staffing, consolidate governance relationships with partners, and set out its work programme and modes of delivery.

During the Phase 1 period a significant range of work was undertaken by the Centre team and its networks and partners. There is not space here to describe this fully^a but it is important to note some of the key areas, as these provide the firm foundations for Phase 2. In order to do this, and to then describe the Phase 2 plans for GCPH, the aims and objectives of the Centre now follow.

^a This was comprehensively set out in *The Glasgow Centre for Population Health: building understanding, evidence and new thinking for a healthier future*. Report for funding review, November 2007, Glasgow Centre for Population Health, November 2007.

2. Aims and objectives

Since its inception, the Centre's activities have been directed towards four main aims:

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

It is significant that two aims concern the interface between research-thinking-policy-practice, with the other two being about building capacity. These two overarching themes will be developed further as the focus of the GCPH indicators of success for Phase 2.

The Phase 1 Development and Implementation Plan^b set out eight operational objectives, representing the challenges to be met in working towards the ambitious aims of the Centre. These objectives have now been developed and amended slightly to better fit the Centre's established role and the current context, whilst remaining true to the original set. All the objectives are worded in a way that describes the activities (processes) to be undertaken and the purpose of these activities (the outcomes, in the short- and medium-terms, that these activities are being undertaken to achieve).

The Phase 2 objectives are:

1. To bring population health research together with policy-making and service provision to accelerate and strengthen health improvement and the reduction in health inequalities in Glasgow.
2. To establish and maintain opportunities for the exchange of ideas in order to create insights into the causes of, and potential solutions to, Glasgow's enduring poor health status.
3. To design and evaluate policies and interventions, based on an understanding of what works (locally, internationally and from new insights) to produce actions and capacity suited to Glasgow's health and social needs.
4. To create and engage in effective partnerships with organisations and communities in order to build collective action to tackle health challenges with particular attention to populations and individuals experiencing poverty, stress or disadvantage.

^b Glasgow Centre for Population Health: *Development and Implementation Plan*, December 2003

5. To produce and disseminate first-class scientific research and analysis on the determinants of population health in order to advance understanding of health inequalities and trends in health status.
6. To increase capacity for effective action, strategy and organisational processes required to promote the health and wellbeing of Glasgow's citizens.
7. To produce communications in a variety of media in order to engage others in applying new understandings of health and health inequalities to strategies and actions for improving health.
8. To create a Centre of international standing which links with similar activities and research scientists across the world in order to contribute to and benefit from international research.

3. Summary of GCPH Phase 1 work

The Centre's progress towards achieving the eight objectives in Phase 1 included the following outputs:

Objective 1: Bringing research together with policy-making and service provision

- Developing the GoWell Programme with key agencies including GHA and Communities Scotland/Scottish Government
- Establishing GCPH's observatory function to enhance understanding of health trends and their determinants and apply this understanding to planning and prioritisation processes at different levels
- Evaluating established services, such as food provision in Glasgow schools and the smoking cessation service in Greater Glasgow, and supporting the application of learning from these evaluations to the development of these services.

Objective 2: Opportunities for the exchange of ideas to create new insights

- Establishing innovative forums to expand knowledge and thinking, including Glasgow's Healthier Future Forums and GCPH's winter seminar series
- Developing Civic Conversation and other regular discussion seminars and opportunities
- Supporting research with exploratory and futures-orientated components
- Supporting the Scottish Government's work programme on cultural influences on positive mental health and wellbeing with the University of Glasgow
- Developing a programme of qualitative research in communities.

Objective 3: Evaluation and design of approaches suited to Glasgow's needs

- Establishing and delivering the first phase of GCPH's largest research programmes – pSoBid1 and GoWell
- Examining the 'Glasgow effect' by comparing Glasgow's health with that of other large UK cities, using various methods
- Piloting and rolling-out Health Impact Assessments (HIA)
- Supporting the development of Community Health (and Care) Partnerships' (CH/CP) policies and plans with a particular focus on health inequalities.

Objective 4: Partnerships for collective action

- Building new, and supporting existing, networks committed to health improvement and tackling inequalities
- Maintaining and strengthening GCPH as a living partnership
- Playing an active role in national and international developments and partnerships
- Developing (through research programmes and learning activities) partnerships with communities, researchers and a range of stakeholders.

Objective 5: Scientific research and analysis

- Publishing and disseminating *Let Glasgow Flourish*, *CH/CP profiles* and *The Aftershock of Deindustrialisation*
- Funding and supporting pSoBid1
- Establishing primary care observatory and 'work and health' observatory functions (both located within Glasgow University)
- Developing and implementing methods to fund and support local research
- Completing a systematic review of psychosocial determinants of health (with MRC SPHSU).

Objective 6: Increasing capacity for effective action

- Providing training and development to professional and volunteer staff from a range of organizations and communities
- Teaching, mentoring and supervision of students and trainees
- Providing support (financial and professional) for studentships and research assistantships in public health
- Supporting capacity-building at the organisational level.

Objective 7: Communications in a range of formats

- Developing a multi-faceted communications and media strategy including websites, publications, events etc
- Producing a series of Briefing Papers that highlight key findings and recommendations from GCPH research and activities
- Through conference and seminar presentations, discussing GCPH work and findings with a wide range of groups

Objective 8: International standing and links

- Developing an international outlook and ongoing contacts through the Centre's seminar series, bringing perspectives and expertise from other countries to Glasgow
- Presenting learning from GCPH as a whole and from individual programmes to international audiences
- Establishing or contributing to new international collaborations (eg with post-industrial regions of Europe) and to established international networks (eg Healthy Cities)
- Collaborating with research colleagues nationally and internationally

This brief list is illustrative and gives a summary of the broad-ranging and influential work undertaken by the small staff team during Phase 1.

4. Review of the Centre and developing Phase 2

Full details of the Centre's Phase 1 work were submitted to the Scottish Government in November 2007 in the document *The Glasgow Centre for Population Health: building understanding, evidence and new thinking for a healthier future. Report for funding review*, written by the Centre Director and supported by the local partners.

This document informed a wider review of the Centre^c, commissioned by the Scottish Government. The report reflected that stakeholders viewed the work of GCPH during Phase 1 very positively. GCPH was considered to have delivered well on its challenging agenda and there was strong endorsement of its achievements. Particular strengths highlighted included the broad remit of GCPH's work; the flexible and responsive approach of staff and the Centre's high quality leadership; the relevance and quality of the Centre's work at strategic and operational levels; its strong partnership working and commitment to collaboration; the development of civic engagement and ownership; the Centre's role in stimulating new thinking and new ideas; and the continual focus by the Centre on putting evidence into practice. The Centre was overall regarded as providing value for money, to be efficient and lean, and to have added significant value to the work of partners.

The report stated clearly that GCPH needed more time to deliver its ambitious remit, and its work needed to continue to support real changes to Glasgow's health and to the work and approaches of partners. The recommendation was therefore made that the Centre should continue with a broad remit and within the four aims that had originally been set out. In order for this to take place, it was recommended that Scottish Government funding should continue at its current level for a further three years (1 April 2009 to 31 March 2012) dependant on the commitment of the partner organisations to sustain their contributions over this period. It was also recommended that additional senior support for the Director, in the form of a Deputy Director post, should be procured, and that a greater degree of coherence and focus should be brought to the work programmes set out in the November 2007 report, with a particular set of comments about the desirability of certain key pieces of work and approaches continuing.

In the light of this report, in August 2008, the Scottish Government confirmed continued funding for the Centre for a further 3 years at £1million per annum, contingent on the commitment of the partner organisations to sustain their contributions over this period. The Government stated that, as in real terms this reflects a tapering of core funding, the Centre is encouraged to seek additional sources of programme funding. In the light of this commitment, backed by the continued stated support from the local partners, the Centre has been able to continue existing work, to begin developing the work that forms Phase 2 and to put other steps into place that were highlighted in the March 2008 review.

The Centre is clear that Phase 2 of its work is concerned with building on previous and ongoing work and partnerships to develop transferable and sustainable outcomes. The Centre wishes to use its recognised leadership role to work with partners, strategists and policy-makers to propose new solutions and to support change. In doing this, the Centre team and its partners will reflect the particular value and role (niche) of GCPH and the additionality that it provides.

^c *Review of Glasgow Centre for Population Health*, JWC, March 2008

Examples of the approaches that will be adopted to deliver this change agenda include:

- Developing a new work programme that will consider partnership action on social determinants and where opportunities for embedding new learning might lie. This will be of interest in Glasgow and beyond, and will draw on previous and existing data and insights to inform thinking about collaborative organisational arrangements for health improvement and action on health inequalities.
- Paying explicit attention to the processes that support the translation of research findings into policy and action; and building understanding of these processes. This will include ensuring that stakeholders are engaged in research processes from the outset, contributing to shaping the research and enhancing its applicability to policy and practice. In phase 2, GCPH will extend its role in relation to research utilisation and knowledge co-creation.
- Continuing to invest in showing that change is necessary and is possible – challenging ‘default’ practice and emphasising the need to apply long-term and future-oriented perspectives; being able to demonstrate examples from elsewhere.
- Being more systematic about communications, ensuring engagement with identified priority stakeholders and wider reach. Increased attention will also be paid to ensuring connectivity with partner organisations’ planning cycles and policy priorities.

During Phase 2, a more systematic approach will also be developed to evaluating GCPH’s impact, and to ‘costing’ the value of the Centre’s work to its partner organisations.

5. Demonstrating leadership: how GCPH works in a dynamic environment

GCPH operates in a complex and dynamic environment. It is dealing with a subject and landscape that is determined and affected by inter-related individual and collective experiences. A wide range of unexpected and unpredictable factors can significantly impact on the work of the Centre: both in terms of providing opportunities and by presenting challenges. National and local political changes; reprioritisation of funding streams or policy imperatives; physical changes to the Glasgow environment; local service and structural reorganisations; demographic trends or changes in behaviour; and many other factors will all have an influence on the Centre's work. GCPH therefore needs to retain clarity of purpose alongside lightness of foot to be well placed to have a role both in shaping such changes and in responding to them.

The Centre has established itself in a strong strategic position. It is a partnership organisation that is intended by its founders to have independence and to provide valuable thinking and creative space to support change. It benefits from being part of the system and having credibility across all its partner organisations and beyond, but is not bound by some of the constraints that affect them. Having established this credibility and trust, the Centre in Phase 2 will seek to maximise the strengths of this position and the opportunities that it offers. Its role is to support the partners and others by showing leadership in the quality and nature of its activity, in how it frames its work and evaluates its impact. A significant part of this approach involves taking a clear role in helping support arguments and thinking by describing, measuring and facilitating change when difficult decisions are to be made by partners and others.

