Management Board Meeting

Wednesday 2nd December 2020, 1330 – 1530 hours
Glasgow Centre for Population Health

AGENDA

1. Welcome and apologies

Part 1: Regular Board Business

2. Minutes of last meeting, rolling actions and matters arising

3. General update   Paper GCPHMB/2020/404

Part 2: Performance, Review and Governance

4. Budget position: 1st April to 31st October   Paper GCPHMB/2020/405

5. Midyear review   Paper GCPHMB/2020/406

6. Risk register   Discussion

Part 3: Strategic Development

7. Children's Neighbourhood's update   Paper GCPHMB/2020/407

8. AOCB

Date of next meeting

Thursday 4th March 2021

Glasgow Centre for Population Health

Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 2 September 2020
Virtual meeting

PRESENT

Prof Moira Fischbacher-Smith	Vice-Principal Learning & Teaching, University of Glasgow (Vice Chair)
Dr Pete Seaman	Acting Associate Director, Glasgow Centre for Population Health
Mr John Matthews	Non-executive Board Member, NHS Greater Glasgow and Clyde
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Mr Gary Dover	Assistant Chief Officer, Glasgow City HSCP
Mr Colin Edgar	Head of Communication & Strategic Partnerships, Glasgow City Council
Prof Nick Watson	Professor of Disability Studies, University of Glasgow
Mr Morris Fraser	Deputy Head of Health Improvement, Scottish Government
Dr Peter Craig	Senior Research Fellow, MRC/CSO Social & Public Health Sciences Unit, University of Glasgow

IN ATTENDANCE

Ms Rebecca Lenagh-Snow	Administrator, Glasgow Centre for Population Health
Ms Janet Robison	Office Manager, Glasgow Centre for Population Health
Mrs Jennie Coyle	Communications Manager, Glasgow Centre for Population Health
Ms Valerie McNeice	Senior Research Specialist, Glasgow Centre for Population Health
Ms Riikka Gonzalez	Food Policy Co-ordinator, Glasgow Centre for Population Health
Ms Jill Muirie	Programme Manager, Glasgow Centre for Population Health
Dr David Walsh	Programme Manager, Glasgow Centre for Population Health

			ACTION BY
632	**WELCOME AND APOLOGIES**		
	Professor Brown was able to attend the pre-meeting but was required to submit his apologies for the full meeting. Prof Fischbacher-Smith chaired and welcomed everyone to the meeting. In addition to Prof Brown apologies were received from Dr Linda de Caestecker and Dr Michael Smith.		
633	**ROLLING ACTIONS AND MATTERS ARISING**		
	The June Board meeting note was ratified with no amendments.		

	Under rolling actions it was noted that Glasgow City Council signature is outstanding on the Memorandum of Understanding. Prof Brown and Prof Fischbacher-Smith have met to discuss the acting director role and it was agreed to extend Dr Seaman's role until March 2021 given continuing urgency and priority of partners in relation to COVID-19. All other rolling actions are fulfilled or covered under agenda items.		**CE** **To Note**
634	**GENERAL UPDATE**			
	Dr Seaman spoke to paper [GCPHMB/2020/401] highlighting the following points. Governance, partnership and staffing – paragraphs 1 - 9 A staffing item which arose since the paper was written and related to the extended lockdown is another contact from the NHS Board for immediately available volunteers for the NHSGGC test, trace, isolate and protect programme. Five members of the GCPH team will be starting training this Friday. The Board registered their gratitude to the volunteers and all those who are assisting with the pandemic response. Ms Karen MacNee joins the GCPH Board as a new Scottish Government representative, with Mr Morris as representative today as Ms MacNee was unable to attend. Dr Seaman has met with Ms MacNee to update her on GCPH work and she highlighted interest in the work on COVID-19 recovery, social recovery, and community wealth building, as well as the continuing underlying inequalities focus. At the last EMT meeting Dr de Caestecker raised GCPH's role in keeping focus on these continuing underlying inequalities, and suggested a role in events such as the Public Health Standing Committee. Dr David Walsh's mortality analysis is an important part of this. Dr Seaman reported confirmation from NHSGGC HR that the three members of staff currently on fixed-term arrangements can be offered permanent contracts once they have passed their two year term of service. Returning to the office – this remains a rapidly changing situation. We will be informed by Scottish Government announcement on 14th September. Ms Robinson and several members of GCPH and other Olympia Hub staff have begun a risk assessment and discussions on future office working and home working procedures have been started. Developments – paragraphs 10 – 15 The Centre is now represented on the Social Recovery Taskforce and will also support Bernadette Monaghan to identify outcomes from across the task force's workstreams. Dr Seaman has been asked to join a Scottish Government group on the delivery of unscheduled care.		**To Note** **To Note**

	GCPH staff have contributed support to a discussion paper on the wider implications of the pandemic from the Glasgow City HSCP. Publications – paragraphs 21 - 27 It was highlighted that the cost of pregnancy pathway report, which was commissioned research, was hoped to be published this week but has been delayed by around a month due to delays caused by NHS partners COVID-19 response.		**To Note**
635	**COMMUNICATIONS PLAN FOR MORTALITY ANALYSIS**		
	Mrs Coyle presented the proposed plan for the communication of the mortality analysis [attached]. She highlighted the context within the larger work landscape and gave a brief reminder of the top level findings from Dr Walsh's presentation at the last Board meeting. From comments at that meeting a change of title is proposed, and suggestions for this are welcome. There will also be a change in the narrative, highlighting the importance of this flattening of life expectancy and the almost unprecedented nature of these changes. The theory is that the causes are most likely economic, and this will be the basis of our communications with media about why this is happening. Mrs Coyle ran through some of the recommendations for action, which are going to hopefully be published by Public Health Scotland soon.	Mortality comms plan for Board_Sept2(**Board**	
	There will be various methods to get these messages out, including Dr Walsh recording a short video summary for the GCPH website, presentations, and blogs. GCPH would welcome any suggestions the Board may have on who might be a useful audience for these findings. The intention with these comms resources is not just to disseminate findings but to ignite and facilitate conversations and action around these issues.	**Board**	
	Mr Edgar asked about the geographical scope of work, as this will depend on what newspapers we are able to get to cover it. He and Mrs Coyle will discuss this outside the meeting. Dr Seaman said that the national scope is important but also some local ideas are quite good at animating action. He would hope we can have that coverage at all levels. This will also not just be text resources, and the Centre is planning more types of video, updates, conversations etc. Mrs Coyle thinks the publications will be very useful for directing attention. She and Dr Walsh are working with Dr Gerry McCartney and colleagues at Public Health Scotland, and they are working with relevant colleagues in Public Health England. Mr Dover appreciated the way that it is a series of communications, and Prof Fischbacher-Smith agreed and thought Dr Walsh's talent for communication and presentation was key as well.	**CE/JC**	

	The video abstract/summary will be shared with the Board once recorded but this and other resources will have to wait until the peer reviewed article is published first.		**GCPH**
636	**BUDGET POSITION: 1 APRIL 2020 TO 31 JULY 2020**		
	Dr Seaman spoke to paper [GCPHMB/2020/402], highlighting the Centre's financial position at end of July 2020.		
	The budget showed a marginal underspent, as we would have expected to spend around a third by this point of the year instead of the actual spend of about 25%. This does mean it looks like the Centre is heading towards an overall underspend, but this is being monitored.		
	In general Dr Seaman and Prof Brown are happy with where the Centre is with the budget. The Board accepted and approved the budget position and recorded thanks to Ms Buchanan for preparing the paper.		**To Note**
637	**SUPPORTING COVID-19 RECOVERY AND RENEWAL**		
	Dr Seaman introduced this paper [GCPHMB/2020/403] and this time for discussion around GCPH's role supporting COVID-19 recovery and renewal, which is very much in keeping with our role as knowledge generators.		
	There are two items being presented, Ms Riikka Gonzalez will present the City Food Plan, which was originally planned to be sent out in draft this spring, but then the pandemic happened and there has been quite a lot of learning around the food response that can be incorporated in that.		
	Ms Val McNeice will present on some of her work on community wealth building in her joint post with Glasgow City Council's Economic Development Team.		
	[To note, these two presentations were swopped due to technical matters, with Ms McNeice presenting first]		
638	**CITY FOOD PLAN**		
	Dr Seaman introduced Ms Gonzalez and Ms Jill Muirie to the Board and Ms Gonzalez ran through her presentation [attached], with the background of the Glasgow Food Policy Partnership and the timeline of the Food Plan development, including the draft being delayed and the learnings from the pandemic response being incorporated.		GCPHMB Presentation on the G
	There are six areas/themes in the draft: food poverty, food economy, community food, environment and food waste, food procurement and catering, and children and young people.		
	There is a consultation and engagement period due to run from 29th September to 22nd December and the delivery leads and resources still need to be decided. As they move towards delivery of the plan accountability and governance also need to be agreed and then the launch of the final plan is planned for spring 2021.		**To Note**

	Ms Muirie said they are currently working through comments and edits from critical friends on the initial draft. Dr Seaman was interested in the link between the two areas we have heard today, and what the sense is of the possibilities for community wealth building in the food environment. Ms Gonzalez thought there were possibilities in procurement, and that also the point about upskilling applies, especially if we start growing more food in city space. Ms Muirie mentioned there was a procurement group in the city for a while and there was a lot of discussion about procurement. There is an ability to source huge contracts locally and maybe we can break that up into small parts. There is also work to be done around planning, menus, seasonal/local food etc. Unfortunately the procurement group is no longer going as the Soil Association lost the secretariat funding for it. At the time the University of Strathclyde was the main academic partner. In response to a query from Prof Fischbacher-Smith, Ms Muirie reported they have had a few conversations with a procurement manager at Glasgow University but it could be time to start those up again. Prof Fischbacher-Smith said she knew this sustainable, local approach is something the university would be keen on. Ms McNeice thought there is a cross-local authority piece of work about sustainability to be done here. Dr Seaman thought it was great the plan has got to this stage, and highlighted that it has been a lot of work. He knows there is a communications plan around the consultation but if any Board members have any suggestions to further this agenda these would be welcome.		**RG/JM**
639	**ECONOMY AND COMMUNITY WEALTH BUILDING**		
	Ms McNeice spoke to two circulated papers [attached] on supporting equal and better health through community wealth building. These were presented to the Glasgow Economic Recovery Group by Ms McNeice and Mr Des McNulty on 28th August. It would be very helpful to hear from the Board on any plans or groups they know of that are working in the area of community wealth building. Economic policy plays a huge role in determining population health and the theory behind community wealth building is that the current model is failing us, and a new economic model focussed on wellbeing is needed. Community wealth building is about boosting the income of those at a lower level socio-economically. The 'five pillars of community wealth building' are: 1. Socially productive use of land/property 2. Progressive procurement of goods/services 3. Fair employment and just labour markets 4. Plural ownership of economy		📄 GERG Item 4 - Community Wealth Bu 📄 ExamplesOfCWBActivity_CllrAitken_VM_26Au **Board**

	5. Making financial power work for local places.			

Anchor organisations are vital for a community wealth building approach which are large, well established and rooted in place. The public sector on its own cannot build a community wealth building approach.

