SOCIAL RENEWAL ADVISORY BOARD: CALL FOR IDEAS Deadline: 23rd October Email/Queries: socialrenewal@gov.scot	
ORGANISATION:	**Glasgow Centre for Population Health (GCPH, the Centre)**
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BRIEF SUMMARY OF ORGANISATION:	**What is the main aim of your organisation?** The GCPH generates insights and evidence and supports new approaches to improve health and tackle inequality. Operating at the intersection of policy, practice and community life, the Centre has distinct contributions to be made within social renewal in response to the pandemic.
DEMOGRAPHIC SUPPORTED:	**Does your organisation work in a specific locality or with a specific group or community of people?** In geographic terms our work is focussed on the specific determinants of health and inequality within Glasgow and the West of Scotland. However, we have demonstrated over the past 16 years that our approaches and recommendations are applicable across Scotland and have been influential within a number of local and national policy areas. In order to develop our insights concerning service delivery and lived experience we have also worked within specific neighbourhoods and closely with community groups. The GCPH has its own dedicated community engagement staff. The Centre supports public health and therefore has undertaken a range of research, evaluation and partnership working across the early years, children and young people, working age adults and older people. We have also undertaken work with communities of interest or identity.
IDEA THEME:	*What is the main subject area / theme of your idea?* • Policy reform, addressing inequalities and 'Superpolicy' • Community recovery, participation and 'Superpractice'

YOUR IDEA: What needs to change to build a Fairer Scotland, learning from the response to the COVID pandemic?

Policy reform and the emergence of 'Superpolicy'.
We would like to begin our response by a brief consideration of the 'pre-Covid' societal inequalities and the shortfalls of existing policy which perpetuate them. Recent studies highlight the austerity-driven 'crises before the crises' – stalling life expectancy and the deepening of health inequalities across Scotland and the UK[1]. Economic factors are the biggest determinants of population health and these outcomes are unjust and avoidable; statistics alone belie the bleak picture of human tragedy and suffering that underpin them. In addition, health inequalities, driven by social and economic conditions, place a significant and unnecessary burden on public services, curtail the potential of our economy and businesses to flourish, and inhibit sustainability and climate change adaptation efforts.

COVID-19 has shone a stark and painful light on these entrenched social and health inequalities and has made clear and indeed 'super-charged' many underlying causes of inequalities, particularly those that influence health. The pandemic has also illuminated, within our communities, the interconnectedness of inequalities and the wider, collective damage they inflict upon society[2].

Without question, communities themselves have responded rapidly and effectively to the pandemic, mobilising to support family, friends and neighbours, with the overall ambition of helping the most vulnerable. It is in this spirit that we particularly welcome this consultation, and the Scottish Government's recognition that much valuable societal and policy learning is embedded and evident at the grassroots levels. We will touch upon this in more detail in the next section.

First however we would welcome discussion around the policy reform required to address the underlying inequalities within society which the pandemic has exacerbated. Equally Policy reform must also strive to cultivate resilience to future public health emergencies. There appears to be growing consensus across the political spectrum that austerity has not worked in terms of reducing national debt and has also taken a significant toll on disadvantaged areas and communities as described. We recognise that many of the levers required to move into a more progressive policy landscape reside within Westminster. However in broad terms; by enhancing social protection and increasing public spending with a clear focus on population health, health can be improved and health inequalities reduced. This, in the longer-term supports a more prosperous, inclusive and resilient economy, which in turn further supports population health and wellbeing[3].

'Superpolicy' is a term that has come to the fore within discussion relating to recovery from the pandemic[4]. McCartney et al define 'Superpolicy' as *policies that achieve positive outcomes across a wide range of areas beyond that which was the primary intention, and which do not have unintended negative outcomes. There is thus a need for policymaking to consistently seek to generate benefits in other policy areas (and not just by happy coincidence, as is often implied by the term 'co-benefits').*

We recognise the complexity and challenges inherent in developing Superpolicy, however we believe that such a policy landscape would be more conducive to achieving the related and mutually reinforcing aims of lasting social renewal, addressing inequalities and supporting future resilience.