GCPH, like its partners, is affected by global events including the current world-wide economic downturn. This is beginning to have, and is likely to have, increasing impact on financial, cultural, social and environmental areas that affect public health. This will bring further challenges for health and inequalities, alongside the existing longstanding problems of population health in Glasgow and the more recent recognition of the effects of climate change. One of the Centre's strengths, as noted in the Government-funded 2007 review, is its ability to be flexible and responsive, and this aptitude may well be called on even more significantly in Phase 2 of the Centre's existence. As Dr Margaret Chan, DGO of the World Health Organisation said recently at the 23rd Forum on Global Issues in Berlin^d :

Countries at all levels of development are concerned about the impact of the financial crisis on health. Officials are worried that health in their own countries may worsen as unemployment rises, safety nets for social protection fail, savings and pension funds erode, and spending on health drops. They are also concerned about mental illness and anxiety, and a possible jump in the use of tobacco, alcohol, and other harmful substances. This has happened in the past. They are concerned about nutrition, and rightly so. Recent dramatic changes in the world food supply make this economic downturn different in terms of health threats arising from poor nutrition. Food production has become highly industrialized, and distribution and marketing have a global reach.

The Centre's partners are dealing with this volatile situation on a daily basis, and are beginning to develop longer-term thinking about the right responses that may require amendments to planned activity, including that of the Centre. The impact of the

^d For full text - http://www.who.int/dg/speeches/2009/financial_crisis_20090318/en/ (accessed 02.04.09)

economic down-turn on health inequalities is already being noted, locally as well as nationally and internationally, and the Centre needs to support thinking and action on health inequalities and behaviours across the partner organisations and beyond. To maintain currency and relevance in relation to this and other challenges, there may sometimes be changes of direction within GCPH's work plan, and to the programmes themselves – potentially including the addition of new programmes – depending on the needs of partners, the current policy environment, changing health priorities, and other external or internal factors.

Like the partners, the Centre is operating in an environment where planning and probity, along with an ability to respond to changing circumstances, is essential. The Centre's resources – grant funding from the Scottish Government and in-kind support from the local partners – do not allow for complacency and need to be used wisely and to their optimum. There is recognition and commitment from the Centre management and staff of the need to make efficiency savings where possible, to continue to add value to local and national action, and to ensure the best use of limited resources. An income-generation strategy is being developed to increase income from new funding sources. Such income, and organisational arrangements to support its attainment and management, will supplement the core work of the Centre and bring new opportunities. The Centre's partners and External Advisors are, however, clear that core running and programme delivery costs should not depend on external funding.

The Scottish Government has set out a clear policy and legislative framework and direction of travel that puts the need to address health and social inequalities at the heart of policy-making and service delivery. This is a positive and receptive environment for the Centre. Strategic and service approaches, such as those set out in *Equally Well*, *Better Health, Better Care* and *Achieving our Potential: a framework to tackle poverty and income inequality in Scotland* and others, form the back drop to the work of the Centre and inform the planning and execution of all of the Centre's main work programmes. Whatever the political and economic context during Phase 2 of the Centre's lifetime, it can be expected that the ethos contained within such approaches will still be needed and that the work of the Centre will continue to have relevance and added value.

6. Programmes of work 2009-2012

As stated, the GCPH work programme is focussed towards four aims, with activity delivered through eight operational objectives. In the November 2007 report by the Director, three main over-riding GCPH work programmes for Phase 1 were set out:

- **Data synthesis and analysis**, to strengthen our understanding of health and its determinants;
- Research, evaluation and development work, applying **evidence and influence** to maximise health gain from change strategies; and
- Debate and fresh thinking, to **create new insights** on population health in the context of 21st Century Scotland.

For Phase 2, it has been necessary to respond to experience and outcomes from the first five years and to expand the three over-riding programme principles into four, as follows:

- Strengthening understanding of health and its determinants, through **synthesis and analysis of data** of various types;
- Research and evaluation, **developing evidence** and good practice to tackle health inequalities and maximise health gain;
- Debate and fresh thinking, to **create and disseminate new insights** on population health in the context of 21st Century Scotland;
- Communication and development work, to **influence** policy and practice.

In the first phase of the Centre's work it was possible to locate programmes clearly within one of these four areas but within Phase 2 the Centre is moving to a wider range of *integrated* programmes, most involving all four areas of activity, that relate to one another in a number of cross-cutting ways.

The planned twelve work programmes are as follows:

1. *Integrating health and spatial planning*. This programme seeks to develop the evidence base, capacity and mechanisms for health considerations to be taken into account more systematically in spatial planning processes. Core to this programme is work in delivering the *Equally Well* test site for Glasgow and in developing Health Impact Assessment processes.
2. *GoWell: researching community regeneration*. GoWell is a long-term research and learning programme focussed on area-based regeneration processes. It involves a number of research components and considerable investment in distilling learning for local communities, the city and Scottish Government.
3. *Understanding the psychological, social and biological determinants of disease and the effects of change of residential environment on obesity, physical activity and stress (pSoBid and its follow-up studies)*. These primary research studies are helping to build understanding of the biological and psychological pathways that link deprivation and ill-health. The focus in this phase will be on intervention studies.
4. *Resilience and social networks as resources for health*. In addition to the effects of structural determinants on health, it is clear that relational factors acting at a meso level (neither macro nor micro) can have a strong protective influence. This programme is focused on building a better understanding of these factors and how they might be fostered.

5. *Incentives for behaviour change.* Focussing initially on a trial to investigate whether financial incentives are effective in reducing smoking during pregnancy, this programme has the wider remit of exploring approaches to behaviour change more generally.
6. *Health-related services: tackling health inequalities.* Work completed in Phase 1 led to the development of a GCPH framework for supporting planning and action on health inequalities. This programme will support the application of this framework in a range of arenas locally and nationally, and lead to its further development. An additional focus of this programme is on models of General Practice, as a route to strengthening the primary care role in addressing health inequalities.
7. *Strengthening the health impact of local authority services.* This programme works both with specific council services and in a cross-cutting way to evaluate the impact of services on health inequalities and to build capacity for effective action. The work of the Glasgow Health Commission is an additional priority for this programme.
8. *Healthy, sustainable transport.* Approaches that reduce car use and support active travel and use of public transport have the potential to make a major contribution to individual, community and national health. There are major challenges in implementing such approaches and this programme seeks to contribute data and evidence, and to use these to influence policy change.
9. *Partnership action on social determinants.* This is a new programme, which will build on learning from Phase 1 and support the Centre's role in delivering change in Phase 2. It will consider partnership action on social determinants and where opportunities for embedding new learning might lie, comparing the Glasgow experience with elsewhere, and seek to build evidence of more effective ways forward in the 21st century context. This will be of interest in Glasgow and beyond, and will draw on previous and existing data and insights to inform thinking about collaborative organisational arrangements for health improvement and action on health inequalities.
10. *Understanding Glasgow's health: local to international perspectives.* This programme draws together the work of the GCPH 'observatory function'. There is a focus on specific issues (eg poverty), building links between public health information and service planning (eg in relation to mental health and addictions services), presenting information in new ways (eg development of the Miniature Glasgow approach), and further understanding of the Glasgow effect (through comparisons with other cities and regions).
11. *Employment, economy and health.* Drawing together a number of different perspectives on these issues, components include the Scottish Observatory for Work and Health; analyses of the Glasgow economy and its implications for the city's health; and (subject to funding) work to develop inequalities sensitive approaches to Health at Work.
12. *New perspectives on population health.* As a major contribution to the Centre's responsibilities for fostering fresh thinking and a futures-orientation, this programme involves developments in relation to Civic Conversation and GCPH seminars together with a focus on 21st century culture and its implications for mental health and wellbeing.

Appendix 1 contains summaries of these 12 programmes, describing:

- how each programme incorporates GCPH's four main areas of activity (synthesis and analysis of data, developing evidence, creating and disseminating new insights, and influencing policy and practice)
- the rationale behind the development of the programme
- the policy context specific to each programme

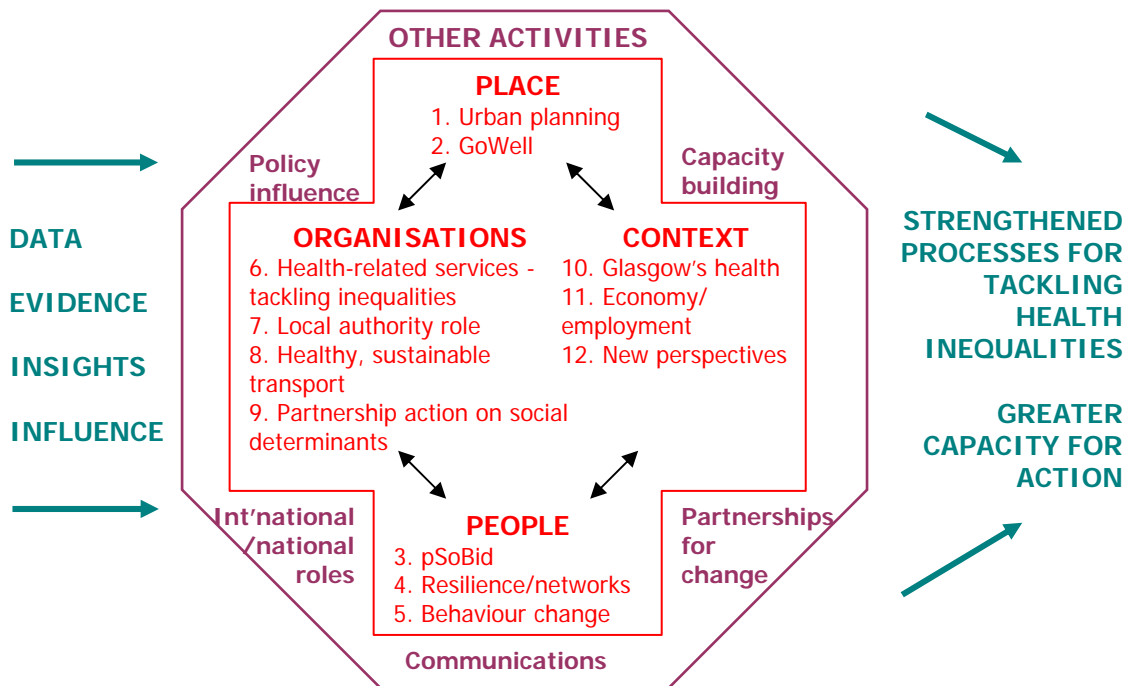
- key partner organisations
- expected components to be delivered between 2009 and 2012
- overall key outputs.

In addition to the summary of these programmes presented in this document, an annual plan will be developed for each. This will include milestones against which the Centre’s Board of Management will monitor progress. The Management Board will also agree a Communications Strategy annually. This will draw together the range of communications necessary to support the development, delivery and dissemination of the Centre’s work.

In addition to delivering these work programmes, the GCPH team will continue to show leadership in developing public health knowledge and practice by responding proactively to opportunities, and by demonstrating flexibility and responsiveness in taking on new work and activities. Examples include supervising and mentoring students and trainees, teaching and contributing to Masters courses, contributing to publications, participating in short-life working groups at UK and Scottish levels, responding to funding opportunities and linking into relevant international and national developments. An overview of such ‘other activities’ is provided in Appendix 4.