Community wealth building has been around for a long time, and this work is about streamlining and continuing this. Given where we are now, it also seems to be a good time to talk about CWB, which needs to work in Glasgow both at a local authority level and a local, neighbourhood level.

Comments from the Board were:
- Prof Fischbacher-Smith found this a very useful introduction to the topic.
- Mr Matthews has a long experience in the local economic environment, as current vice chair of NHSGGC and chair of the Standing Committee, and in previous roles. He found previously that they often had to force the issue and that it is an upskill issue, creating space at the bottom for lower skilled people to move in.
- Ms McNeice said that building small local supply chains is a big part of this, so we can generate skill space at a local level. Procurement practices are a big part of this, and supporting anchor organisations in the culture change necessary to achieve this.
- Mr Matthews agreed NHSGGC have a role in forcing this issue and making space ourselves. Ms McNeice thought part is having a lot of influence as a huge anchor organisation.
- Prof Fischbacher-Smith thought there were examples to draw on, such as Glasgow University.
- Mr Edgar said there are examples to use, such as the Emirates arena, where community clauses where utilised and local Parkhead welders, local caterers etc were procured. He also highlighted Meet the Buyer events as something that makes it easier for local people to bid. For the employment issue he thought the public sector needs to create jobs that start people on the ABC path (Any job, a Better job, a Career). This needs a constantly engaged force of politicians, Boards etc.
- Mr Dover thought that in the NHS they have had examples of all of these pillars. He thought often the point is scale – how do you make it part of general business rather then just small projects or an add-on, often with short term or fixed term money. Regarding jobs, longer term planning is important and this needs to get embedded. He mentioned Laura McKee in their HR who is working on widening access.
- Prof Watson thought it would be useful to look at lessons from Wales and them tying social care provision to non-profit co-ops. This is something we could make a case for with Scottish Government. The co-operative model would fit very well with this CWB approach you are trying to drive through.

To Note

	• Prof Fischbacher-Smith hoped as one of the partners the University of Glasgow would want to take an active part in this new civic role driving this forward. Dr Seaman asked Ms McNeice if there was a sense of how the Social Recovery Taskforce is taking forward these issues and agenda? She said there are people on both the Taskforce and the Economic Recovery group who will keep driving this forward.		
640	**AOCB**		
	None recorded.		
641	**DATES OF MEETINGS FOR 2020**		
	The date of the next Management Board meeting is: Wednesday 2nd December 2020, 1.30pm to 4.30pm		**To note**

Rolling Actions list (December 2020)

Board meeting date	Action	Responsibility	Update
10th June 2020	Memorandum of Understanding awaiting signature from GCC.	CE	See September update
10th June 2020	Circulate publications highlighted through general update; • Clyde Gateway's Cancer screening programme • Supporting community recovery in response to COVID-19	GCPH	Completed.
10th June 2020	Develop communications plan in partnership with PHS to support publication; changing trends in mortality across UK cities and countries/scaling COVID-19 against mortality.	GCPH	Completed
10th June 2020	Formation of subgroup to progress recruitment of Director vacancy.	JB/MFS	In Progress
2nd September 2020	Memorandum of Understanding awaiting signature from GCC.	CE	Completed.
2nd September 2020	Discuss geographical scope of communications plan for mortality analysis.	CE/JC	Scottish coverage was achieved due to opportunity exclusive with the 'The Herald'. Resources circulated to UK academics to share around their networks.
2nd September 2020	Share DW video abstract/summary once recorded and available.	GCPH	Completed. Shared via email to Board members and more widely.

Glasgow Centre for Population Health
Management Board
2 December 2020

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General Update

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Recommendations

Board members are asked to:
- Note and discuss this update on progress since the last Management Board meeting on 2nd September 2020
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance and staffing

1. *Developmental Programme Manager opportunity.* This follows approval to backfill Dr Seaman's substantive post for three months to provide an internal developmental opportunity focussed on supporting the work of the Social Recovery Task Force. Interviews were held on 23rd October with a panel consisting of Bernadette Monaghan (Director of Community Empowerment and Equalities, GCC and Chair of SRTF), Jill Muirie (GCPH Programme Manager) and Pete Seaman. Chris Harkins has been offered the post after a successful interview.

2. *Reassignment of staff.* Six members of the GCPH team have supported, in various roles, NHSGGC's test and protect response in the last quarter. Jill Muirie continues to fill a senior coordinating role and Joe Crossland, after a successful period of contact tracing, has gained a new role of Health Protection Advanced Practitioner at Public Health Scotland within the National Contact Tracing Centre. Joe will be seconded to Public Health Scotland for six months in the first instance commencing on 18th November. Lynn Naven, James Egan, Jennie Coyle and Lisa Garnham have returned to full-time GCPH roles as new staff come on stream.

3. Dr Lisa Garnham, Public Health Research Specialist will begin her Maternity Leave on 10th January 2021. Lisa's current work focuses on the health and wellbeing impacts of different approaches to housing provision across the social and private rented sectors, working closely with Stirling University's Housing Studies department.

4. *Team development: Inequalities working group* has now had three meetings including the WSREC training and a workshop with trainer Gillian Neish entitled *"Understanding Racism and its Impact on Relationships at Work".* At our November meeting, we discussed how to feedback our learning to the wider GCPH team through facilitating a

Part 2, which will include action planning. We have already observed positive outcomes from the group including new ways of cross-organisational working and capacity building of staff. An indication of this is that a number of group members have now communicated their wish to co-facilitate future meetings and to liaise with external equalities experts to organise future sessions.

5. *Board membership.* Coinciding with his planned retirement at the end of March 2021, Dr Michael Smith has written to Dr Seaman and Mr Mathews to resign his position on the GCPH Management Board. Dr Smith has been an active and engaged Board member for seven years providing an important and valued perspective on population mental health. As part of the operationalisation of our core partnership, Board members have historically been representatives of our core partners with the addition of a HSCP member in recent years. Discussion is welcome on the optimal composition of the Board to support GCPH's continuing development. I am sure the Board would wish to join Dr Seaman in extending thanks for Dr Smiths' contribution within his role of Associate Director for Mental Health and wishing him the best in his future plans.

Developments and partnerships

6. *Social Recovery.* GCPH contributions to Social Recovery Task Force (STRF) and Economic Recovery work continue at a city level. GCPH are a founder member (with Policy Scotland) of the SRTF's Academic Support group. This group connects insight and intelligence needs of the Task Force with existing academic research. An initial task of the Academic group has been to establish a common set of outcomes for the separate workstreams of the SRTF. These are designed to address two overarching questions of 'what lessons should we learn from our shared experience up to this point?' and 'how can we maintain and enhance that spirit of co-operation and shared purpose over the next 12 months in what are going to be difficult circumstances?' The questions are designed to enable the Task Force to communicate city-wide ambitions to assist the Council in linking short-term action to alleviate impacts on particular groups with the longer-term strategic priorities that the Council has set, such as its policies on child poverty, zero carbon and inclusive growth.

7. A key question relates to system changes required in the relationship between the Council and voluntary sector partners (e.g. by moving to a commissioning system for service delivery rather than the bidding and scoring system used for the Communities Fund) to reduce duplication and lead to greater transparency in determining how resources should be distributed between place, interest and identity priorities.

8. The Centre has also responded to the Scottish Government's *Social Recovery Advisory Board call for ideas.* The response complied by Chris Harkins (Programme Manager) and Cat Tabbner (Community Engagement Manager) built on the combined insight of both our analytical and community empowerment work to highlight examples of 'super-practice' (the action focussed corelate of 'super policies') projects and initiatives which are place-based and also contribute to a range of complimentary policy objectives. Examples were drawn from areas including transport, community wealth building and use of 'anchor' organisations, participatory budgeting and an example of an arts-based intervention.

9. The GCPH also has links to the *Glasgow Economic Recovery* Group (GERG), through the joint post of Programme Manager, Health and Inclusive Growth, held by Val McNeice. The GERG continues to meet monthly, chaired by the leader of the Council. The group is supported by the GERG Executive Group which meets fortnightly. Val is also actively involved in Public Health Scotland's work associated with public health priority 5 (a Scotland where we have a sustainable, inclusive economy with equality of outcomes for all), and makes the links between public health and the local authority in terms of economic recovery and reform. Most recently, Val has been supporting the development of a Glasgow City Region approach to community wealth building (CWB), which is now written into both the city and regional recovery plans. A joint NHS and local authority workshop on the role of anchor organisations will take place on 5th November, and work is being taken forward with Neil McInroy of CLES (currently seconded into Scottish Government to advise on CWB approaches) on the development of a bespoke plan for the city region.

10. GCPH is a partner in a new piece of work, currently being described as *'social gain research'* with Clyde Gateway and University colleagues from Policy Scotland and the Adam Smith Business School. This developing work focuses on closing the health inequality gap in the context of COVID-19. Three key themes are being explored: economic democracy; civic life and space; and innovative and enterprising communities. The work will build on the well-established partnerships and successes of Clyde Gateway, the Olympia partnership between GCPH and the University, and will link to the developing community wealth building approaches being taken at Glasgow City and Glasgow City Region levels. Indicators of progress and measuring success will be carefully considered and incorporated into the work programme.

11. *Children's Neighbourhoods Scotland* (CNS) research exploring the impact of COVID-19 on families, children and young people in Glasgow and how local services responded. Jennifer McLean (Programme Manager) represents GCPH on the CNS partnership and has co-authored with CNS colleagues a number of reports on COVID-19 responses. *The impact of COVID-19 on families, children and young people in Glasgow* is a full research report supported by three shorter thematic briefing papers giving an overview of the key sections in the report: *the impact on family wellbeing, local service responses*, and *collaboration*. Findings from CNS research exploring the impact of the pandemic on vulnerable migrant families and in rural communities will be published shortly. Further information at https://childrensneighbourhoods.scot/home/covid-19/

12. Further report by CNS has reviewed the concepts of vulnerability and resilience for children, young people and families and how they can be embedded in the COVID-19 recovery phase. Examples of projects and initiatives, locally and internationally, that are moving from working with vulnerability to building resilience are included. https://childrensneighbourhoods.scot/wp-content/uploads/2020/10/Vulnerability-and-resilience-lit-review_final.pdf.