We suggest superpolicy is developed with the health and wellbeing of all citizens as the central pillar from which we assess our collective societal prosperity and around which other policy areas overlap and develop in concentric, interdependent and reinforcing layers. The first layer could, for example, include economy, sustainability, equality and community as policy pillars which support health and wellbeing. Increases to life expectancy, healthy life expectancy and the reduction of health inequalities would be the central metrics upon which progress can be measured; improvements on these metrics would be supported by the four policy pillars described but also significantly reinforces them also.

Community recovery, participation and 'Superpractice'

The COVID-19 pandemic represents an unprecedented health, social and economic crisis that has been met with an equally unprecedented and proportionate response to contain the disease, provide effective healthcare and to protect lives and livelihoods. It demands an equally determined community recovery.

We begin however with a note of caution that is based on some intensive local intelligence gathering at a grassroots level within Glasgow City. Beyond the initial emergency response to the pandemic many community organisations we have spoken to are reporting dire funding situations due to a range of causes that include budget cuts, austerity and the impacts of COVID-19.

We endorse the national focus on inclusion and accessibility within social renewal however at a grassroots level our partners paint a concerning picture where the pandemic has created further and seemingly intractable barriers for vulnerable groups; for example people living with disabilities who are digitally excluded, have had cuts to their care package and who may be grieving the loss of a loved one during the pandemic. Such individuals require intensive and skilled support which may not be possible in the current funding climate.

In pragmatic terms we feel it is important to flag up how hard many of our community anchor organisations and grassroots partners have been working during the pandemic, to support the most vulnerable within the communities they serve. This challenge is compounded by the constant uncertainty and change as staff members report illness, constantly applying for funds and as government guidelines change. Many of these groups and individuals report being fatigued and extremely stretched. Maintaining service provision during the pandemic has also been stressful. As a minimum care, sensitivity and empathy are required when working with anchor organisations and grassroots partners.

Moving forward now, we broadly endorse the principles of social renewal developed by the Scottish Government's Social Recovery Advisory Board. Relating to this, the GCPH published a rapid review of evidence in May 2020 which highlights vulnerable population sub-groups, mental health impacts within the pandemic and a range of evidence-informed ideas in response to these issues to support place-based community recovery[2].

We believe that, the 'place-based' principle of social renewal requires significant focus and granularity. It is our experience that place-based working can be challenging to deliver on the ground when overlaid with the essential focus on priority or vulnerable communities of identity. For example, the needs and aspirations of Black and Minority Ethnic populations in terms of social renewal is likely to be different among migrant populations in Glasgow's Govanhill, compared to those of third generation Pakistani and Indian families in Pollokshields East, less than a mile away.

Indeed we are keen to flag up that placed-based approaches are particularly conducive to superpolicy implementation (or 'superpractice', which we will describe later in this section) where local action on climate change adaptation, sustainable food environments, road safety, air quality, active travel, affordable public transport, green space, play space and volunteerism all mutually reinforce each other and collectively can have a transformational impact on communities, not least health and wellbeing.

In particular we would like to highlight that COVID-19 has had, and will continue to have, a significant impact on the number of trips people make and how (and if) people go to work and education, travel to access goods and services and connect socially.

Very recent evidence suggests there has been a large and continued reduction in public transport journeys and although car journeys also reduced initially, they rose steadily between April and August 2020[5]. Walking and cycling increased during lockdown and into phase 1, particularly for leisure and exercise. During phases 2 and 3 walking and cycling journeys reduced but cycling levels appear to have remained higher than during a similar period last year.

We would like to emphasise that reduced capacity and use of public transport is likely to negatively impact on vulnerable populations - limiting the transport options and adding financial strain for people without access to a car, people on low incomes, older people, disabled people, people with health problems and young people. Such groups may have fears around contracting COVID-19 on public transport, which cumulatively may lead to an increase in social isolation among vulnerable groups; preferring to stay home than to risk public transport or to use costly alternatives.