Figure 1 below presents a diagrammatic representation of the Centre’s work. The work is underpinned by the four cross-cutting GCPH functions and as a totality results in two broad outcomes: strengthened processes for tackling health inequalities and greater capacity for action to improve health. The twelve GCPH Phase 2 programmes are shown clustered into four arenas, primarily concerned respectively with place, people, services and wider context. Interrelationships exist between them as clearly shown, and all programmes are supported by the wider activities undertaken by the Centre.

Figure 1: Phase 2 programmes of work



7. Budget Plan

An outline financial plan for the three year period is shown below. Resources carried forward from early years of the Centre's life enable the programmes proposed herein to be taken forward. In addition, attention will be paid to income generation (from research grants, philanthropic sources, and from collaborations with other public and private sector organisations).

Financial Plan to 2012

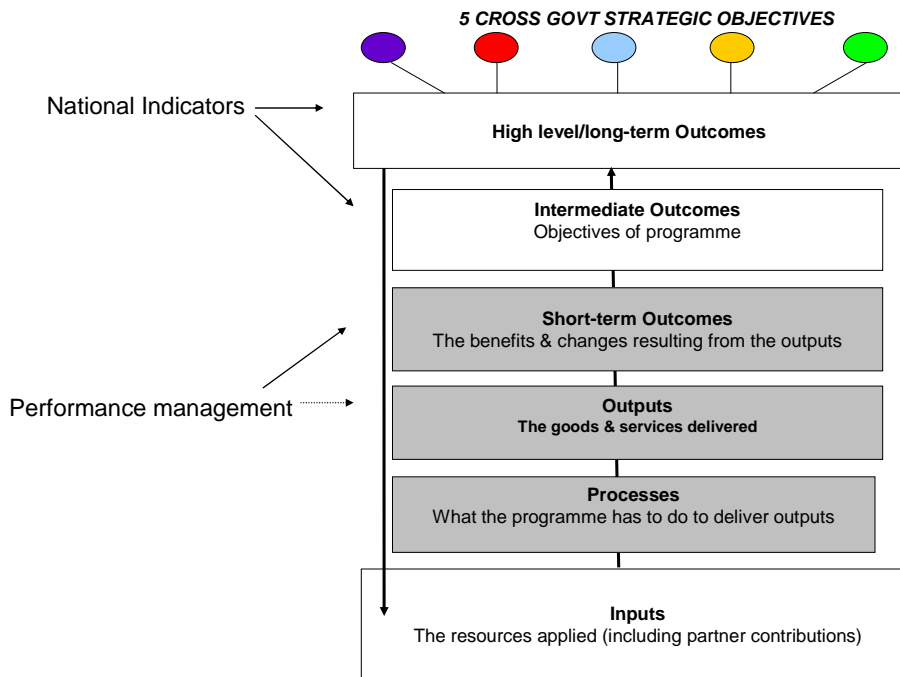
		2009/10	2010/11	2011/12
<i>Income</i>		£	£	£
I 1	Annual SG Allocation	1,000,000	1,000,000	1,000,000
I 2	Sponsors Contribution to GoWell	261,676	261,676	233,966
I 3	SG Funding for Culture & Well Being Study	110,229	110,245	-
I 4	JRF Funding for Alcohol Study	32,371	-	-
I 5	Equally Well test sites	53,000	52,500	-
I 6	Scottish Observatory for Work & Health	60,000	60,000	-
I 7	Total Income 08/09	1,517,276	1,484,421	1,233,966
I 8	Carry Forward from previous years	1,388,687	948,087	535,957
I 10	Total Available 08/09	2,905,963	2,432,508	1,769,923
<i>Expenditure</i>		2009/10	2010/11	2011/12
Research:				
E 1	Integrating health and spatial planning	60,000	60,000	60,000
E 2	GoWell	321,676	321,676	293,966
E 3	pSoBid2 and GoWellBio	100,000	tbc	tbc
E 4	Resilience and social networks	20,000	20,000	20,000
E 5	JRF Alcohol Project	32,371	-	-
E 6	Incentives for behaviour change	75,000	75,000	tbc
E 7	Health related services	45,000	55,000	55,000
E 8	Local Authority Services	30,000	30,000	30,000
E 9	Transport	20,000	20,000	20,000
E 10	Partnership Working	5,000	15,000	15,000
E 11	Understanding Glasgow's health (Observatory)	106,000	50,000	50,000
E 12	Employment, economy and health	80,000	80,000	20,000
E 13	New Perspectives on Glasgow's health	145,000	150,229	156,245
E 14	Small projects and international collaborations	40,000	40,000	40,000
E 15	Total Research	1,080,047	916,905	760,211
E 16	Communications	120,000	130,000	135,000
E 17	Centre Management, Admin & Running Costs	120,000	130,000	130,000
E 18	Core Staffing	637,829	719,646	758,084
Total Expenditure		1,957,876	1,896,551	1,783,295
Balance to be Allocated/ Carried Forward		948,087	535,957	(13,372)

8. Indicators of success

As well as successful delivery of the programmes described in Appendix 1, two overarching ‘indicators of success’ are proposed for GCPH Phase 2. These have been developed through a process of discussion with the Centre’s staff team, Executive Management Team, External Advisors and Management Board and are in line with the Scottish Government’s requirement for public sector organisations to be more ‘outcome-focussed’ and to relate their work to the purpose of Government.

The outcome-focussed planning approach is illustrated in Figure 2.

Figure 2: Outcome-focussed planning



In line with this, it is proposed that assessment of the added value of GCPH in Phase 2 should relate to the shaded areas above – the processes (what the Centre *does* during this period), the outputs (what the Centre *delivers*), and the short-term outcomes (what *changes* result from the Centre’s work). This approach will be adopted in relation to each of the Centre’s programmes. In looking at the Centre’s work as a whole, however, there is value in standing back and considering the outcomes that the collective activity should deliver. In doing this, two overarching indicators of success emerge. These are:

1. Strengthened processes for improving population health and reducing health inequalities; and
2. Greater capacity for effective action to improve health and reduce inequalities; and

These relate directly to the Centre's aims, and their achievement will require the team to work effectively through their programmes and other activities, and for GCPH as a whole to operate as a learning organisation and an effective agent for change.

Progress towards achieving these outcomes will be reported on an annual basis, achievement being demonstrated through a series of specific measures, as illustrated below.

Outcome A: Strengthened processes for improving population health and reducing health inequalities.

This will be achieved through:

- i. Influence^e on policy and strategy development at national levels (Examples: *Equally Well*; the strategic review of health inequalities in England post-2010; national regeneration and housing strategies)
- ii. Influence on plans, priorities and activities within Glasgow and beyond (Examples: Glasgow Health Commission; Commonwealth Games legacy; health and social care service planning)
- iii. Evidence that this influence draws from across the core GCPH activities: public health information, research evidence and future orientation/fresh thinking (Examples: application of inequalities framework to *Equally Well* test sites and other processes; development of a public health approach to healthy, sustainable transport)
- iv. Evaluations of public health interventions and policies, with evidence of findings having influence on future developments in research, intervention or policy (Examples: evaluations of use of incentives for behaviour change; food provision in schools; GoWell)
- v. Methodological developments and innovative practice (Examples: new ways of presenting public health information; comparisons with post-industrial regions; understanding and addressing facilitators and barriers to partnership working; Civic Conversation).

Outcome B: Greater capacity for effective action to improve health and reduce inequalities

This will be achieved through approaches including:

- i. Delivery of a broad spectrum of written outputs for policy, practitioner and academic audiences, including:
 - Final reports on all research projects
 - A minimum of 12 journal articles per annum (balance of practitioner: academic articles will vary by year but a minimum of 1/3 annually to be peer reviewed)
 - A minimum of 12 briefing papers per annum
- ii. Distinct and valued contributions to professional development, collective learning and reflective practice, through:

^e Although success would be demonstrated by successful influence, it is emphasised that the Centre team cannot be held responsible for achieving influence. Their role is to develop and provide data, evidence, frameworks and insights in ways that enhance the likelihood of influence, and to participate actively in decision-making processes.

- Delivery of a minimum of 15 learning events per annum, involving a range of organisations/personnel from different disciplines (some events will be in collaboration with other organisations)
- Regular presentations at conferences, seminars, community meetings, CPD sessions etc
- A minimum of 2 professional secondments/attachments per annum. Additional student attachments as feasible
- Supervision of PhD and Masters projects, and provision of teaching inputs to University courses

Evaluation of these events and other activities will be undertaken regularly. Where relevant, attention will be paid to assessing follow-through/action taken by participants further to the learning activity.

- iii. Development of new perspectives on population health and inequalities, through seminar series programme, civic conversation and other methodologies. These to involve bringing policy-makers, practitioners, academics and communities together to work with these perspectives over a period of time. An outward-looking, international dimension to be evident.
- iv. Public accessibility of GCPH learning and outputs, for example through:
 - Sustained and enhanced use of GCPH and GoWell websites
 - Good media coverage, proactively attained, of selected issues
 - GCPH and its staff recognised as a credible and trustworthy 'brand', contacted for its expertise
- v. Evident collaboration, partnership and reach; collaborations reviewed, sustained and extended. Success indicated by directionality of partnership development, and by range of collaborations and collaborative relationships. Reach measured by numbers engaging with GCPH and their diversity.

Whilst it may be measured in terms of these two outcomes, the success of the Centre will depend fundamentally on the quality of its work, the credibility and expertise of the team, and the support of the Centre's partner organisations and advisors. Success will also depend on the adoption of a reflective and flexible approach within the organisation. Whilst Figure 2 suggests a linear process from Inputs to Outcomes, it is not our experience that change happens in that way. There are many feedback loops and a requirement to learn, revise approaches, and adopt new perspectives. These approaches, which have characterised the Centre's work to date, will also be evident in Phase 2.

9. Monitoring and accountability

To ensure transparency about the work and performance of the Centre, and to maximise its impact, annual work plans will be developed once this Development and Implementation Plan is agreed. These annual plans will set out in more detail expectations of delivery from 2009 until 2012, and will be reported on a six monthly basis to the GCPH Management Board. As stated, an annual review of progress in relation to the success indicators described in section 8 above will also take place.

It is understood that, due to continued time-limited funding, the Scottish Government will wish to review GCPH again in 2011 prior to the end of this funding phase. The Centre team will work with its partners, External Advisors and networks to ensure full documentation of the Centre's activities and impact to aid that process when the time comes.

10. Summary

This document has set out a clear restatement of GCPH's role and purpose for its second phase of activity, and has described the added value that it gives to the work of the partners in tackling the long-standing complex health problems that exist within Glasgow. It has described the twelve main work programmes that will be delivered during Phase 2, building on the achievements of Phase 1, and has indicated how some existing programmes have developed and been reshaped in the light of experience and outcomes. It has also shown how, in response to new challenges, new programmes are developing – reflecting the Centre's sensitivity to the external environment and in response to need.