13. Community-led organisations (CLOs) and health gain: *What interventions work best to maximise the potential of people in building community, reducing health inequalities, and improving health?* The collaboration led by the Yunus Centre, Glasgow Caledonian

University and funded by National Institute for Health Research (NIHR) commenced in October. Pete Seaman and Jennifer McLean are Co-Investigators leading on the public involvement aspects. Overarching research questions focus on: 'what works, for whom, in what circumstances and how' in relation to CLOs' impact on health and wellbeing and health inequalities; to estimate the resource use and outcomes associated with different contexts and models of delivery through economic appraisal and; to analyse CLO income streams and stakeholders' views on sustainability and scalability. As the experience of COVID-19 has changed both the operational context of CLOs and the policy context is continuing to change, it is important the work adapts to the new environment and policy landscape and research questions and methods adapt accordingly. GCPH are reviewing public involvement plans and a repository has been established for examples of practice innovation and policy drivers around social renewal.

14. *Scottish Migrant and Ethnic Health Research Strategy Group (SMEHRS).* GCPH is represented on this group through Pete Seaman, Jennie Coyle and David Walsh. A revised Terms of Reference are being developed to ensure public health research is concerned to ensure that Scotland develops the information it needs to understand the impact of decisions within all health research on Black people, People of Colour, other minority ethnic people and migrants; and that health research pays attention to the prior assumptions researchers make about research questions, methods used, data collection and analysis in relation to those who are racialised. GCPH support will come in the form of developing a programme of seminars. For the first we are approaching Professor David Williams of Harvard who has explored the effect, measurement and demonstration of experiences of racism on health outcomes.

15. *A Senior Public Health Research Specialist post* has been advertised for a duration of one year to support this work and develop and support action to understand and address issues of racialised inequality. Interviews are to be held on the 21st December.

16. *International partnerships.* Glasgow City Council's announcement of a City Sister relationship with Pittsburgh, Pennsylvania as part of refreshed, post-Brexit international strategy (also seeing relationships formalised with Berlin and Santiago) marks the latest milestone in the relationship between the two cities. There has been considerable GCPH activity with colleagues in Pittsburgh through our involvement in the Rockefeller Resilient Cities network and our successful collaboration funded by Robert Wood Johnston Foundation in 2016-17, 'Global Solutions for US problems'. Pittsburgh explored the GCPH partnership model as a means of addressing socio-economic inequalities in the city and learning from the Pittsburgh whole system approach to food insecurity informed the early development of the cross-city food plan. GCPH will continue to connect with the work in areas of shared interest across all four cities including food systems, health and economic equity and climate adaptation.

Communications outputs and activities

17. This section summarises the Centre's communication-related outputs and activities since the last Board meeting in September in line with the agreed approach to communications monitoring and reporting. Our communications continue to be mindful of and sensitive to the current context and adapted where appropriate.

18. Our communications resource and capacity has been impacted significantly since the last Board meeting through key members of the team volunteering for Test and Protect on a full-time basis including our Communications Manager, Jennie Coyle and Communications Officer, Joe Crossland. Jennie Coyle returned to GCPH at the beginning of November while Joe Crossland is now seconded to Public Health Scotland's national Test and Protect activity for the remainder of 2020-21. The day-to-day operational aspects of these roles were covered during the period of absence by the other two members of the communications team. However, as a consequence of reduced capacity, our seminar series programme is less developed than at comparable point in previous years and several of the longer-term and strategic communications priorities are not at the stage anticipated at the start of the year.

Events and seminars

19. *PHINS 2020 webinar series:* September-October 2020. In place of the annual PHINS seminar, GCPH and ScotPHO hosted three online webinars throughout September and early October. The webinars focused on the impact of, context to, and emergence from, the COVID-19 pandemic. Topics and speakers included:

    Event 1: *Multiple pathways – mitigating the wider impacts of COVID-19 responses* (Margaret Douglas, University of Edinburgh); *Moving beyond silos: using an intersectionality lens to understand the multidimensional crisis of COVID-19* (Anuj Kapilashrami, University of Essex).

    Event 2: *The crisis before the crisis: pre-pandemic mortality trends in UK cities and countries* (David Walsh, GCPH); *Prioritising population health: calibrating COVID-19 deaths with mortality due to inequality in the UK* (Ruth Dundas, MRC/CSO SPHSU, University of Glasgow).

    Event 3: *How did we get here? The problems that COVID-19 has laid bare* (Emma Congreve, Fraser of Allander Institute, University of Strathclyde); *Realising a Green Recovery* (Dave Reay, University of Edinburgh).

    The series was publicised on the GCPH website in a [news article](#) and webinars were recorded and the videos published on the [GCPH YouTube channel](#). There was also live-tweeting of the webinars, using the hashtag [#PHINS2020](#). Attendance: Event 1 - 234; Event 2 - 187; Event 3 - 182. The recordings will also be offered as part of our series of podcasts.

20. *Glasgow City Food Plan – consultation launch*: 8th October 2020. This event marked the culmination of work with the Glasgow Food Policy Partnership (GFPP) to develop a draft food plan for Glasgow. The proposed plan was informed by stakeholders' knowledge and experience, submissions made to Glasgow City Council's food inequality inquiry in 2018, and data, evidence and examples of good practice. The event publicised the consultation launch supported by [a short animation](#) and a [news article on the GCPH website](#). Speakers on the day included Cllr Anna Richardson, City Convener for Sustainability and Carbon Reduction; Jill Muirie, Public Health Programme Manager and

co-chair of GFPP; Abi Mordin, Chair of Glasgow Community Food Network and co-chair of GFPP; and Louise MacKenzie, Group Manager, Strategic Policy and Planning, Glasgow City Council. 96 people attended. Two further engagement events were also planned. The first, entitled *Conversation about Glasgow City Food Plan* and held on 18th November, was aimed at people who live and work around Glasgow who had not yet engaged with the consultation. It was attended by 66 people. The second event, entitled *Glasgow City Food Plan – What will it mean for your business?* will be held on 1st December and is aimed at Glasgow business owners, large and small, involved directly in food growing/production/selling/catering, who have not yet engaged with the consultation. Approximately 50 people are expected to engage in this event. The [Glasgow City Food Plan](#) public consultation will run until 31st December 2020.

Forthcoming Events

21. *Seminar Series 17: Lecture 1. 25 November 2020. #CaringEconomyNow: A Call to Action.* Dr Angela O'Hagan, (Reader in Equalities and Public Policy, Glasgow Caledonian University). Providing and receiving care and support forms part of all our lives in different ways over the lifespan. Angela will discuss the gendered dimensions of the care economy, considering how care is valued and remunerated in the realities of our economic and social infrastructure. Dr O'Hagan is Deputy Director of the WISE Centre for Economic Justice. She is currently the independent Chair of the Scottish Government's Equality and Budget Advisory Group and has been closely involved in the Scottish and UK Women's Budget Groups and the European Gender Budgeting Network for many years. Over 220 people have registered for this event.

22. Planning will now recommence for further speakers and topics for Seminar Series 17. As usual, speaker and topic suggestions are welcome from Board members. We are also reviewing how we can fill the gap in our events schedule from the absence of our bi-annual GHFF events. Planning is also underway for a rapid learning series in collaboration with SMEHRS to explore race and racialisation as fundamental causes of health inequality (referred to in paragraph 13).

Publications

23. [*Exploring the cost of the pregnancy pathway*](#) (September 2020). This research commissioned by Public Health Scotland, NHS Ayrshire and Arran and Greater Glasgow and Clyde explores what cost-related barriers exist in accessing antenatal healthcare and suggests what health services can do to support the financial wellbeing of expectant parents and their families. The findings will be used to inform the development of strategies to better support low-income families during pregnancy and into the early stage of family life.

24. [*Transport use, health and health inequalities: The impact of measures to reduce the spread of COVID-19*](#) (October 2020). Co-authored by Bruce Whyte (lead author Joanna Teuton, Public Health Scotland), this Social Systems Recovery Transport Partnership group paper describes how transport use has changed since lockdown from March 2020 and through the spring and summer period to the beginning of September 2020, when Scotland was in phase 3 of easing of restrictions. Most significant, has been the large

and continued reduction in public transport journeys and although car journeys also reduced initially, they rose steadily between April and August. 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. Recommendations include protecting the sustainability of public or community transport services through improving accessibility, affordability, availability and appropriateness; ensuring greater integration of transport services and ticketing to facilitate multi-modal journeys; limiting increases in private car travel; reducing the adverse impacts of motor traffic through the use of low-emission zones and demand management systems (for example bus gates, on-street parking restrictions, workplace parking levies); and continued investment in active travel infrastructure.

Consultation responses

25. GCPH response - *Town Centre Expert Review Group's call for evidence.* Our response focuses on topics most relevant to public health, including transport, air pollution, regeneration, wellbeing economy, placemaking, climate change and community resilience. We also commented on the impact and implications of COVID-19 for the future of town centres in Scotland. The increase in active travel within cities experienced since COVID-19 and the challenge of bringing people back to city centres with home-based working (likely to be maintained at much higher levels than previously) and adoption of virtual meetings may reduce commuting and rush-hour congestion with boosts for local economies in residential areas. Localism, greater leadership and the creation of spaces for people ahead of cars are highlighted as key opportunities within recovery. The response recommends the Town Centre Action Plan objectives are linked clearly to key sustainability and health goals such as reducing carbon emissions, improving air quality, promoting opportunities for more physically active travel and providing affordable and sustainable transport options for all.

26. *Scottish Government Social Recovery Advisory Board; call for ideas.* Consultation response (para 7) published on GCPH website. Children's Neighbourhoods Scotland also submitted a response.

Journal articles

27. Changing mortality trends in countries and cities of the United Kingdom (UK): a population-based trend analysis. Walsh D, McCartney G, Minton J, Parkinson J, Shipton D, Whyte B. *BMJ Open* 2020.

A communications strategy for this work was presented at the last Board meeting which sought to initially raise awareness of the findings by targeted promotion on social media and seeking wide media coverage. The research was featured on the front page of the Herald but unfortunately due to an error with the issuing of the press release wider media coverage was not achieved. A short research summary to aid dissemination alongside a film of David Walsh presenting the findings has also been shared widely. All of these resources can be found together here.

The other elements of the communications plan for this work will now be actioned. These build on the peer reviewed journal article and aim to engage a broad audience and in particular target policymakers and strategic and service leads. In addition, to raising awareness of the findings, the overall aim of the communications plan is to ignite and support conversations at a national and local level on the findings, implications, and actions. This work will be a focus of our communications on a continual and prolonged basis to maximise impact and influence. As discussed at the last Board meeting, support from Board members to help raise awareness of this research with your own organisations and networks and to alert us to any opportunities to present and discuss the findings would be very helpful.

28. 'Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge?' McCartney G, Leyland A H, Walsh D, Dundas R. *Journal of Epidemiology & Community Health* 2020.