The Alternatives to using public transport have both positive and negative health effects on health. Increased walking and cycling would bring health benefits to individuals and communities who are able to, but an increase in car traffic would have many negative health and environmental effects for individuals and for wider society.

In broader terms, moving beyond specific themes, we advocate the community recovery is based upon the principles of asset-based approaches, participatory budgeting and community resilience[2]. A key overarching message is that for community recovery approaches to be effective and transformational, their design and delivery must clearly incorporate the views, insights and wisdom of community members and those identified as having additional vulnerability to COVID-19.

We recognise the tendency to perhaps deprioritise approaches such as participatory budgeting during the pandemic, however a clear counter argument is that now, more than ever community participation must be deepened and embedded as the cornerstone of social renewal. Where resource is stretched, the adoption of asset-based working and participatory budgeting *principles* within local authorities and public service, still represents a progressive movement[6].

Other important elements of community recovery include working with communities to identify how best to develop an innovative and flexible range of initiatives to rebuild social cohesion and mitigate the impacts of social isolation during lockdown. Specific additional resource must be provided to enable community-based support and services to enhance mental health and wellbeing. This includes targeting engagement efforts and service delivery to the needs and aspirations of vulnerable groups and populations deemed at greater risk, including frontline healthcare workers, COVID-19 survivors and those who are grieving, having lost loved ones to the disease[2].

Tackling digital exclusion and building robust information sharing networks within communities is also important within community recovery; ensuring equitable access to important government and local information during the pandemic.

Altering the delivery of local services and the development of community responses including volunteering to ensure access to essentials such as food and medicine, including among vulnerable groups is also vital to community recovery.

If the key elements of community recovery are successfully embedded and maintained, communities are more likely to be resilient to future crisis and emergencies. If nurtured, relationships forged during times of crisis can be resilient and have longevity. These relationships developed as part of community recovery can also underpin well-connected communities with effective information sharing, high levels of volunteerism, strong social cohesion, and the ability to mobilise effectively during future crisis or emergency.

What is clear is that a commitment to effective and transformational community recovery from COVID-19 is a commitment to equality, inclusion and the development of a range of responses and modifications to existing services that is sensitive to the most vulnerable groups. We would encourage local authorities and services across the land to perhaps not overcomplicate the issue of community participation. Within Glasgow City Council's social recovery task force, for example, partners acknowledge the need for a strategic approach to community engagement in the task force decision making, but also that short-term direct participation in the task force from priority communities of interest is also achievable.

In responding to the related goals of lasting social renewal, addressing inequalities and supporting future resilience we are keen to extent the principles of superpolicy into practice within our communities. We are defining 'superpractice' as the delivery of projects and initiatives which are place-based and also contribute to a range of complimentary policy directives. One such example may be Sistema Scotland's Big Noise programme which the GCPH has been evaluating since 2013[7]. Sistema Scotland uses music for social betterment and to address inequalities, working with infants through to young people at school leaving age. Our evaluation demonstrates that confidence, pride and aspiration are significantly enhanced among participants alongside developing positive peer groups and increased school attendance.

The programme is long-term, intensive and immersive for participants and the organisation prioritises being flexible, adaptive and responsive in its delivery. Big Noise has been able to maintain its delivery electronically during lockdown and has incorporated outdoor learning.

In policy terms Big Noise is targeted to inequality, contributes to arts and culture delivery and inclusion, is place-based, focussed on the early years, seeks to prevent a range of adverse outcomes, provides healthy sustainable food, promotes physical activity, contributes to local social and economic regeneration, aims to support redressing the educational attainment gap, reduces digital exclusion, utilises local service providers through ethical procurement and aims to be carbon neutral. We believe that grassroots investment in 'superpractice' initiatives like Big Noise, that contribute to a range of complimentary policy areas should be a long-term priority in local investment and in social recovery from the pandemic in the shorter-term.

References

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