The document has proposed key outputs and outcomes for 2009 – 2012 and described the reporting and governance structures that will be utilised to ensure that there is clarity and transparency about the work being delivered, and that all partners are able to benefit from the impact of the Centre. The Centre is an efficient and lean organisation, and as the 2007 report for the Scottish Government indicated, provides value for money and achieves significant leverage, influence and impact across a number of spheres given the limited amount of resource that is available. As stated, an important and growing focus for the Centre's team is to build on its skills and experience, and an increasingly credible work record and reputation, to lever in new funding to maximise the contributions of the funders and partners and to continue and develop the work.

Appendix 1 Work Programme Summaries

This Appendix contains brief summaries of the 12 work programmes. These summaries present a picture of the key components and of how each programme will develop over the three-year period. Fuller annual work programmes will contain more detail on the activities that will be carried out each year, and will have milestones for delivery.

It is accepted that, in order to be sensitive to new developments/opportunities, and also in light of the probability of changes in the context (policy, organisational, economic etc) within which GCPH operates and other identifiable risks, these plans might change during the three-year period. Any significant changes will be brought to the attention of the Management Board.

As noted before, these programmes do not capture all of the activity carried out by GCPH staff. Other activities are summarised in Appendix 4. In addition, the full range of communications activities are pulled together into an annual communications plan which is presented for the approval of the Management Board.

The summaries that follow are in a standard format.

- (i) *Programme grid*: This shows how each of the four programme principles (data, evidence, insights and influence) will be applied. It should be noted that all programmes will involve inclusive approaches to their development and implementation (involving research, policy and practice perspectives) and all will involve dissemination through a range of routes including academic journal publications.
- (ii) *Rationale*: explains the history and context for the programme.
- (iii) *Policy context*: All programmes are relevant to Government's Healthier Scotland objectives and to *Equally Well* (the report of the Ministerial Task Force on Health Inequalities). The policies mentioned in the summaries are those that are more specific to each programme.
- (iv) *Partner organisations*: without seeking to be completely comprehensive, the purpose is to set out organisational links central to each programme. The Centre's funding partners have an interest in and support all programmes, but are only mentioned where they have a particular role/direct link, or additional funding commitment.
- (v) *Components*: describe main activities for each of the three years.
- (vi) *Key Outputs*: are the priority 'deliverables'. It is important to emphasise that these are a route to achieving change, and that investment will be made in ensuring that development processes are put in place around these deliverables (individually and collectively) to enhance their impact.

Programme 1: Integrating health and spatial planning : Led by Russell Jones			
Data	Evidence	Insights	Influence
Identification, collation and analysis of data relating to integration of planning and health	Update on literature review regarding neighbourhood characteristics and health impact	Development of new ways of working between health and planning professions (and housing, environment, community planning, private sector, enterprise, police, academics, local community, etc.)	Awareness raising and consensus building regarding how planning structures working with others, can influence population health
Identification, collation and analysis of data for HIA work (e.g. Commonwealth Games)	Development of indicators for Healthy Sustainable Neighbourhoods Model (HSN)	Greater understanding of how place-making influences health	Building capacity in local authorities and regional structures for partners in planning, development and implementation of place-making and regeneration policies and practice
Establishment of baseline indicators to monitor trends and patterns	Qualitative evidence about process of changing planning culture through relationships with health and planning professionals, local community etc	Greater understanding of influence of strategies, policies, projects on health, and of methodologies to assess health impact	Building capacity in local communities to engage with local decisions
Recommendations for further data collection and analysis	Linking with EDPHIS (Environmental Determinants of Public Health in Scotland) and others to develop evidence regarding environmental influences on health		Exploring ways of integrating work across areas of local, regional and national Government
			Ensuring Equally Well implementation about planning and health in Glasgow has wider influence in Scotland and elsewhere
			Ensuring HIA work influences policies, strategies and projects (e.g. Legacy Strategy for Commonwealth Games)

Rationale

Phase 1 GCPH programme. Emerging results are influencing local policy (eg City Plan 2 and 3, East End Local Development Strategy), regional strategy (GCV Structure Plan, GCV Green Network Partnership) and national policy (eg Equally Well, Good Places, Better Health, RTP1 Good Practice Guidance on Planning and Health) and European work (URBAN-NET, European Healthy Cities Network). Glasgow work on integrating health into planning is gaining international interest (eg USA, Europe, Australia, Asia). Programme seeks to strengthen processes for building health considerations into 'non-health' policies and plans, generate and synthesise evidence about the relationships between place-making and health, and influence relevant developments at neighbourhood, city, national and international levels. Areas of focus include the Equally Well test site on planning and health, the HIA of the Commonwealth Games and other local strategies, and the development of Greenspace partnerships.

Policy context

National Planning Framework 2 / Good Places, Better Health / Towards a Mentally Healthy Flourishing Scotland : Policy and Action Plan 2009 - 2011

Partner organisations

Equally Well: Scottish Government, Architecture & Design Scotland, Clyde Gateway URC, Culture & Sport Glasgow, Glasgow Caledonian University, Glasgow City Council (Development & Regeneration Services, Land & Environmental Services, Social Care Services), Glasgow & Clyde Valley Strategic Development Planning Authority, Glasgow Community Planning Partnership, Glasgow Community & Safety Services, Glasgow Housing Association, Glasgow Institute of Architects, Greater Glasgow & Clyde NHS Board & CHCPs, University of Glasgow, MRC Social and Public Health Sciences Unit, University of Strathclyde

HIA: Scottish HIA Network, NHS Health Scotland, Lothian NHS Board, NHS Greater Glasgow and Clyde, Glasgow City Council, Others (depending on the HIA – e.g. Glasgow Works for Economic Strategy)

Healthy Urban Planning: Glasgow City Council, Glasgow and Clyde Valley Strategic Development Authority, Glasgow and Clyde Valley Green Network, NHS Greater Glasgow and Clyde, UK Healthy Cities Network, European Healthy Urban Planning Subnetwork, NHS Health Scotland

Glasgow and Clyde Valley Green Network Partnership: Forestry Commission, Scottish Natural Heritage, Scottish Government, Scottish Enterprise, Glasgow and Clyde Valley Strategic Development Authority, Representatives from each of the 8 Local Authorities in the GCV area (usually Heads of Planning)

Components

2009/10:

- Plan and deliver Equally Well test site work, including developing monitoring and evaluation framework. Contribute to national Equally Well learning and development processes
- Complete HIA baseline report on Commonwealth Games; disseminate findings locally, regionally and nationally, and work with Commonwealth Games Legacy Strategy Team to embed findings
- Develop health impact monitoring and evaluation framework for the Commonwealth Games
- Identify, collect and analyse data sources for HSN Model to provide baseline of current patterns that can be monitored, and recommend further data collection to fill existing information gaps
- Undertake qualitative research to explore community perceptions about HSN Model to develop further
- Develop tools to assist awareness raising and implementation of integrating planning and health
- Link with EDPHIS team to explore ways of working together to build evidence
- Develop further HIA work with Glasgow strategies (eg New Economic strategy)
- Provide support to GCV Green Network Partnership to deliver overall programme
- Strategic Futures work to develop the next update of the GCV Strategic Development Authority Plan
- Scope and conduct HIA of Design of New South Hospitals Campus

2010/11:

- Continue delivery of Equally Well test site, monitoring and evaluation framework, and related national contributions
- Report on progress of test site and contribute to national evaluation of Equally Well test sites

- Liaise with Commonwealth Games Legacy Strategy Team to ensure HIA findings et continue to influence, and develop routine indicators to show progress
- Negotiate GCPH role in co-ordinating range of work related to Commonwealth Games legacy
- Further HIA work and dissemination (e.g. New Economic Strategy, etc)
- Continue work with GCV Green Network Partnership
- Work to influence City Plan 3 by working with partner agencies
- Complete and disseminate report and suggestions of HIA on Design of New South Hospitals Campus

2011/12:

- Mainstreaming aspirations of Equally Well in partnership with key agencies as phase 1 complete (action to be later determined)
- Continue monitoring and evaluation of Equally Well work and continue dissemination
- Continue monitoring and evaluation of Commonwealth Games and legacy in relation to role defined as above
- Continue HIA work and dissemination
- Continue work with GCV Green Network Partnership
- Work to influence the centrality of population health in the Glasgow City Plan 3 due in 2013

Key outputs

- Delivery of Equally Well test site, contribution to Equally Well learning network and evaluation of phase 1 of test site
- Healthy Sustainable Neighbourhoods Model toolkits (for HIA, for monitoring and evaluation, for planning codes)
- Indicators, data and trends that can be used to monitor ongoing work in planning and health
- Evidence that can inform future policies and programmes on the integration of health and planning
- Increased awareness about how planning can influence health
- HIA reports (e.g. Commonwealth Games, Economic Strategy, others)
- Commonwealth Games Legacy Strategy informed by findings of HIA
- Indicators, data and trends that can be used to monitor impact of Games on determinants of health

Programme 2: GoWell - Researching community regeneration : Led by Carol Tannahill and Jennie Coyle			
Data	Evidence	Insights	Influence
Cross-sectional survey data and supporting focus groups at 2 yearly intervals	Ongoing regeneration and health policy review	Impacts of regeneration on health and wellbeing (individual, community and city levels)	Building understanding of health impacts of regeneration policy and practice – locally, nationally and internationally
Develop longitudinal data at 2 yearly intervals of 'Remainers', 'inmovers' and 'outmovers' *	Systematic review of effects of mixed-tenure communities	How places are transformed (range of dimensions) through regeneration processes and housing improvement	Influencing local plans e.g. GHA's business plan
Deprivation analyses of Glasgow and study areas	Theories of change about pathways between regeneration and health	Understanding processes of change and implementation that contribute to positive and negative health impacts	Contributing to community awareness and understanding of health issues
Health profiling of study areas	Regeneration and health 'Capitals Framework' developed	Development and testing of new research methods	Sharing best practice and knowledge
Housing typology	Effects of regeneration policy on area-based health and social inequalities across Glasgow		
Qualitative data on plans and change within study areas			
Qualitative data from Governance, Participation and Empowerment component			

* Notes: 'Remainers' - people living in one of the six regeneration areas at the time of the wave 1 survey who remain within the same area. 'Outmovers' – people living in one of the regeneration areas at time of the wave 1 survey and have left the area. 'Inmovers' - people who have moved into one of the regeneration areas since wave 1.

Rationale

GoWell aims to investigate the impacts of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities over a ten-year period (2006 – 2015). GoWell also aims to establish the nature and extent of impacts; to learn about the relative effectiveness of different approaches; and inform policy and practice in Scotland and beyond. The first phase of GoWell ran from 2006 to end-March 2009 and funding for phase 2 has been secured for the period March 2009 to 2012.

Policy context

People and Place: Regeneration Policy Statement (2006) / Firm Foundations: the future of housing in Scotland (2007)

Partner organisations

University of Glasgow and MRC SPHSU, sponsored by Scottish Government, Glasgow Housing Association, NHS Health Scotland and NHS Greater Glasgow and Clyde.