29. 'Can Scotland achieve its aim of narrowing health inequalities in a post-pandemic world?' Walsh D, Lowther M, McCartney G, Reid K. *Public Health in Practice* 2020.

30. 'Making the shift to sustainable transport in Scotland'. Davis A, Whyte B. Ci*ties & Health* 2020.

31. 'Theory driven analysis of social class and health outcomes using UK nationally representative longitudinal data.' Wami W, McCartney G, Bartley M, Buchanan D, Dundas R, Katikireddi S V, Mitchell R, Walsh D. *International Journal for Equity in Health* 2020.

This paper explores different social class mechanisms and the extent to which they explain different health outcomes. The study lays an important foundation for further research to understand the complex interactions, at various life stages, between different aspects of social class and subsequent health outcomes.

Forthcoming publications

32. *Briefing paper on the changing landscape of volunteering and participation.* Gregor Yates.
The expected output from this work has changed in light of emerging priorities and will now focus on *How place-based and environmental measures can support Glasgow's recovery from COVID-19.* This will include a section on the role of volunteering and participation in supporting this change. A shorter briefing will also be published on the role of volunteering and participation in supporting recovery for the social recovery taskforce. Expected date of completion – November 2020.

33. *Exploring barriers to community participation and access to community services among people with disabilities.* Chris Harkins – Expected publication date – September 2020. Due to the demands on both GDA and GCPH in responding to the pandemic, this joint publication has been postponed to April 2021. However, GDA and GCPH have agreed to produce a 'micro briefing' evidence review relating to the disproportionate impacts of COVID-19 on people with disabilities. This output is to be published in December 2020.

34. The team are preparing a response to four consultations to be published over the next two months. These include the national road safety framework; the proposal for free bus use for under 19's in Scotland; GCC's climate change strategy consultation; and the cleaner air for Scotland strategy.

Digital

35. *Challenge Poverty Week 2020* ran from the 5th-11th October this year. Since 2013 we have supported this Poverty Alliance campaign by using social media to highlight our key relevant research and retweet appropriate messages and information, using the #ChallengePoverty and #TogetherWeCan hashtags. This year our focus was on promoting the Glasgow City Food Plan launch, as one of the six themes of the plan is around affordable and fair food. We also highlighted some of our COVID-19 related blogs on inequality and poverty, the Children's Report Card on income inequality and poverty and a recent report on the cost of the pregnancy pathway. We also supported Co-production Week Scotland in a similar way through a news article on our website, social media activity and a blog for the Scottish Co-production Network on the food work.

36. The [autumn 2020 issue](#) of the GCPH e-update was circulated to our almost 3,000 network subscribers at the end of September. The open rates for this remain stable at around 30%.

37. Next month (January 2021) marks ten years since the launch of the Understanding Glasgow website. A short animation is being developed to highlight this milestone. This juncture will also be used to commence a stakeholder consultation exercise to gather feedback on the resource to inform its ongoing development.

GCPH
November 2020

Glasgow Centre for Population Health
Management Board Meeting
2 December 2020

<div align="center">

Budget position: 1st April 2020 to 31st October 2020

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Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2020 to October 2020 detailing expenditure of £732,031 against an annual budget of £1,549,032.

Commentary on Table 1

There are a number of points to note in respect of the current budget position

1.   The current year budget has been set as follows

- Scottish Government Allocation   £1.250,000
- Income deferred from 19.20   £186,032
- Income expected 20.21   £113,000

2.   Due to a delay in the commencement of the NIHR Community Assets program the £30,000 of funds expected to come in for this project are now likely to be received over a two year period with £15,000 received this year and £15,000 in 2021/22.

3.   Income associated with a Mental Health Event – £1,000 – has not been received as the event did not take place due to the diversion of attention to the COVID-19 Response.

4.   The staffing budget includes a funding provision for input from GGC Public Health which is not currently charged.

5.   The Programme Manager post which was vacant April – Oct. has now been filled from within the Team leaving a Band 7 vacancy as a consequence. A further vacancy from November (secondment to Public Health Scotland) and two periods of Maternity Leave will all contribute to an estimated c10 -12 % underspend in respect of staffing.

6.   Programme expenditure lines are to date incurring a small measure of spend however it is expected this will increase significantly in quarters 3 and 4.

7.   There has been a delay to the recruitment of the Racialisation post funded via the Innovative approaches line. Recruitment is now likely to take place before the calendar year ends.

8. The analytical post funded in partnership with the University of Glasgow has also been delayed in recruiting to a replacement for Dr Welcome Wami. This post will now be funded in the new year creating a commitment into 2021-22 for which we request carry-forward.

9. GCPH board members are requested to consider a revision to the New Projects and CLW line to reflect that this work will not progress as detailed in the Mid-Year Report and to authorise an allocation of funds (£20,000) to a ten-year refresh of the Three Cities analysis.

10. Due to the situation with COVID-19 Response the Communications budget will be significantly underspend. However, given the costs associated with website migration for both the main GCPH site and Understanding Glasgow, as NHSGGC procurement recovers from COVID-19 prioritisation, this budget projection may recover.

11. Noting the current budget position and looking forward to financial year end it may be beneficial to give some early thought to the work plan for 2021/22 in order to further assess the potential carry forward requirement. Facilitating a substantial carry forward will require some evidence of commitments therefore it may be helpful to begin these conversations sooner than would be usual in a "normal" year.

12. Board members are requested to:

- Note the contents of this report.
- Note the forecast budget variance at £151,975 net favourable.

Fiona Buchanan

21st November 2020

2020-21 Financial Plan

		Planned 2020/21 - updated £	Actual to July £	Forecast Out-turn £	Forecast Variation from Budget £
	Income				
I 1	Annual SG Allocation	1,250,000	1,250,000	1,250,000	-
I 3	Other Income	113,000	85,946	97,000	16,000
	Total Income 19/20	**1,363,000**	**1,335,946**	**1,347,000**	**16,000**
I 4	Carry Forward from previous years	**186,032**	**186,032**	**186,032**	-
	Total Available 19/20	**1,549,032**	**1,521,978**	**1,533,032**	**16,000**
	Expenditure				
	Research:				
E 1	Action on Inequality	10,000	2,804	10,000	-
E 2	Understanding Health Inequalities	51,500	2,032	51,500	-
E 3	Sustainable Inclusive Places	15,000	-	15,000	-
E 4	Innovative Approaches to Improving Outcomes	25,000	-	10,000	15,000
E 5	New Project Developments & CLW	40,000	765	40,000	-
E 6	Training & Development	12,500	1,421	12,500	-
E 7	Allocation to Networks	1,750	1,800	1,750	-
	Total Research	**155,750**	**8,822**	**140,750**	**15,000**
	Communications:				
E 8	Communications	60,000	7,280	30,000	30,000
	Total	**60,000**	**7,280**	**30,000**	**30,000**
	Management and Administration				
E 9	Centre Management, Admin & Running Costs	25,000	7,024	25,000	-
E 10	Accomodation Costs	120,000	87,365	120,000	-
E 11	Core Staffing	1,183,530	621,540	1,060,555	122,975
	Total Management & Admin	**1,328,530**	**715,929**	**1,205,555**	**122,975**
	Total Expenditure	**1,544,280**	**732,031**	**1,376,305**	**167,975**
	Balance	**4,752**	**789,947**	**156,727**	**(151,975)**

Glasgow Centre for Population health

Midyear Report

2020-21

November 2020

**Glasgow Centre for Population Health
Management Board Meeting
2 December 2020**

Midyear report 2020-21: summary paper (Section 1)

Recommendations

- Seek approval of this report as the record of progress for the time period 1st April 2020 - 30th September 2020.
- Note progress since April 2020 against GCPH's work plan for 2020-21 whilst adapting our delivery within year to support context of COVID-19 response and supporting recovery. In doing, we have ensured that the Centre's distinctive approach has been maintained of providing insight and the development of action to improve population health and reduce underlying inequalities.
- The Board are also asked to consider areas of continuing priority in the context of work planning and take stock of the Centre's positioning within the wider landscape for 2021-22 and subsequent years.

Overview

1. This report provides an update of progress against both the 2020-21 work plan (GCPH Board paper 394, approved in March 2020) and the subsequent adaptation to the work plan outlined in *GCPH's COVID-19 Response* (GCPH Board paper 400, approved June 2020). The midyear report is a core part of the agreed process for monitoring progress.

Our aims for 2020-21

2. The March 2020 work plan outlined a comprehensive programme of work to achieve the Centre's core function of understanding and identifying solutions to support the achievement of better and more equal population health. This plan is aligned to the priorities of our core partners (Scottish Government, NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow) whilst maintaining a focus on understanding and addressing the underlying drivers of heath inequality and supporting our partners to incorporate such understandings into strategic activity, policy and practice. We also work with a range of other stakeholders in change including Glasgow City Health and Social Care Partnership, the third sector, other Universities, funders and importantly, communities themselves.

3. We operate in a dynamic context and are required to be responsive to the realities and challenges our partners operate within. The COVID-19 pandemic has been the defining context of our work and delivery for the first half of the year. Our work plan was required to adapt to the demands and impact of the pandemic on both our partners and on population health whilst still delivering on our core purpose of *'supporting new approaches and informing action to improve heath and tackle inequality'*. To that end, the Centre has aligned its resource, skills and capacity to support wider partner efforts

in both pandemic response and developing the understanding of how to utilise remobilisation, recovery and renewal activity to address the underlying determinants of population health.

4.   The reports on progress below are structured to provide both a high-level overview of our adaptive work in supporting COVID-19 activity across phases of both *crisis response* and in support *renewal* on manner that addresses underlying drivers of health. Updates on the full range of projects within the work plan, many of which were planned and developed pre COVID-19, are also provided. Given the interwoven nature of pandemic effects and those of existing inequalities, it is important we maintain a long-term focus on health inequality and their drivers at a time when partner resources are focused on immediate crisis response.

5.   The mid-year report is presented in three sections. This summary overview of all programmes against our agreed priorities (Section 1); an 'At a Glance' table of project progress (Section 2); and a detailed update project by project, against planned delivery milestones (Section 3).

Resources

6.   This year's work plan is being delivered against a budget of £1,546,000 which is comprised of core funding from Scottish Government (£1.25m), additional income for individual projects (£113,000) and an approved carry forward (£183,000) as detailed in the annual Budget Plan (GCPH Board Paper 395). At the start of the financial year this supported staffing (including three externally funded attachments) of 22.5 full-time equivalent (FTE). The GCPH structure includes a Director (0.4.FTE) and full-time Associate Director, seven programme managers (with an additional post vacant and one funded by GCC), seven research specialist posts and two community engagement specialists. Our Communications and Administrative functions normally comprise a FTE of seven.