Components

2009/10:

- Complete outmovers study.
- Analyse wave 2 cross-sectional survey data, and longitudinal 'remainers' and 'outmovers' data.
- Undertake wave 2 focus groups (12).
- Ongoing analysis of wave 1 survey data - effects of high-rise living, residential environments, physical activity, and influences upon mental health and wellbeing.
- Complete mixed methods study of mixed-tenure communities and update baseline reports.
- Complete second phase community engagement in regeneration study.
- Commence 'lived realities of regeneration' longitudinal qualitative study, including new youth component.
- Develop and test economic evaluation formal analysis plan.
- Maintain contact with participants and local communities (ongoing)
- Wide dissemination of wave 2 findings at local and national levels.
- Design wave 3 survey, tracker and tracer studies.

2010/11:

- Ongoing analysis of wave 2 data from survey, focus groups and longitudinal cohort; economic analysis and community engagement studies.
- Undertake wave 3 cross sectional survey, establishment of 'in-movers' cohort, and follow-up of 'remainers' and 'outmovers'.
- Repeat neighbourhood audits
- Ongoing regeneration policy analysis
- Ongoing monitoring of area-based change alongside wider trends

2011/12:

- Analyse wave 3 cross-sectional survey and longitudinal data.
- Design wave 4 cross-sectional survey, tracker and tracer studies.
- Further deprivation analysis and updating of health profiles.
- Link survey data to NHS data.

Key outputs

- **Methodological development:** development and testing of research methods appropriate to evaluating complex, area-based social policy interventions such as longitudinal tracking and tracing methodologies; testing and applying new indicators (eg WEMWBS); and developing new evaluation approaches (eg economic evaluation).
- **Survey findings:** analysis of health indicators (at individual and community levels) over time will develop understanding of their relationship to different types of change/environmental context/personal circumstance etc. Sub-group analyses will enable assessment of differential impacts which might contribute to growing – or reducing – health inequalities.
- **Process evaluation:** knowledge about *how* approaches regarded as important routes to addressing health inequalities might be delivered more efficiently or effectively.
- **Monitoring of change over time:** attention to the *context* alongside the *effects* through monitoring and comparison of study area change alongside wider trends.
- **GoWell as an intervention:** GoWell's research and learning activities are interventions in themselves, raising consciousness of health and determinants, and proactively using GoWell insights to help shape plans and policies. Given the focus on disadvantaged communities, it is likely that, over time, these processes will have a health impact.
- **Economic evaluation:** measurement and understanding of costs and benefits of GoWell and, broadly, of large-scale urban regeneration, on health and related outcomes.

Programme 3: Understanding psychological, social and biological determinants of disease and Residential change and obesity (pSoBid and follow-on studies – provisional title GoWellBio): Led by Jennifer McLean

Data	Evidence	Insights	Influence
<p>SIMD and Community Health Index for sample selection and background information</p> <p>GPASS participant and non-participant data</p> <p>Individual participant data on health status, health-related behaviours, cognition, psychological traits, and social circumstance</p> <p>GoWellBio Area-level data (eg on walkability, environmental quality)</p>	<p>Literature review on biomedical indicators, deprivation and population health</p> <p>Review of evidence in each clinical study area focusing on the effects of deprivation</p> <p>GoWellBio Literature review investigating the effect of housing type on health</p> <p>Literature review of effect of change of residential area on health</p>	<p>Biomedical perspective of population health</p> <p>Holistic understanding of pathways to good or bad health</p> <p>Use of novel biomedical markers in public health research</p> <p>Early life conditions as markers for adult life risk factors</p> <p>GoWellBio Understanding of impact of change of residential area on health and wellbeing</p> <p>Effects of high rise living on health</p>	<p>Development of new prospective study</p> <p>Contributions to evidence base</p> <p>Recognition of clinical techniques in population/public health research</p> <p>Results used to influence policy (eg Equally Well review)</p> <p>GoWellBio Process and impact evidence used to influence local and national policy</p>

Rationale

pSoBid1 was established in phase 1 and sought to examine the contribution of psychosocial and biological factors to ill health in the most affluent and the most deprived Glasgow populations. This study has increased understanding of the relationships between the pathways that link poverty, biology, behaviour and psychology and lead to health inequalities. The results are gaining national and international interest. Further pSoBid research developments and implications for policy are currently being discussed.

Drawing on the findings and insights of *GoWell* and pSoBid, a new prospective study is being developed involving people currently living in social housing sector multi-storey flats in Glasgow undergoing a range of urban regeneration treatment programmes. This new study will compare the related effects of contrasting types of residential change upon metabolic syndrome, mental health and wellbeing and associated health behaviours (namely diet and physical activity) as experienced by the residential population. The finalised research approach is still being discussed and agreed however analyses will be undertaken by gender, age group and socioeconomic status as a minimum in a bid to further illuminate issues of gender and obesity, housing type and health and further evidence as to the impact of urban regeneration on health and wellbeing.

Policy context

People and Place: Regeneration Policy Statement (2006) / Firm Foundations: The Future of Housing In Scotland (2007)

Partner organisations

University of Glasgow
Robertson Centre for Biostatistics

NHS Greater Glasgow and Clyde
MRC Social Science and Public Health Sciences
Unit

Scottish Government/Office of CMO

GOWELLBIO will involve partnership with housing, land services and regeneration agencies, but details not yet confirmed.

Components: pSoBid

2009/10 :

- Submit study papers (minimum of 3) to peer reviewed journals for publication
- Review literature synthesising current evidence re findings of pSoBid and wider public health thinking
- Develop paper on the public and population health implications of pSoBid
- Hold scientific meeting to discuss the study results and their implications, and to consider next steps

Components: GoWellBio (provisional title)

2009/10:

- Undertake literature review to explore the effect of area of residence and housing on health and specific biological markers to health and housing
- Gain approval for study protocol by study team and peer review and identify study sites through discussion with GHA
- Obtain ethical and local R & D approvals and permissions, and then implement study protocol

2010/11:

- Implement and monitor study protocol

2011/12:

- Complete study protocol
- Disseminate study findings into public domain via a range of communications routes

Key outputs

- New research exploring the impact of deprivation on the biology of disease and evidence regarding the ability to carry out large scale prospective studies investigating health and housing in areas of large scale urban regeneration
- Holistic understanding of characteristics of affluent and deprived communities and their influence on health and health inequalities
- Usage of biomedical markers in public health research
- New understandings about the impact of change of environment and area of residence on metabolic syndrome, mental health and wellbeing and health behaviours.

Programme 4: Resilience and social networks as resources for health : Led by Pete Seaman

Data	Evidence	Insights	Influence
<p>Interview and focus group data about alcohol consumption, from young adults</p> <p>Identification and collection of appropriate methods for evaluating Includem's methods of intervention with young people at risk of (re)offending and related qualitative data</p> <p>Civic Conversation stage 2 insights from groups and scenario planning exercises</p> <p>Longitudinal qualitative data on pathways through white-collar worklessness</p>	<p>Decision-making rationales of young adults around alcohol</p> <p>Information on effectiveness of gangs taskforce intervention</p> <p>Examples of Third Horizon activity for resilience, aspirations for a healthier city and future</p> <p>Identification of resources for resilience / wellbeing in the face of life-crises, threat to social network and identity</p> <p>Understanding of how mainstream services enhance or inhibit coping</p>	<p>How culture, social networks and price and availability intersect to produce health-related decisions</p> <p>How person-centred interventions influence intrinsic and extrinsic (social networks and social capital) related variables for health</p> <p>How resilience and mitigation against changing circumstances (crises) can be maintained</p> <p>How to support resources for wellbeing within resilient populations and learning for wider population</p> <p>Further understanding of processes in creation of resilience</p>	<p>Report on decision-making rationales of young adults around alcohol, and recommendations aimed at policy and decision makers</p> <p>Better understanding of key processes within person-centred interventions re adolescent years and violence reduction/ reduction of re-offending</p> <p>Engagement with decision-makers and research end-users in research and dissemination process,</p> <p>Engagement and involvement of delivery agencies (such as Jobcentre Plus) in the learning processes from inception</p>

Rationale

Findings from Phase 1 indicated the importance of interpersonal processes in producing health enhancing circumstances or successful outcomes in challenging circumstances. This programme now seeks to explore how these contribute to promoting individual resilience and to understand the practical issues involved, such as the actions that promote or inhibit the development of resilience enhancing social network formation.

Policy context

Economic and Employment Strategies (e.g. Glasgow Works) / *Changing Scotland's Relationship with Alcohol : action framework / Early Years framework / Better Health, Better Care / Towards a Mentally Healthy Flourishing Scotland : Policy and Action Plan 2009 - 2011*

Partner organisations

For alcohol project; Joseph Rowntree Foundation (JRF)

For Includem project; Includem, Gangs Task Force, University of Stirling

For white-collar unemployment project; Jobcentre Plus, Glasgow Works (unconfirmed), Glasgow Urban Laboratory, Development and Regeneration Services (Glasgow City Council), Careers Scotland (unconfirmed).

For Civic Conversation; Culture and Sport Glasgow, International Futures Forum and other partners to be confirmed as study progresses

Components

2009/10:

- Complete JRF project exploring influence of social networks on drinking among young adults
- Commence, with Includem, the evaluation with Gangs Task Force intervention and effects on developing social networks for resilience
- Stage 2 of Civic Conversation exploring *Quiet Voices in the Present*, (Cf programme 11)
- Commence qualitative study investigating experiences of white collar worklessness and social network maintenance and wellbeing

2010/ 11:

- Complete Includem / Gangs Task force work with recommendations. Develop model of Includem's success pathway
- Synthesise Civic Conversation stage 2 work and integrate with emerging resilience findings
- Disseminate alcohol findings and submit paper for peer review journal
- Produce interim report of white-collar unemployment project

2011/12:

- Resilience and social networks to form focus for Healthier Future Forum
- Submit resilience and social network papers to peer review journals
- Develop recommendations for policy and practice through practitioner engagement

Key outputs

- Improved *understanding* of how social networks contribute to resilient outcomes.
- Development of *methodology* for assessing and evaluating social networks and their influence on individual outcomes
- Contributions to *evidence base* on how discreet services can enhance resilience and wellbeing
- Policy and practice *recommendations* for harnessing power of social networks for the promotion and maintenance of health and wellbeing
- *Publications* and *engagement-based dissemination* for the above

Programme 5: Incentives for behaviour change : Led by Carol Tannahill

Data	Evidence	Insights	Influence
<p>Clinical trial data from smokers attending maternity units in Greater Glasgow and Clyde</p> <p>Costs of providing financial incentives as a component of cessation support for pregnant smokers</p> <p>Cotinine-validated smoking cessation rates</p>	<p>Evidence synthesis relating to use of incentives to support behaviour change</p> <p>Phase II randomised controlled trial to establish whether voucher incentives are a cost effective method to improve engagement with specialist services and increase cessation for pregnant smokers identified at maternity booking.</p>	<p>Location of evidence on use of incentives into wider ethical, economic and decision-making context, to enhance debate about this approach to behaviour change</p>	<p>Findings are likely to influence local smoking cessation services in maternity setting, and to have wider influence as part of debate about use of financial incentives</p> <p>Consideration of implications for behaviour change more generally, and application of learning to other programmes and processes</p>

Rationale

The programme of tobacco-related research and development undertaken in phase 1 provided evidence about the cost-effectiveness of the different models of smoking cessation service provided in Greater Glasgow and Clyde; the accuracy of self-reported smoking in pregnancy; and the feasibility of using incentives for smoking cessation within the maternity setting. The Programme described here proposes a mixed method study into the use of incentives to increase engagement with services and quit rates for pregnant smokers. Smoking is one of the major contributors to health inequalities, and smoking during pregnancy increases the risk of babies having low birth weight, being born early and having ill health.