7.   Other variations within the first six months have included a vacant Director post and a temporary backfill of a Programme Manager post (as a result of an acting-up arrangement to fill the Associate Director role). At the September Board meeting it was decided that the recruitment of a new Director to replace Prof Tannahill (who vacated the position in March 2020) would be revisited at the end of 2020-21. This first half of the year has seen significant reassignment of staff to support Test and Protect including the reassignment of two programme managers (Jill Muirie for a six month period and James Egan for four months), two public health research specialists (Lisa Garnham and Lynn Naven for three months, our Communications Manager (Jennie Coyle for one month) and one of our Communications Officers (Joe Crossland whose Test and Protect role has been made a secondment until March 2021).

Responding to COVID-19: Generating evidence and insight and supporting wider partner responses

8.   In our COVID-19 response document we outlined a number of key priorities for the Centre's work that enabled a focus on addressing existing health inequalities through multiple phases of pandemic response and recovery. This was supported by evidence that:
   •   Concentrated rates of existing co-morbidity and poverty in Glasgow are expected to contribute to the scale of impact of COVID-19;

- Measures introduced to limit COVID-19 create a separate category of risk through economic impacts, social isolation, poorer mental health and wellbeing and disruption of access to healthcare and essential services (such as education, transport) and;
- Early modelling involving GCPH expertise which compared the mortality impact of COVID-19 against the continuing impact of social and economic inequality. This work indicated the extent of the continuing contributions from underlying social determinants if efforts to address these are not incorporated into plans for societal recovery.

9.   Consequently, the following areas of activity were highlighted as key priorities:

i.   Providing *evidence and insight* to support pandemic response, recovery and renewal work to address underlying social determinants of health.
ii.   Recognising *the importance of population-level mental health* action to mitigate complex co-morbidities.
iii.   Given the multi-dimensional nature of population health determinants and recognition of the need for a broad range of organisational and sectoral actors in the promotion of Public Health, that we *continue to work in a cross-system manner* to embed existing success in the pandemic response.
iv.   Supporting *public and community voices in decision making* to broaden participation and the range of perspectives shaping decisions.
v.   Learning from the crisis response and control phases, so that *the lessons can be built into future strategy and planning.*

Progress against our COVID-19 work plan priorities

i.   Providing evidence and insight to support pandemic response, recovery and renewal work to address underlying social determinants of health.

10.   A number of key publications have been produced that provide insight and intelligence to support pandemic response and recovery in the first six months of this year. These include:

- Peer reviewed journal articles analysing mortality trends to define the contribution made by pre-existing inequality against that predicted by COVID-19, highlighting the continuing contribution of socioeconomic inequalities to mortality rates and life expectancy.[1,2]
- *Supporting community recovery and resilience in response to COVID-19.* A rapid review of literature identifying communities and population sub-groups with additional vulnerability to COVID-19, including the unintended impacts resulting from disease containment policy and understanding the broader implications for community recovery from the current pandemic so future resilience can be fostered.[3]
- A series of *Insight* papers through our collaboration with Children's Neighbourhoods Scotland (CNS) to share emerging and real time insights from communities as experienced by families, children and young people in high poverty neighbourhoods in Glasgow.[4]

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[1] Walsh D, McCartney G, Minton J, et al. Changing mortality trends in countries and cities of the UK: a population-based trend analysis. BMJ Open 2020
[2] McCartney G, Leyland A, Walsh D, et al. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? J Epidemiol Community Health Published Online First: 03 November 2020
[3] Harkins, C (2020) https://www.gcph.co.uk/publications/938_supporting_community_recovery_and_resilience_in_response_to_covid-19
[4] https://childrensneighbourhoods.scot/wp-content/uploads/2020/11/CNS-COVID-19-Glasgow-Report-Sept-2020.pdf

- Co-authorship on Public Health Scotland publication *Transport use, health and health inequalities: The impact of measures to reduce the spread of COVID-19.* This included consideration of how changes in travel behaviours during pandemic restrictions would have both positive and negative effects on health and wellbeing, and health inequalities and potential for capitalising on positives.

ii.   Recognising the importance of population-level mental health action to mitigate complex co-morbidities

11.   GCPH work has made reference to mental health impacts of the pandemic within CNS's *Insight* briefings and focus on the mental health and the rapid review *Supporting community recovery and resilience in response to COVID-19*. The latter focused not only the psychological impacts of the pandemic and associated control measures but also offered insight from existing evidence on how to maximise population mental health in pandemic response and recovery. The team have also worked with the voluntary sector and NHSGGC Health Improvement to convene and support third sector responses to mental health need post pandemic, feeding into the Public Health Oversight Board. A new piece of work developed within year will explore the potential for service improvement in relation to referral pathways between primary care and specialist mental health services in response to multiple challenges, not least the predicted rise in distress and mental wellbeing need post pandemic.

iii.   Continuing to work in a cross-system manner to embed existing success in the pandemic response.

12.   GCPH is represented on key city strategy groups to influence post-pandemic responses to maximise potential for health gain and reduction in health inequalities. This includes the Social Recovery Task Force (SRTF), Glasgow Economic Recovery Group and the Public Health Oversight Board (PHOB). Key continuing contributions include the delivery of the Glasgow City Food Plan (a cross city strategy to promote a health enhancing, resilient, affordable food system that contributes to inclusive growth), and work to mainstream participation in Council decision making and mainstreaming community wealth building into the procurement and employment polices of anchor organisations. The team are also represented on a number of Public Health Scotland's Social Mitigation Cells including the Environment and Outside Spaces group, compiling evidence of how COVID-19 has impacted on outside spaces and their use; in the Transport group (see para 10) and the Sustainable Economy group.

iv.   Supporting public and community voices in decision making to broaden participation and the range of perspectives shaping decisions.

13.   Early in the pandemic, our community engagement activity focussed on the production of a live collaborative resource gathering links to centralised websites where national and intermediary organisations collated support information on COVID-19. Our community engagement intelligence fed into the collating work of NHSGGC's COVID-19 poverty response group for defining the themes and populations at risk and clarifying action in both immediate response and the development of a Remobilisation Plan.

14. Key activity for the reminder of the work plan year include working with Child Poverty Action Group to deliver a Citizen's Jury to examine 'a secure future for children and families' designed to yield insights on public understanding and perceptions of the role of social protection in improving health and wellbeing and reducing inequality. Our National Institute for Health Research funded work on 'Community-led organisations as public heath assets' will see GCPH lead on the public involvement dimension ensuring the data collection and their analysis, interpretation and priority setting are informed by lived experience and grassroots intelligence.

v. *Learning from the crisis response and control phases, so that the lessons can be built into future planning.*

15. All of our outputs are currently aligned to highlight the implications of findings for recovery and renewal as well as the more targeted activity with city-wide strategic fora already described (the SRTF, Economic Renewal activity and PHOB). Through our current and historical analyses we have also been able to provide rapid and comprehensive contributions to national calls for evidence to support recovery and renewal such as Scottish Government's *Town Centre Expert Review Group's call for evidence on town centre revitalisation* and Scottish Government's *Advisory Board on Social Renewal's call for ideas on rebuilding a fairer Scotland after COVID-19.* These responses synthesised existing research and learning to focus on the population health implications on renewal activity.

Programme updates

16. Summaries are provided below of progress against project milestones for each of the Centres four research programmes and our Communications function, as outlined in the March 2020 work plan. Where projects have been delayed, changed direction or in the case of unsuccessful funding bids or shifting partner priorities, have not continued in the previously described form, such changes are described in the 'exceptions to progress' sections. These provide read across with the 'traffic light' indicators used in the 'At a Glance' table (Section 2). In this system, 'green' (G) indicates satisfactory progress, 'amber' suggests some variance from plan or timescale but not in a manner thought to threaten overall programme delivery because the delay is surmountable or the project was a speculative 'developmental' piece of work, and 'Red' (R) indicates areas where work is unable to progress.

Programme 1: Action on inequality across the life course

Aims and purpose

17. This programme responds to the role played by the experience of poverty and socioeconomic inequality as a key determinant of a range of population health outcomes. It builds evidence, knowledge and insight into the impacts that poverty and inequality have on health and quality of life across the life course. The work of the programme makes a significant contribution to the Centre's focus on the social justice and inequality implications of investments, interventions and polices. Pre-COVID-19, key areas of focus included:
- Continued support for tackling child poverty across NHSGGC including sharing accessible health information on children and young people through Children and Young People's Profiles and Report Cards.
- Development and delivery of Children's Neighbourhoods Scotland (CNS) intervention in six sites and associated evaluation.

- Partnership work to develop new responses to address service demand and underlying need in relation to mental health services.
- Development of an interdisciplinary collaboration to understand the key issues facing young people across transitions to adulthood.

Progress

18. The programme's work plan has both responded and been impacted during COVID-19. Responses include the adaptation of CNS to gather intelligence on community experiences and responses in light of the pandemic. These briefings played an important role informing national thinking around recovery and subsequent publications provided learning to support wider ambitions to reimagine the strategic partnership and funding arrangements between the community and statutory sector and processes and principles to support cross-sector collaboration.

19. The programme also saw two members of the team, including the Programme Lead, reassigned to Test and Protect activity for three months of the reporting period. This compounded impacts of the pandemic on the priorities of key partnership research involving Glasgow City Council, Simon Community and Registered Social Landlords to develop preventative approaches to housing and welfare for vulnerable groups and the planned Young Peoples' transitions work (see exception reporting below).

20. A key development within year has been the responsive work between GCPH and Mental Health Services, NHSGGC to support the reshaping of the referral pathway between Primary Care and Specialist Mental Health services. This work responds to the challenges of: increased demand and work load issues of poor mental health, wellbeing and distress placed on primary care; high levels of attrition that suggest inappropriate referrals may be made; population mental health in that particular groups display greater need and; definitional issues in that the 'presenting problem' may not be the underlying problem to be addressed and alternative services or community resources may represent a component of solution.

21. Within year, we have also responded to an opportunity to work with Child Poverty Action Group Scotland to hold a Citizen's Jury exploring community perspectives on welfare and benefits. This work has the potential to inform policy at a national level through the establishment of a short life working group including representative of Scottish Government and Scottish Social Security Agency and respond to groups displaying increased needs during pandemic responses.

Exceptions to Progress

22. The following projects are either delayed, have been reconsidered or evolved since the publication of planned timescales in the 2020-21 workplan:
- The second phase evaluation of the Sistema Scotland work providing evidence of educational outcomes (Amber). A combination of COVID impacted project partner priorities and a change of role of the project lead to support city social recovery efforts means this work has been delayed until 2021.
- Evaluation of preventative approaches to housing and welfare for vulnerable groups in collaboration with Glasgow City Council, Simon Community and Registered Social Landlords (Amber). This work has also been delayed, not least by team resource reassigned to Test and Protect. The delivery partnership has since reconvened, and the work is now on revised delivery timescale up until February 2021. An associated preliminary publication on health impacts and pathways of Universal Credit however will not be progressed.