Policy context

Early Years Framework / A Breath of Fresh Air for Scotland

Partner organisations

Academic partners: Universities of Bath, Glasgow, Stirling; Robertson Centre for Biostatistics

NHS Greater Glasgow and Clyde; NHS Tayside UK Centre for Tobacco Control Studies

Components

2009/10:

- Develop project proposal and submit to research funding bodies for consideration
- If funding secured, implement start-up phase including staff recruitment, literature review, finalisation of data collection and follow-up methodologies, staff training etc

2010/11:

- Implementation of the trial
- Interim reporting

2011/12:

- Finalisation and dissemination of results
- Use of findings to influence services and policy; and to contribute to wider debate re use of incentives
- Provide support to academic partners in relation to planned phase III trial

Key outputs

- Feasibility of use of incentives in maternity setting
- Evidence about impact on engagement with services, quit rates, levels of incentives required, cost-effectiveness, differential effects on sub-groups
- Contributions to wider debate about approaches to behaviour change and use of incentives in that context.

Programme 6 : Health-related services: tackling health inequalities : Led by Pauline Craig			
Data	Evidence	Insights	Influence
Use of inequalities framework to review and measure health service teams' progress on addressing health and social inequalities	Research study on breastfeeding (with Programme 10)	New approaches for health services in addressing health inequalities	GG&C guidance for addressing health and social inequalities
Develop basket of local indicators for Equally Well Implementation (with Programme 10)	Development of research study of health services role in women's resilience (with Programme 4)	Better understanding of the input required for organisational shift in health services from whole population approach to addressing inequalities	Measures for progress on health inequalities for Equally Well
Equality-proofing NHS local and national HEAT targets (with Programme 10)	Contribution to evaluation of NHSGGC Parenting Support Framework	Understanding of factors preventing and supporting independent contractors in addressing inequalities	Building capacity within health services in teaching, planning and practice for addressing health inequalities
	Development of new research on impact of addictions on early years		Contribution to further development of HEAT targets

Rationale

Programme established in 2005 to explore how the new Community Health (and Care) Partnerships could maximise their impact on population health improvement and health inequalities. Phase 1 included generating new evidence on their potential to act on health inequalities, while supporting their use of existing research and population data to increase effectiveness of action on population inequalities. Phase 2 will broaden the Programme's remit to include other health service structures such as mental health and addictions, and continue to build on national work to increase the visibility of inequalities in health policy and performance management.

Policy context

Better Health Better Care/ Equally Well/ Early Years Framework / Mental health improvement strategy /Community Planning and Single Outcome Agreements:

Partner organisations

Scottish Government Health Directorates
Community Health (and Care) Partnerships

NHS Greater Glasgow and Clyde
University of Glasgow

Glasgow Caledonian University

Components

2009/10:

- Develop and establish new research on breastfeeding, women and resilience, and addictions and early years
- Contribute to defining and evaluating the elements of health services contributions to addressing societal factors, in particular child poverty and parenting
- Pilot the inequalities framework in three Equally Well test sites
- Explore the potential roles of independent contractors in addressing inequalities as part of GG&C primary care refresh process
- Work with health service teams and NHSGGC to develop approaches to addressing and measuring progress on health and social inequalities.

2010/11:

- Develop work with health service structures on setting research questions and applying research findings within research projects as above
- Evaluate health service teams' actions on health and social inequalities
- Disseminate early findings from research projects and contribute to national policy developments

2011/12:

- Further develop practice-led research on inequalities in conjunction with health service structures
- Fully disseminate research findings
- Develop work with health service teams and structures to support application of findings

Key Outputs

- New evidence-informed planning and practice in Greater Glasgow and Clyde's health services for addressing health and social inequalities
- Effective evaluation methodology and measures for reviewing progress applied to actions for addressing inequalities
- Increased research awareness for inequalities within Greater Glasgow and Clyde's health services
- Engaging with national policy reference and advisory groups to contribute findings from practice-based research and development

Programme 7: Strengthening the health impact of local authority services : Led by Fiona Crawford			
Data	Evidence	Insights	Influence
<p>GCC monitoring data on school meal uptake</p> <p>Equality impact assessment of Glasgow Health Commission's recommendations</p> <p>Review of implementation/action taken following the Commission's report and measurement of impact (with Programme 10)</p>	<p>Evaluation of secondary school pilot project to maintain junior pupils on school premises at lunch-time</p> <p>Observational evidence regarding location and use of mobile street traders by school pupils</p> <p>Evidence briefings to inform development of Glasgow Health Commission's recommendations</p> <p>Evidence of impact of Commission's recommendations</p>	<p>More effective healthy school food policies – insights on process and content</p> <p>New approaches that Community Planning Partnerships can use not only to address inequalities in health and quality of life but also to support Glasgow citizens in building community assets and strengths</p> <p>Vision for a child-friendly city</p>	<p>Feed into GCC action plans relating to school food policy and programmes</p> <p>Inform the impact of GCC Licensing Committee decisions on the presence of mobile street traders in the vicinity of schools, aiming for some tracking outcomes from the secondary school pilot evaluation</p> <p>Contribute to GCC Obesity Action Plan</p> <p>Adoption and implementation of Health Commission recommendations</p> <p>Influence progress and action in communities and in services.</p>

Rationale

Local authorities are key vehicles in promoting and maintaining public health and well-being and in reducing inequalities. To date, this programme has focussed on:

- a) Working with Glasgow City Council and NHSGGC on the evaluation and further development of healthy school food policy
- b) Supporting the establishment , deliberations and generation of recommendations of a short life working group – the Glasgow Health Commission

A 2 stage research study was conducted during 2006/07 to evaluate the impact of school based provision and promotion of healthy food and drinks on pupils' eating habits and attitudes towards food in school and beyond the school gate. Two health impact assessments of secondary pupils' lunchtime experience were also undertaken in late 2007. The second phase of work will test out new approaches to advancing healthy school food policies and programmes. GCPH is providing support and advice in implementing a pilot project in 8 Glasgow secondary schools where first year pupils will be encouraged to stay on the school premises at lunchtime to eat a healthy lunch and engage in school based activities. GCPH is facilitating an evaluation of this pilot.

The Leader of GCC established a Health Commission in June 2008 and tasked it with generating innovative recommendations to tackle Glasgow's health challenges. GCPH has provided support and input via membership of the Health Commission, through providing evidence briefings on determinants of health, through facilitating discussions within the group and with invited speakers/stakeholders and through supporting a consultation process on draft recommendations with Glasgow communities (including children and young people). Twenty recommendations have been generated focussing on people and culture, environment and service provision. GCC's partners will be challenged to respond to recommendations through preparation of action plans.

GCPH will follow up the impact of the Health Commission's recommendations through the establishment of appropriate measures of progress and an annual review. GCPH will continue to work with local authority partners on further priorities identified through this and other fora.

Policy context

Schools (Health Promotion and Nutrition) (Scotland) Bill (2006) /The Scottish Schools (Parental Involvement) Act 2006 / A Curriculum for Excellence
Relevant to Glasgow Health Commission work incl: *Equally Well / Early Years Framework / Achieving Our Potential: Glasgow's Community Plan and Single Outcome Agreement*

Partner organisations/individuals

<i>Healthy School Food Policy</i>	<i>Glasgow Health Commission</i>
GCC Cordia (formerly Direct and Care Services)	Health Commission members
GCC Education and schools	GCC Health Policy Unit
GCC Health Policy	GCC Leader's Office
NHS Greater Glasgow and Clyde	Community Planning Partnership
Parents and carers	

Components

2009/10:

- Plan and deliver secondary school pilot project and accompanying evaluation
- Disseminate and discuss evaluation findings locally
- Consult on equality proofing of and finalisation of Glasgow Health Commission recommendations
- Disseminate Glasgow Health Commission recommendations and supporting evidence briefing
- Work with health policy team and service leads to ensure follow-through action on Health Commission recommendations

2010/11:

- Fully disseminate evaluation findings from secondary school pilot
- Further intervention and evaluate approaches to promoting healthy school food policy in school settings
- Assessment of impact of Health Commission recommendations

2011/12:

- Further research and development work with GCC partners on local authority public health priorities

Key Outputs

- Evidence regarding the effectiveness of school based approaches to advance healthy school food policy
- New evidence based recommendations to address Glasgow's health challenges, to tackle health inequalities and to build community assets
- Reflections on Health Commission approach as route to building momentum for effective action on health inequalities

Programme 8: Healthy Sustainable Transport : Led by Fiona Crawford

Data	Evidence	Insights	Influence
<p>Identification, collation and analysis of relevant data sources relating to transport and travel within Glasgow and Clyde Valley area</p> <p>Establishment of baseline indicators to monitor trends and patterns</p> <p>Recommendations for further data collection and analysis</p>	<p>Literature review regarding perceptions and attitudes towards travel and transport</p> <p>Qualitative research to explore attitudes, expectations and behaviour relating to transport and travel in the Glasgow area</p> <p>Policy review and appraisal to assess how revealed priorities reflect the aspiration of vision statements in relevant strategies, policies and plans</p>	<p>New data and trends regarding travel and transport patterns at different geographical levels</p> <p>Greater understanding regarding modal choice, motivations/ barriers to active and sustainable modes of travel</p> <p>Assessment of consistency, effectiveness and resourcing of current policies, programmes and plans</p>	<p>Awareness raising and consensus building regarding impact of current policies, strategies and plans amongst decision makers and stake holders in Glasgow and Clyde Valley local authorities, NHS Greater Glasgow and Clyde and elsewhere</p> <p>Building capacity in local authorities and partners in planning, developing and implementing transport and travel related policies and programmes</p>

Rationale

Improving physical activity and developing sustainable transport are high on political and public health agendas, globally and nationally. However, there is little evidence that current initiatives are having their desired effect. The purpose of this programme is to provide a clearer picture of levels of physically active modes of transport, public transport and car use, to evaluate the probable impact of current initiatives, policies and strategies in the Glasgow and Clyde area and to make recommendations for action.

Policy context

Good Places, Better Health/Let's Make Scotland More Active: A Strategy for Physical Activity (2003 /National, regional and local transport strategies /Many Local Authority Single Outcome Agreements and Community Plans

Partner organisations/individuals

Scottish Government
NHS Health Scotland
Lothian NHS Board
Greater Glasgow and Clyde NHS Board
Glasgow City Council

West Dunbartonshire Council
North Lanarkshire Council
Strathclyde Partnership for Transport
MRC Epidemiology Unit, Cambridge
Glasgow and Clyde Valley Structure Plan Team

Renfrewshire Council
East Dunbartonshire Council
North Lanarkshire Council
East Renfrewshire Council

Components

2009/10:

- Identify potential data sources to provide a baseline for measuring current and future levels of physically active modes of transport, use of public transport and car use
- Collect and analyse data to provide a baseline of current patterns at various geographies that can be monitored over time, and recommend further data collection to fill existing information gaps
- Undertake qualitative research to explore local and individual perceptions and attitudes to different modes of transport, and perceived facilitators and barriers to these within the Glasgow conurbation
- Undertake policy review to explore the link between policy aspirations nationally and locally, the resulting actions and the synergy between different policies and strategies in relation to establishing and promoting active/sustainable travel and reduced car use
- Explore, discuss and test potential impacts through holding a stakeholder workshop to inform a 'best guess' (also based on good evidence and expert opinion) regarding potential future impact.
- Finalise conclusions, recommendations and implications for future policy and practice for decision makers in transport, planning, regeneration and health

2010/11

- Disseminate findings locally, regionally and nationally
- Establish further priorities regarding transport and health with partners

2011/12

- Develop work with local authority stakeholders and others to support application of conclusions and recommendations and to establish further relevant data collection, research and policy appraisal

Key Outputs

- Data and trends that can be used to monitor travel patterns, and levels of walking and cycling
- Evidence that can inform future policies, programmes and campaigns aiming to promote physically active modes of travel and use of public transport
- Increased awareness amongst those working in different sectors and disciplines of the impact of travel and transport on individual and public health

Programme 9 in development : Partnership action on social determinants - Led by Rosie Ilett

Background

In the last ten years, public sector modernisation in the UK has led to increasing moves to integrate health and social care to improve efficiency, reduce costs, improve social outcomes and moreover to impact upon population health and wellbeing. In Scotland, this activity has progressed at a more profound rate than in England and other parts of the UK, mainly because of the single-system NHS structure and the policy shifts from devolution onwards that prioritised collaborations and partnerships between the NHS and local authority services.

Although there is continued recognition of the need to change structures and practice to help understand and better support health and social issues, there are major challenges associated with knowledge-transfer, the translation of research into practice, and the need for replication of 'good practice' (including issues of understanding transferability) across the systems. There may also be a tendency for behavioural risk factors to be the default position for much public sector action. This may ever more be the case in times of financial difficulty.

Proposal

The accepted credo is that to improve health inequalities, agencies need to work together using evidence and best practice, and it is proposed that Glasgow Centre for Population develops a work programme that considers this in relation to Glasgow, working with all the key partners.

This programme will look at facilitators to change across the key public sector organisations in Glasgow, with particular reference to action on health inequalities and responsiveness to new knowledge, learning and research evidence. It is recognised that although often there is shared knowledge about priority issues, there is still a lack of consistency and clarity about how best to tackle them and an agreement on what works. Its overall aim will be to identify solutions, whether by clarifying where obstacles may exist in supporting effective change or suggesting where new ways of working may need to be pursued, and to comment on what such potential findings may mean in relation to the integration of resources.

The first phase of the Centre for Population Health's work has identified some innovative approaches and outputs, including findings from the Civic Conversation work and models for integrated system learning, that have wider resonance. This programme will help in strengthening the processes that provide the foundation for the outputs and outcomes that GCPH is contributing to (ref the success indicators flowchart).

It is recognised that numerous evaluations have been undertaken on certain aspects of integration (including within Glasgow) and these form an important part of the context and investigation, but it is believed that this work has potential to move beyond that to think more about the complex nature of partnership working and planning within such a challenging environment and what can help add value.

The programme would address a range of questions that would be explored through the lens of action to address health inequalities, including :

- How can organisational capacity be built?
- What facilitates change? (at different levels e.g. cultural, material, competencies)

- What methodologies are most useful?
- How are these issues affected by the Glasgow culture?
- And how are they affected by wider economic factors?

This programme will both draw on and influence many of the other GCPH programmes as it addresses questions that are central to the GCPH role in working at the complex interface between research, policy and practice. It will be possible to therefore draw on data and ideas from previous, existing and developing work programmes to inform this new programme, including information on staff health and wellbeing and on Glasgow's economy (from employment and economy programme); insights into incentives for behaviour change (from prog 5); findings from the phase 1 CHCP evaluation; ideas from the seminar series (eg e-health); and emerging insights into the role of resilience (from prog 4).

Wider structures/processes that the work would feed into and influence are workforce planning within NHSGGC and Glasgow City Council, community planning and service planning within these two agencies and their main partners, the policy and delivery of Scotland's Health at Work, organisational development processes within NHSGGC and Glasgow City Council, professional development and learning processes, individual service and organisational plans, and central support for health inequalities within the main organisations (e.g. NHSGGC Corporate Inequalities Team)

The experience of undertaking this work, and its eventual outcomes, would provide vital information that could help shape current and future service planning and delivery, and affect the health outcomes that Glasgow wishes to achieve for its population.

Action

In order to progress this work, discussions will take place initially with the GCPH team to refine the proposal and to distil some of the relevant learning from current and past GCPH programme. A fuller programme proposal would then be considered at the EMT, and Management Board (September) and the EAG at its October meeting.

A literature review will be undertaken alongside this process, covering areas such as models of partnership working for health improvement, opportunities for change in different settings, organisational cultures within the NHS and local authorities, Glasgow history including data re staff and NHS data and the development of some case studies to help inform the programme's development and approach. Discussions will be had with key individuals across the main organisations to identify what would add value to the planning and delivery of work to address health inequalities. An initial synthesis should be available by end October. From then, a group will be set up of interested parties and informants to begin to consider the content and methodology of the work, and the links to existing and planned activity and information.

The final stages would be to develop a fully costed proposal and a timetable for completion and delivery. It is anticipated that the background research and the securing of 'buy-in' to the approach would be completed by December 2009, with the forward plan and approach to resourcing the programme agreed by end March 2010.

Programme 10: Understanding Glasgow’s health: local to international perspectives : Led by David Walsh and Bruce Whyte			
Data	Evidence	Insights	Influence
European post-industrial regions research	Building a picture of mental health in Glasgow	Innovative approaches to describing health and health inequalities: Miniature Glasgow; Views of Health	Developing city health and well-being indices and miniature city concept in Europe
Glasgow-Liverpool-Manchester comparative research	Collaborative research/publications (impact of alcohol on health outcomes; successes and failures of anticipatory care)	Impact of selective migration on widening inequalities in Glasgow	Support SG - Equally Well pilots; EIA of HEAT targets; NHS GGC – Healthy Start
Health profiling			Support to university courses
Violence and resilience			Contributions to GGC Public Health Report
Indicators of social capital across Glasgow			Continued management of PHINS network and seminars
Exploration of indicators of confidence, optimism, self-esteem			Influencing ScotPHO work programme
Alcohol and drugs addictions collaboration			Developing indicators for European urban areas
Description of poverty, deprivation and employment/unemployment trends and patterns in Glasgow			Use of data on population need, wider health determinants and demographic change to support service planning processes

Rationale

The programme develops GCPH’s ‘observatory function’ work from Phase 1. The health intelligence produced will strengthen understanding of health processes, patterning of health inequality, emergent issues and health related trends in the region. A key area is to improve understanding of health inequality in Glasgow and in comparison to other UK and European cities and regions. It will continue to develop innovative approaches to presenting health-related information and seek to use health intelligence to influence national policy, local government strategy, public health reports, academic teaching and research and through community engagement. It will also seek to uncover evidence and insights through new research e.g. post-industrial European regions, impact of selective migration on widening inequalities in Glasgow, and the exploration of new data sets.

Policy context

Scottish Government priorities - Smarter Scotland, Wealthier and Fairer Scotland, Greener Scotland, Safer and Stronger Scotland and Healthier Scotland / *Equally Well* pilots.

Partner organisations

Scottish Government
University of Glasgow
NHS Health Scotland

Glasgow City Council
NHS Greater Glasgow and Clyde
Centre for Confidence and
Wellbeing

Ruhr-Universität Bochum (University of the Ruhr), Germany
Observatoire Régional de la Santé (ORS), Nord-Pas-de-Calais, France
Regional Public Health Authority the Olomouc Region, Czech Republic

Violence Reduction Unit
ScotPHO collaboration
University College London
Liverpool Healthy Cities Policy Unit

ISD Scotland
University of St. Andrews
Liverpool NHS Primary Care Trust

Cancer Centre and Institute of Oncology, Warsaw, Poland
University of Manchester
Manchester Joint Health Unit
Regional Public Health Authority of Moravian-Silesian Region, Czech Republic

Components

2009/10

- Establish collaborations with organisations in key European post-industrial regions, and complete initial comparative analyses of health determinant information
- Complete quantitative elements of Glasgow-Liverpool-Manchester comparative research
- Complete and disseminate Scottish Longitudinal Study based migration analysis; scoping of possible future work based on SLS.
- Update social capital report card
- Complete uses of 'confidence research system data'
- Complete reports and journal papers on alcohol-harm related analyses based on Scottish Health Survey
- Complete initial pilot profiling violence and responses to violence in Drumchapel
- Establish project to describe mental health in Glasgow, including setting up a steering group, agreeing project aims, recruiting staff and initial data gathering/analysis.
- Create language versions of Miniature Glasgow (MG) film and disseminate; undertake planning to create a version of MG comparing to other European cities
- Disseminate Views of Health in Glasgow
- Establish benefits and uses of a set of health and well-being indices for Glasgow
- Report on Equally Well pilots
- Completion of spatial analysis of current Glasgow Addiction Services provision in relation to potential service demand
- Development of work to describe poverty, deprivation and employment/unemployment trends and patterns in Glasgow (with the Poverty Alliance).

2010/11:

- Complete comparative analyses of post-industrial regions, and possible development of Phase 3 of project to fill gaps in key information sets
- Continue work to develop mental health profile of Glasgow; establish an understanding of violence and resilience in Glasgow; develop a EU cities version of MG
- Continue to contribute to establishing health and well-being indicators for the city
- Complete work to describe poverty, deprivation and employment/unemployment trends and patterns in Glasgow

2011/12:

- Complete PhD element of post-industrial regions research and synthesis of results from Phases 1-3
- Complete PhD element (to be confirmed) of Glasgow-Liverpool-Manchester research
- Undertake comparative analysis of newly available European urban health indicators
- Complete mental health profile of Glasgow; report of work on violence and resilience; completed EU cities version of MG; health and well-being indicators established within Glasgow

Key Outputs

- Enhanced understanding of factors influencing relatively poor health trends in West of Scotland compared to other similar post-industrial European regions
- Enhanced understanding of issues related to the 'Scottish' or 'Glasgow effect'
- Improved understanding of environmental and social factors pertinent to violence in Glasgow
- Clear understanding of the size and impact of mental health challenges in Greater Glasgow and Clyde
- Important policy and planning related information on the extent and form of migration within Greater Glasgow and its impact on the widening health inequalities observed in the city
- Greater understanding of trends and variations in social capital related concepts across and within Glasgow, together with a clearer articulation of the gaps in the way social capital is measured
- A comparable set of health and wellbeing related indicators across urban areas of Europe
- Broader thinking about, and relevance of, health and well-being across the city
- Clear framework for understanding current trends and patterns in poverty, deprivation and employment/unemployment.