- The work on social determinants on mental health has developed from original plans given the required postponement of a planed event, reassignment to Test and Protect and the emergence of new work developing referral pathways between Primary Care and Specialist Mental Health Services. (Amber)

Priorities of the next six months

23. It will be important that the revised timescales for the Universal Credit and Young People's Transitions work are maintained as team members have now returned from reassignment. The primary care/mental health pathways work has the opportunity to shape service delivery given the strategic focus on mental wellbeing currently demonstrated by the publication of NHSGGC Public Mental Health strategy and innovations in practice made possible through the implementation of the Primary Care Improvement Plan and building on successes of Community Links Workers.

Programme 2: Understanding health, health inequalities and their determinants

Aims and purpose

24. This programme delivers on GCPH's core role as a source of evidence and insight on the patterning of trends and health inequalities and their determinants. This is delivered through analyses of data at a national, city and local level (and within an international context). It delivers on the Centre's aim of being a trusted and credible resource for the city to understand and respond to the challenges of creating better and equal health through providing a key population health observatory function.

Progress

25. The outputs of such analyses and data display platforms such as the Understanding Glasgow website and associated summaries are well used by policymakers, academics, community organisations and schools. Activity over the first six months has seen the publication of analyses shaping the agenda of priorities for post pandemic recovery. Particularly noteworthy has been the provision of evidence of the timing and underlying drivers of life expectancy trends across UK nations and cities (published in the BMJ). This work highlighted the continued existence of inequalities in Scotland before the pandemic and another key publication (published in Journal of Epidemiology and Community Health) scaled the impact of health inequalities against the projected impact of COVID-19 to highlight the need for economic policies to address inequality as a core component of recovery. Building on historical work on 'excess mortality', an assessment of progress on the work's 26 policy recommendations was produced followed by a commentary assessing Scotland's ability to narrow health inequalities within existing powers. This was published in the journal Public Health in Practice. The Programme also took a lead role in delivering the annual Public Health Information Network (PHINS) conference curating a programme of presentations examining how long-term responses to the pandemic can address the underlying drivers of health inequality.

26. The Glasgow indicators website, Understanding Glasgow continued to be updated in the first six months of the year with the inclusion of updates on poverty and child poverty, economic participation, education, social capital, transport, environment and child health.

Exceptions to progress

27. There are very few areas of the programmes' work plan significantly behind progress taking into account the impact of COVID-19 on key partners (such as Public Health

Scotland) priorities. Some national and mortality work has been delayed as a consequence of delays in data availability, such as work to update trends in life expectancy by deprivation and neighbourhood within Glasgow. Given data is anticipated to be available in December 2020, a report is expected by the end of the work planning year (April 2021). Planned developmental (therefore non-core) work comparing mortality trends with Western European countries has not progressed due to collaborator priorities however, there is now a strong case to wait until the availability of post COVID data and trends. Availability of analytical support through the 'safe haven' facility was prevented due to pandemic related priorities which delayed planned work understanding the health benefits of active commuting. This work will resume when analytical resource comes available.

28. Following the development of a research proposal to explore the costs of 'forced destitution' policies, a decision has been taken to discontinue this non-core work following shift in priorities of necessary collaborators. Given the non-core nature of this work, it has been highlighted as 'amber'.

Programme 3: Sustainable inclusive places

Aims and purpose

29. This Programme's activity is focused on supporting change to enable Glasgow to become a more inclusive, resilient and sustainable city. Pre COVID-19 this work was premised on the knowledge that experiences of deprivation, poverty and inequality limit opportunities and access to resources foundational to living a healthy and meaningful life. This programme explores and promotes action to increase and equalise access to a range of health enhancing resources including: quality built and natural environments; clean air; public and active transport infrastructure; places and spaces for regular physical activity; nutritious, affordable food; cultural opportunities; social connections; and participation and empowerment.

30. In the early stages of the pandemic, insight from community engagement identified issues emerging within the rapid first responses from the community and voluntary sector, highlighting and escalating, for example, the challenge of digital inclusion. The initiation of COVID-19 live collaborative resource for staff and community organisations (see para 13) fed into the NHSGGC COVID-19 Poverty Response matrix that later informed the Board's Remobilisation Plan.

31. The historical work and insights generated from this Programme have been able to shape and define work to support recovery and renewal. Amongst such activity has been:
    - Glasgow City Food Plan, coordinating and enabling the development of a food plan for the city that addresses city wide priorities of food insecurity, food waste and sustainability, procurement, sustainable economic growth and healthy diet. Delivered through our investment in the Sustainable Food Cities coordinator post, a draft plan and consultation period was launched in October.
    - Monitoring trends in active travel and commuting. GCPH's expertise in this area led to an invite to join Public Heath Scotland's Transport and Sustainability Cell of the Social and System Recovery group. A key publication included GCPH as co-author; *Transport use, health and health inequalities: the impact of measures to reduce the spread of COVID-19* which offers recommendations to lock-in the health gains of interventions and behaviours adopted during the pandemic.
    - Working to mainstream community engagement and empowerment across GCPH and the University of Glasgow and develop community-engagement within place-

based approaches within GCPH and more widely. A small grants scheme to empower young people to share their perspectives on climate adaptation and resilience to coincide with the lead in to COP26 in the city. Intelligence on community response to COVID-19 also shaped GCPH's response to Scottish Government Social Renewal Advisory Group consultation.

Exceptions to progress

32. Some work has been impacted by shifting priorities in response to COVID-19, both internally and with our partners. Impacted projects, mitigation and plans for future work include:

*   A report on Glasgow's city bike hire scheme has been delayed whist awaiting access to the full dataset. The evaluation planned of the introduction of city-wide 20mph speed limits awaits the implementation of the policy. In mitigation, substantive responsive contributions have been made from existing and continuing analysis to understand the health implications of travel restrictions during COVID-19.
*   Work to progress the evolution and use of the Place Standard through provision of community sessions within Bridgeton/Calton has been delayed by changing priorities of funder, the Heath Foundation and difficulties produced by social distancing. Alternative approaches are being discussed with partner the Thenue Housing Association.
*   The development of a community engagement portfolio of GCPH/Social Research Hub and work within the CaCHE-led East End Knowledge Exchange Hub has been impacted by shifting priorities. For example, an advisory group for exploring young people's perspectives will no longer run as planned. Emerging priorities over the first six months, such as the development of the collaborative resource (see para 12) and the establishment of a Equalities Working Group to support mainstreaming of the Equalities Act and support programme work around racialisation in public health, have utilised spare capacity and deliver on building capacity across the Social Research Hub.
*   The New Scottish Diet - Disrupting and Transforming Scottish Food Systems. This research bid to develop an 'Eatwell plate' from locally grown produce was unsuccessful.

Priorities for the next six months

33. The remainder of the year will be a key time to maximise the benefit of our long-term investment in the development of a sustainable food plan for the city. Alongside incorporating responses to the city-wide consultation, activity continues to establish governance arrangements for the plan's delivery through the Public Health Oversight Board. In terms of action and building on the partnership established through the Food Plan, GCPH will be an evaluation partner in the delivery of a successful HSCP-led bid to fund a pilot of a whole system community food programme to address food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods.

34. Ensuring maximisation of impact from the Small Grants project should benefit from the attention climate emergency responses will receive in the lead in to COP26 in the city. Ensuring a breadth of perspectives to inform decision-making and priority setting is recognised as key to resilience. Physical distancing has seen disruption to established community engagement and empowerment methodologies and it is important GCPH's expertise adapts to take advantage of new approaches whilst continuing to centre community perspectives in the development of actions and policy recommendations. The re-establishment of the Place Standard work, given its power in shaping Place-

based understandings, and the delivery of a Citizen's Jury project exploring welfare provision in light of COVID-19, will be key components of such wider learning.

Programme 4: Innovative approaches to improving outcomes

Aims and purpose

35. This Programme focusses on new approaches to support the recognised need to shift resources towards prevention, involving people and communities in priority setting and decision-making and utilising community and individual assets in the design of responses. Prior to the COVID-19 pandemic it promoted and demonstrated examples of work upstream of acute services through evaluative work focussed on asset-based approaches and responses that take account of psychosocial factors such as poor mental health, loneliness and social isolation, especially as compounding factors alongside a growth in long-term multiple conditions.

36. Since COVID-19, the programme has played a key role in shaping recovery responses through key contributions to the Public Health Oversight Board, the Social Recovery Task Force and the City's Economic Recovery Group. Key activity has included:
   - The continuing progress of a shared post with Glasgow City Council's Economic Development to align economic recovery activity with health gains. Key co-production activity concluded in the early part of the year with focusses on procurement and community wealth building gaining traction amongst stakeholders in Glasgow and the wider city region.
   - Supporting the city's Social Recovery Task Force through the development of approaches grounded in participatory budgeting, principles and practice. A new post has been created and two programme managers are represented on the Academic Support Group developing an approach to align activity across 12 workstreams to address shared city ambitions.
   - Community focused approaches that mobilise people as assets. This work funded by National Institute of Health Research (NIHR) pre COVID-19 will continue against the backdrop of community organisations demonstration of value in responses to pandemic, GCPH to lead on public engagement and represented on the project management team.
   - Understanding and addressing racialised underrepresentation in Public Health. Racial inequalities exposed by COVID-19 at a UK level and projected demographic change (with 20% of Glasgow's population to be from a Non-White ethnic minority background by 2030) has raised questions about the readiness of public health data and decision making to understand and respond to racialised inequalities in health. A new post, representation on a reformed Scottish Minority Ethnic Health Research Strategy Group and planned events are designed to escalate the issue on health agendas nationally.
   - A legacy impact of our Robert Wood Johnson Foundation collaboration with the City of Pittsburgh dating back to 2015 was the signing of a Sister City agreement between Glasgow and Pittsburgh in Autumn 2020 focussed on themes developed in original exchanges including fair economic growth, climate adaptation and resilience.

Exceptions to Progress

37. Given the increasing priority demanded by other work (such as time commitment to strategic groups, the delivery of an unsuccessful within year funding application to Robert Wood Johnson Foundation) and a slight over-commitment to developmental

work on the understanding that a proportion of early stage projects do not progress to full work, a small number of projects have not progressed as envisioned. Projects which have not progressed in manner originally envisaged in the work plan include:

- Community Link Workers developmental work (Red). A proposal for supporting learning from Community Links Work practice was not funded through the Primary Care Improvement Plan implementation group. GCPH source will be redirected to support work to develop the pathway between Primary Care and Mental Health services in response to increases in distress as a component of Primary Care workload and anticipated increase in reduced mental wellbeing following COVID-19.
- Social Prescribing pathfinder (Amber). This work led by Glasgow Life looks to shape the contribution of culture, sport and leisure services to addressing health inequalities and the role of social prescribing. This work has not progressed since the start of the pandemic given impact on Glasgow Life resource and immediate priorities.
- The seminar series (Amber) has resumed later than in previous years (first planned for November- see update under Communications) as a consequence of reduced capacity in GCPH following reassignment of staff and responsive activity in light of COVID-19.

Priorities for the next six months

38. The programme's staff resource has substantial priorities to deliver in the next six months, including externally funded work with contractual commitments and opportunities to build on investment in key strategic forums to influence recovery and renewal processes. Priorities for the remainder of 2020-21 include:

39. The Centre contribution to the NIHR funded evaluation and economic appraisal of how community-led organisations impact on the health and wellbeing of people living in deprived areas is a key commitment for GCPH. Two programme managers are fulfilling role of co-investigators and the learning on which interventions work best to maximise the potential of people in building community, reducing health inequalities and improving health will be anticipated by partners in policy and practice given the appetite for understanding how to maximise the potential of community-led activity in social renewal.

40. The programme's membership of key strategic forums related to recovery such as the Glasgow City Region Economic Recovery Group, the Social Recovery Task Force (SRTF) and the continuing Public Health Oversight Board represent a substantial contribution to recovery activity and provide opportunity for shaping city policies post pandemic, that address inequalities in wealth, power and health. The work with the SRTF on extending the principles of participatory budgeting and the work to understand how economic activity can deliver health and wellbeing gain as well as address inequality are well positioned to shape key city recovery activity.

41. After a long lead-in time that has allowed co-production with the Scottish Migrant Ethnic Health Research Strategy Group, Public Health Scotland and health interest groups representing Glasgow BME communities, our post on racialised underrepresentation is to be filled before the close of 2020. This role will be key in addressing workforce and data issues in wider public health and wider Centre activity to curate a series of events including senior in public heath will further increase the focus on racialised inequality more broadly.

Communications

Aims and purpose

42. Our communications function supports our remit as a source of evidence, insight and support for processes of change. This involves ensuring that our outputs are positioned to impact on policy and research, involving production of timely and targeted summaries for different audiences, events and seminars and a range of digital resources (see appendix for list of these for period April to present). Increasingly, the communications function recognises the need for engagement as well as delivery of outputs, working co-productively and with a range of professional and community-based expertise.

43. Our communications strategy adapted rapidly to support the COVID-19 response, identifying and progressing a series of relevant briefings and blogs from past work that offered useful evidence or insights to the current context. Initially, these have drawn on our work on resilience, asset-based approaches, housing, and transport and travel. However, as the pandemic served to raise awareness of the role of poverty and inequality and the interconnectedness of economic, physical, social and environmental factors, outputs served to highlight the applicability of findings in such areas.

44. Blogs focussed on outlining GCPH's response to COVID-19; a focus on the role of food in shaping health outcomes in uncertain times; headline findings from CNS relating to local responses to COVID-19; Community resilience and the power of communities. Outputs to highlight the relevance of existing work on health inequalities; monitoring of mortality and life expectancy and active travel trends were also published in a blog series over the summer.

45. A communications strategy was produced within year to support the dissemination of the UK comparative mortality analysis to highlight and distil the key messages from the scientific publication for a more general audience, highlight the implications both pre and during COVID-19 and draw out policy recommendations. Outputs beyond the initial peer review article included a video abstract of lead author David Walsh presenting the findings, key messages on GCPH website, an easy to read research summary, presentations with key stakeholders, targeted social media activity, planned media coverage with the Herald, and a planned series of guest blogs to reflect on findings and further draw out recommendations.

46. The need for social distancing impacted our ability to hold events in the normal manner. Many events were successfully adapted to be remote, on-line events including the PHINS seminar (which became three shorter events rather than the previous half-day event), the launch of the Glasgow City Food Plan consultation and the first seminar (Angela O'Hagan) of the 2020-21 series.

47. Since April, GCPH have continued to grow both the size and diversity of our network. We have added 124 new subscribers to our network standing at just under 3,000 subscribers; and 175 new followers on Twitter standing at 5,685 followers at 1st November 2020. For the period 1st April to 30th September, the GCPH website had 19,894 unique users (an 18% increase of 3,086 users on the same period in 2019). Previous to around 2018, the website had a proportionately greater number of 'core' users who return to the site regularly (around 30% were returning users), however the

recent trend is towards new users being a much larger component of the visitors to the website. In the six-month period 1st April to 30th September 2019, of the 16,808 users, 16% of them (2,689) were returning users and 84% (14,119) were new users. In the same period in 2020, of the 19,894 users, 10% of them (1,990) were returning and 90% (17,904) were new users. This indicates that while there is still a small 'core' of returning users, our website is consistently gaining users and reaching a wider audience than before.

Exceptions to progress

48. Our communications resource and capacity has been impacted through key members of the team volunteering for Test and Protect including our Communications Manager (August to October) and Communications Officer (August to present). The latter is now seconded to Public Health Scotland's national Test and Protect activity for the remainder of 2020-21. As a consequence of reduced capacity, our seminar series programme is less developed than at the comparable point in previous years. Pandemic related impacts within NHSGGC procurement have stalled plans to migrate the GCPH website and commission a communications review. As might be expected under social distancing, our face-face activity at conference stalls has not been possible.

Priorities for the reminder of the year

49. The communications function will continue to be responsive to the current context in developing shorter, accessible outputs to support partners in understanding the patterning of health trends and activity and investments to address inequalities in post pandemic recovery. A series of seminars and events to support the Centre's work with the Scottish Migrant and Ethnic Health Research Strategy group will be a key priority in the new year, alongside other speakers and topics for a slightly later than planned seminar series. Ongoing communication of the recently published UK mortality trends analyses will also be a key focus.

Forward look for GCPH

50. The second half of the work plan period will see the Centre continuing to make a distinctive contribution to the process of recovery and renewal, focused on addressing the underlying drivers of inequality, to maximise the potential for health gain. Our contribution to national intelligence groups with Public Health Scotland, local authority renewal and remobilisation strategies and Centre-led work on addressing food inequality, racialised inequalities in public health and our contributions to key research partnerships in the areas of children and young people, travel and place-based approaches and community-responses to the pandemic have the potential to ensure learning is translated to shape the new strategic status quo as the emergency phases of the pandemic subsides. It will also remain important that we continue our investments in the description and analysis of population level trends in mortality and life expectancy given the potential for such narratives to overlook the continuing contribution of forms of structured inequality in shaping outcomes.

51. Given the reduced staff resource over the first six months (see para 7) the maintenance of the substantial majority of our programme milestones is testament to the flexibility and commitment of the team. Equally noteworthy has been the utility of existing work to support the unanticipated and dynamic context of COVID-19. This has enabled the

Centre's team to maintain a relevant and characteristic contribution at city and broader level whilst many partners were required to focus on emergency responses. In doing so we have shown the value of our continuing commitment to a broad range of activity which in some cases has come from the margins to mainstream relevance.

52. 2020-21 will see renewed attention on issues of climate adaption as the city prepares to host COP26 and the run-in to the Scottish Parliamentary elections offers opportunity to shape the conversation around which future investments best promote health and wellbeing at a population level and ensure fairness given the generational, gendered, social and racialised impacts of COVID-19 related mitigation and associated economic measures. Work planning for 2021-22 will begin in the new year and we will be required to take account of the fluid context whilst taking stock of the principles (outlined in para 9) that have successfully directed GCPH's programmes of work through the year so far.

Pete Seaman

November 2020

2020-21 Midyear report: 'At a glance' (Section 2)

PROGRAMME	AREA OF FOCUS	PROJECTS		R/A/G
Action on inequality across the lifecourse	Child health and wellbeing	Children's Report Cards	Core	G
		Understanding ACEs	Core	G
		Evaluation of Sistema Scotland	Core	A
		ACEs	Core	G
		Evaluation of Sistema Scotland	Core	G
	Child Poverty	Planning, R&E and Steering group activity	Core	G
		Updating child poverty indicators	Core	G
	Children's Neighbourhoods Scotland	Programme management and governance	Core	G
		Relationship building and activities across six sites	Core	G
		Publications	Core	G
	Adult years and working age	Youth Transitions	Core	G
		Universal Credit, Welfare and Housing	Core	A
		Social determinants of mental health	Core	A
		Primary Care and MH pathways	New work	G
Understanding health, health inequalities and their determinants	Understanding Glasgow	Website maintenance	Core	G
	Excess mortality research	Policy recommendations	Core	G
	National and international analysis	Life expectancy trends by deprivation	Core	A
		Age, period and cohort effects analyses	Core	G
	Neighbourhood profiling	Neighbourhood change and five analytical projects	Core	G
	Health inequalities	Longitudinal cohort analysis	Core	G
		Experiences of deprivation between Scotland /England	Core	G
		Modelling effects of income tax and social security on health inequalities	Core	G
		Understanding health benefits of active commuting	Core	A
		Costs of 'forced destitution' policies		A
Sustainable inclusive places	Sustainable travel and transport	Bikes for All evaluation	Core	G
		Air quality	In Dev't	G
		Evaluating health impacts of transport infrastructure	In Dev't	G
		Monitoring active travel	Core	G
		City bike hire report	Core	A
		Evaluation of 20mph zones	In Dev't	A
	Healthy Urban Environments	Health Foundation Place Standard work	Core	A
		Health and Place paper	New work	G

	Sustainable food	Glasgow Food Policy Partnership and development of Glasgow City Food Plan	Core	**G**
		Sustainable Food Places Bronze award application	In Dev't	**G**
	Community Engagement and Empowerment	Build capacity within GCPH	Core	**G**
		Support and develop CEE with partners	In Dev't	**A**
		New Scottish Diet bid	In Dev't	**A**
	Climate emergency, adaptation and resilience	Small grants	Core	**G**
Innovative Approaches to Improving outcomes	Promoting Community based participation	Publication with Glasgow Disability Alliance	Core	**G**
		Community focused approaches that mobilise people as assets	Core	**G**
		Embedding asset-based approaches	Core	**G**
	Partnership working	Various collaborations and advisory roles	Core	**G**
	Housing	Scoping review and finding bid	In Dev't	**G**
	Volunteering and participation	New project development and report launch	Core	**G**
	Participatory budgeting	Developing action with Social Recovery Task Force	New work	**G**
	Social Prescribing	Community Link Workers developmental work	Core	**R**
		Social prescribing pathfinder	In Dev't	**A**
	Racialisation in Public Health	Attachment/placement to work across PH system	Core	**G**
	Inclusive Growth	Health and Inclusive growth in Glasgow city	Core	**G**
	Seminar series	First seminar scheduled for November	Core	**A**

Programme 1: Action on inequality across the life course

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
CHILD HEALTH AND WELLBEING	Children's Report Card	BW, JM, MY	Core	• Publication of five report cards (March 2020) • Dissemination (March 2020 onwards) • Completion of Safety report card (April 2020)	The report cards on key themes relating to children and young people's health well-being in the Glasgow and Clyde Valley Region. The themes comprise: demographic trends and socio-economic context; poverty; environment/safety; healthy diet, weight and physical activity; mental health; 21st century issues. For each theme, a set of key headline and determinant indicators are presented and described. Evidence for action is highlighted. The format of presentation includes concise briefings and infographics. Project led by GCPH with support from NHSGGC, ISD, HS, Glasgow HSCP, Glasgow's Education dept. Given the profiles were published in March 2020, the main activities in 2020/21 will be dissemination to interested parties including strategic groups in the NHS, local authorities and the third sector. This work will be undertaken in the six months post publication with review of usage, impact and opportunities for further activity taken.	Dissemination of the report cards to specific distribution lists was undertaken in October 2020. BW gave a presentation to the Modern Studies Association annual conference on the report cards in November 2020. Mental health and wellbeing children's report card is in progress. Publication of this will be partly dependent on access to the Glasgow Secondary School HWB survey, which will contain a range of relevant information. Current publication date for the survey reports is end of Feb 2021. We have requested prior access to survey data from the health board but have not heard back on this. Safety report card has been reviewed due to lack of capacity and data being increasingly out of date.