Programme 11: Employment, economy and health : Led by Carol Tannahill			
Data	Evidence	Insights	Influence
Data on incapacity benefit (IB) claimants, collated and analysed in Scottish Observatory for Work and Health Data on city economy and employment profile	Application to Glasgow situation of information from evidence reviews etc on relationships between work and health, worklessness and health, and the economy and health	Generation of fuller understanding of trends and characteristics of those in and out of work, and in particular of the IB population Analysis of implications of the city's approach to economic development for health	The aim is to use these epidemiological approaches to influence national, city, and organisational approaches to employment and economic development

Rationale

This programme is particularly important in the context of the current recession. It examines the relationships between the economy, work and health in various ways. The approach is data-driven and will apply existing evidence to the trends observed in Glasgow and west of Scotland to distil implications for health.

Policy context

Wealthier and Fairer Scotland; Healthy Working Lives Strategy; Workforce Plus; Working Well

Partner organisations

Scottish Observatory for Work and Health:
University of Glasgow
Scottish Government
Scottish Centre for Healthy Working Lives
NHS Greater Glasgow and Clyde
NHS Lanarkshire

City economy:
University of Glasgow
Glasgow City Council
Community Planning Partners
(all to be confirmed)

Components

2009/10:

- Dissemination of first annual report of Scottish Observatory for Work and Health, and delivery of year 2 of programme
- Development of project plan and stakeholder group for analysis of city economy; recruitment of public health research specialist to work on this programme

2010/11:

- Second annual report from Scottish Observatory for Work and Health, and delivery of year 3 of programme
- Initiation of work to secure ongoing funding for the Observatory
- Implementation of project to examine city economy. Production of report on current position.

2011/12:

- Decision on sustainability and role of work and health observatory
- Final report on city economy and health, including discussion seminars on its implications

Key outputs

- Annual reports and academic articles from Scottish Observatory for work and Health, will raise understanding of claimant trends and relationships with health at population level
- Analysis of relationship between city economy and health/health inequalities. Distillation of implications for economic development.

Programme 12: New perspectives on health : Led by Andrew Lyon

Data	Evidence	Insights	Influence
Perspectives generated by the civic conversation	Key ideas and perspectives through themes in seminar series	Civic conversation Seminar series	Action networks to follow through seminar series and civic conversation ideas Frameworks adopted outside the centre/city
Data from learning journeys and research advisory group discussions in the Culture and Wellbeing project	Synthesis of literature relevant to 21 st century culture and its implications for population health	The work of the culture and wellbeing project is yielding a range of insights into how mental health and wellbeing are being affected by the ways of living in the 21 st century	Conceptual support for key leadership groups Support for planning and management groups through civic conversation processes Distillation and dissemination of learning from culture and well being project into a range of formats including website, academic articles and a book. Also integration of insights into presentations and discussions in a range of forums

Rationale

In Phase 1, the civic conversation facilitated the exchange of views and perspectives and to hear about new ideas and develop insight and emergent thinking about the City. It developed an emerging method which yielded a range of outputs now being used by others. For example, the concept is now being used in East Lothian, and Miniature Glasgow has been viewed in 21 countries. The next phase will attempt to learn with those who are 'quietly innovating' * in the City; and work with key groups to explore the shortcomings in our existing paradigm and how these might be addressed. The international seminar series creates a forum generating new ideas, perspectives and insights. The next phase will continue this and seek to develop networks to follow up on such ideas.

* In any cycle of change there are groups within civic society, whose perspectives, ideas and suggestions for action seem distant from the principal policy concerns of more mainstream structures, but which over time may come to seem more relevant.

The Culture and Wellbeing project (funded by Scottish Government) produced a range of outputs in phase 1 (available on the GCPH website). This project is being further developed in this phase to test the findings with a wider range of stakeholders, make the insights generated available in a range of formats, and embed the thinking into different policy arenas.

Policy context

This programme has a strong future orientation and is less readily related to current policy.

Partner organisations

International Futures Forum
University of Glasgow

Seminar speakers' institutions, organisations and networks
Scottish Government/national programme for mental health

Voluntary sector organisations
GCPH network

Components

2009/10:

- Engage with those who are quietly engaged in innovative activity to begin the process of building alternative perspectives on the future of the City. An aim will be to try to learn about aspects of innovation which might be useful in other areas, for example by using positive deviance methodologies. These methods seek out those who are addressing major changes facing the city, discern what they are doing, whether such action might be possible for others to take and how this might be achieved
- Engage key leaders in conversation about the shortcomings of the existing paradigm and how these might be overcome and respond to requests for assistance from key groups
- Run a further six public lectures from a range of international speakers. Such themes might include perspectives on change, equity, planning, the biology of inequality, arts perspectives on key issues, happiness, the good life, the environment, climate change, urban planning. Speakers will come from a wide range of disciplines and have significant reputations in their field. Implement light-touch evaluation process to learn more about the value of the seminar series and how participants apply the learning.

2010/11:

- Building on last year's outcomes, the civic conversation will seek to engage partners in novel actions which seek to develop new actions for long standing challenges as a way of learning how to shift towards the generation of more wellbeing more often for more people.
- A further six lectures in the seminar series, linked to themes emerging from phase work, together with follow up work through programmes

2011/12:

- Building on previous two years experience, the civic conversation will attempt to encourage the reframing of resources towards the creation of wellbeing as an integral part of civic life.
- Seminar series will support phase two work by six thematic lectures and follow up action which relate to themes which have emerged from the previous two years work
- Completion of phase 2 of the Culture and Wellbeing project. Final report submitted to Scottish Government.

Key outputs

- More widespread engagement in the public discourse about wellbeing and the city
- Using Civic Conversation processes to help people consider future options including senior stakeholders. Examples of this to date include the design, facilitation and reporting of a two day event for the mental health Partnership's senior management team's new strategy and the design, facilitation and reporting of a one day programme defining event for the South east CHCP.

- New and emergent expressions of the nature of the challenges and how these might be addressed
- Learning from successful innovation in the City which is heuristic for others
- New insights and new actions based on the creation of new perspectives on intractable challenges such as inequality, climate change, biology
- The possibility of new regimes of public and private investment for wellbeing in Glasgow based on new ways of thinking about the challenges we face, rather than simply new actions within the existing perspective. This will include the reframing of existing resources to improve wellbeing as an integral part of such decision making in the City
- A national and international reputation for honestly and effectively addressing difficult and intractable health challenges in complex, changing, uncertain circumstances to further enhance achievements in this area such as Let Glasgow Flourish and Miniature Glasgow
- A range of papers, website and other dissemination methods for key findings for the culture and health project in association with other partners.

Appendix 2 Core Staff Team and Attachments

As at June 2009, the GCPH team comprised the following:

- Director Prof Carol Tannahill
- Deputy Director Dr Rosie Ilett

- Public Health Programme Managers
 - Dr Pauline Craig
 - Fiona Crawford
 - Dr Russell Jones
 - Dr Jennifer McLean
 - David Walsh
 - Bruce Whyte

- Public Health Research Specialist
 - Dr Pete Seaman
- Researcher
 - Theresa Storm-Ohm
- Public Health Practitioner Specialist
 - Valerie McNeice
- Communications Manager
 - Fiona McKie
- Communications Manager (GoWell)
 - Jennie Coyle

- Office and Admin Manager
 - Jackie Hale
- Programme Administrators
 - Rebecca Lenagh-Snow
 - Kelda McLean

- Reception/team secretary
 - Ricky Fleming

- Converger/seminar series organiser
 - Dr Andrew Lyon
- Public Health training attachment
 - Dr John O'Dowd
- Glasgow City Council attachment
 - Julie Riddell
- Research attachment (transport)
 - Mark Livingstone

Appendix 3

Governance Structures and Membership

As at June 2009:

Executive Management Team

- Prof Carol Tannahill, Director GCPH
- Dr Rosie Ilett, Deputy Director GCPH
- Prof Linda de Caestecker, Director of Public Health, NHSGGC/GCC
- Prof Anna Cooper/Prof Jim McKillop, University of Glasgow
- Dawn Corbett, Head of Corporate Policy, Glasgow City Council

Board of Management

- Mr Andrew Robertson, Chairman, NHSGGC (Chair)
 - Cllr Jim Coleman, Deputy Leader, GCC (Vice Chair)
 - Prof David Barlow, Dean of Medicine, University of Glasgow
 - Prof Linda de Caestecker, Director of Public Health, NHSGGC/GCC
 - Robert Booth, Executive Director, Glasgow City Council
 - Prof Phil Beaumont/Prof Anna Cooper, University of Glasgow
 - Prof Carol Tannahill, Director GCPH
-
- Kay Barton, Deputy Director, CMO & Public Health Directorate, Scottish Government
 - Dr Rosie Ilett, Deputy Director GCPH

External Advisory Group (EAG)

- Sir David Carter (Chair)
 - Sir John Arbutnott
 - Prof Sue Atkinson
 - Dr Harry Burns
 - Prof John Coggins
 - Tony Elson
 - Prof David Hunter
 - Prof Mike Kelly
 - Prof Margaret Reid
 - Andrew Robertson
 - Pam Whittle
 - Prof Brian Williams
 - Robert Winter, Lord Provost of Glasgow
-
- Members of the Executive Management Team also attend EAG meetings.

Appendix 4 Other activities

This Appendix contains examples of the activities carried out by GCPH core staff in addition to those within the 12 GCPH programmes of work. For each 'category' of activity some illustrations are given. These activities reflect the Centre's contribution to wider public health developments nationally and locally, and also to the role that team members play in developing public health understanding capacity within the wider workforce.

1. Academic teaching and professional development

- Providing CPD inputs for various professional groups and organisations
- Teaching on relevant university courses (at masters and undergraduate levels)
- Ad-hoc input into professional development and other learning arenas (modern studies, Common Purpose etc)
- Authorship and editorial roles for public health books and journals (eg of forthcoming e-book on managing sexual health services in Scotland)

2. Mentoring, support and supervision

- Supervision of PhD and Masters-level students (formal supervisory roles and mentoring roles)
- Supervision of student placements within GCPH
- Supervision of training attachments (eg public health and management trainees) and work attachments (eg from Glasgow City Council)
- Facilitating West of Scotland learning set for defined specialist applicants to UK Public Health Register
- Mentoring of staff within other organisations

3. Conference and seminar presentations, workshops

- Members of the team deliver a large number of presentations in international and national arenas as well as to issue-specific seminars and local meetings. A list of presentations given will be included within annual review reports.

4. Contributing to building Scotland's public health role internationally

- Working to develop international research collaborations (with NYC, Toronto, European cities and others)
- Contributing to international networks and developments such as WHO Healthy Cities Network and Urban Planning sub-network; EURO-URHIS, URBAN-NET
- Hosting international delegations interested in learning about the Centre's work
- Ensuring that GCPH work is disseminated in journals and at meetings with international reach