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
	Understanding, preventing and responding to adverse childhood experiences	DW	In development	• (TBC): Advise SG on analyses of ACEs questions data collected within Scottish Health Survey (SHeS) (and due to be published Sept. 2020) • (TBC) Prepare more-in-depth analyses of ACEs questions data (including linkage to health outcomes data) (by end of year)	With the systematic review (on the relationship between ACEs and childhood SEP) complete and published, the only remaining agreed tasks – at this stage – are to advise SG on analyses to be included in the SHeS publication, and potential for more in-depth analyses once those data are available (and can be linked to other data sources). This is to be confirmed.	Due to various issues including the pandemic, the group's input into SG report was postponed. However, a proposal for future analyses of the new data is to be discussed with the group in the coming weeks. Green
	Evaluation of Sistema Scotland	CH	Core	The impacts of Big Noise participation on educational attainment and post-school destinations – Report (in development – Summer 2020)	The evaluation is at an important juncture as the primarily qualitative methods of Phase 1 (2013 to 2018) are now concluded and the findings and learning is summarised in the 'People change lives' report. Phase 2 of the evaluation commences in March 2020 and involves entirely quantitative outcome analysis. This begins with analysis of educational attainment and post school destinations in Raploch.	GCPH is in possession of the Big Noise Raploch educational attainment data and is progressing the analysis. However due to the pandemic many of the evaluation partners including Local Authorities have had to reprioritise in light of the pandemic. A meeting of the Evaluation Advisory Group in late November 2020 will clarify if the analysis is to be postponed until early 2021. Amber
CHILD POVERTY	Monitoring, advising and influencing the development of child poverty delivery plans	JE, LN, BW, KT	Core	Ongoing to support and feed into Scottish Government annual child poverty action plans.	This work directly contributes to the Scottish Government's priority to reduce child poverty as outlined in the Tackling Child Poverty Delivery Plan.	Child poverty indicators have been updated on Understanding Glasgow. These indicators will be reported on and form part of an updated report on

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
	across NHSGGC, local authorities and HSCPs			• Attending meetings (2 monthly) of the NHSGGC Child Poverty Leads Action Co-ordinating Network. • Continuing membership of the Glasgow city Challenge Child Poverty Partnership + ad hoc development and planning sessions with all partners in NHSGGC • Updating child poverty indicators on Understanding Glasgow and child poverty map of Glasgow to inform future action reports (BW/KT). Also keeping up-to-date with potential new indicators		health and demographic change in Glasgow due to be published in the Spring of 2021. Green
MITIGATING THE IMPACTS OF CHILD POVERTY	Children's Neighbourhoods Scotland (CNS)	JM	Core	• Continued support to CNS internal programme reporting, management and	The work and roll out of CNS continues to develop and to become established in all the identified CNS community sites, with a focus on building relationships across the communities, adding value to existing	Our partnership programme with the University of Glasgow, CNS continues to develop and expand into new neighbourhoods, and to adapt in response to the COVID-19 context.

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
				governance across all workstreams • Support to the new national programme Advisory Group • Ongoing support to the Programme Direction in relation to programme management • Quarterly reporting to SG and local authority funders • Relationship and partnership building meetings and activities with partners across all six CNS sites • Workplan development for all Local Coordinators • Delivery of evaluation support training to CNS third sector partners by Evaluation Support Scotland (March to May 2020) • Publication of CNS annual report (April 2020)	activity and capacity to local organisations working with children, young people and their families. With funding and commitment from the tackling Child Poverty Delivery Plan, during 2020/21 all six CNS sites will be established - three sites with Glasgow City, 1 site in West Dunbartonshire and the small town and rural community sites in South Lanarkshire. A further 4 Local Coordinators will be recruited in partnership with sites (via Glasgow University) to work alongside the two current Coordinators. Individual workplans will be developed for each new member of the team to reflect the priorities and context of the local area they are working in. Establishment of a local coordinator network to share learning across six CNS sites and beyond. Establishment of a new national programme Advisory Group, comprising of national and local funders, academics and Business in the Community, provides guidance, advice and a critical perspective to the programme team.	CNS is now established in 6 communities (3 Glasgow City, 2 South Lanarkshire, 1 West Dunbartonshire), with 4 new Local Coordinators recruited to support the programme in our new communities. Workplans have been developed for all LC's in partnership with local stakeholders. At the onset of lockdown a new piece of research was developed to document responses to, and the impact of, COVID-19 on children and families. The findings from this research in Glasgow has been published (full report and 3 briefings). Further research reports and briefings on the impact of COVID-19 on vulnerable refugee, asylum seeker and migrant families and on families living in rural communities will be published shortly. A significant number of new CNS reports, blogs and resources have also been published. This includes the CNS annual report (19/20), capabilities research model, vulnerability and resilience literature review and number of blogs.

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
				• Host organisation for the UK Communities network summer meeting (June 2020)		Online evaluation support training was delivered to small number of third sector partners in July/August by ESS. CNS hosting the summer meeting of the UK Communities network has been postponed. First meeting of the new CNS Advisory Group also postponed due to the pandemic. Ongoing 6 monthly progress reporting and budgetary monitoring to SG and LA partners. Green
YOUNG PEOPLE	Youth transitions	LN, JE	Core	A multi-disciplinary advisory group is in place to oversee implementation of a co-produced proposal for work on young people's transitions to independent adult life	This project was established to identify and work with partners' engaging with some of the key transition challenges facing young people moving into early adulthood.	Work was delayed as a result of COVID-19 impact on partner organisations, proposed methodological approach and reassignment of GCPH lead to Test and Protect. However, development work has been able to recommence and plans to capture the impact of COVID-19 on young people's transitions and previously unexpected challenges. Data collection partner commissioned a support focus group delivery with project start – February 2021. Estimated end - October 2021. Green (with actions above)
ADULT AGES	Universal Credit	JE, KT	In dev't	A briefing paper discussing the potential	A draft copy of the paper is in the early stages of development. The wider public	This work will not be progressed, as

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
				public health effects of Universal Credit. This will inform future thinking about follow-on action. A final draft copy of the Briefing Paper is expected to be completed by summer 2019	health implications of new, more extensive forms of conditionality will be a central theme.	priority will be given to the Universal Credit/Welfare and Housing work – see below, and reassignment of project lead to Test and Protect. Red
	Universal Credit (UC): Welfare and Housing Support	JE, LN, KT	Core	1) Simon Community: data collection May 2020 2) Private Rented Sector: data collection Feb-Mar 2020 3) RSL pilot: Feb- Jun 2020 Completed analyses Summer 2020 and final report expected Winter 2020	This GCPH evaluation will involve 3 areas of new service delivery: 1) The Simon Community providing support for homeless people, including rough sleepers and those with complex needs, who struggle to access support. 2) Support for people in the Private Rented sector (PRS) affected by the benefit cap and welfare reforms, to prevent homelessness and ensure sustainability of tenure. 3) A pilot supporting those moving from homelessness accommodation into a tenancy operated by 4 Registered Social Landlords (RSL). The project aims to tackle barriers, such as starting a new tenancy in arrears, and ensure an increased likelihood of a sustainable tenancy. Initial advisory group meeting to take place Feb 2020 - University of Glasgow ethics application submitted to undertake RSL tenants' interviews.	Project suspended during the first wave of COVID-19. However, in September, contact re-established between GCPH and GCC partners to explore taking a revised plan forward the work. Agreed that the strands would be undertaken in staged phases with strand 3 (RSL pilot) prioritised. The RSL interviews with key informants, frontline staff and service users commenced Nov 2020 and expected to be completed by Feb 2021. The RSL learning within the wider context (Tier 3 restrictions, changing response to homelessness, increased UC uptake and furlough) will support approaches to strands two and one, respectively. Plans are in place to reconvene the advisory group late 2020 – early 2021 after meeting once before pandemic impact on priorities. Amber

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
	Social determinants of mental health	Leads: JE and T Lakey (NHS GGC); LN, KT, MY, JE, BW	Core	Seminar - 20 April 2020 Summer 2020 onwards: develop new links to explore whole system approaches towards good mental wellbeing	An established GCPH/NHSGGC working group was set up to address two primary aims: 1) Bring together a group of stakeholders to increase our understanding of the wider determinants of mental health 2) Explore with partner agencies what a future whole system approach towards good mental wellbeing could look like. Around 50-60 stakeholders will be invited to a Spring 2020 seminar. The Understanding Glasgow indicators and the Glasgow Game will be used to address the above two aims. Following on from the seminar, it is envisaged that the GCPH/NHSGGC working group will create new learning/research links to explore future whole system approaches towards good mental wellbeing.	This event did not take place due to COVID-19 and impact on partner priorities. Rescheduling is being reconsidered to align with new work developing new approaches to referral between primary care and specialist mental health services – see below. Amber
	Developing the pathway between Primary Care and Mental Health Services	PS, KT, LN (JE until September 2020)	New work		This addition to the work plan seeks to support the development and delivery of referral routes between primary care and specialist mental health services in a manner that addresses increased demand stemming from rates of distress and poor mental wellbeing, definitional issues and developing referral to additional supports.	A protocol has undergone subsequent versions responding to dynamic context within mental health service delivery, in primary care and publication of FMT 'distress' report and recommendations. Approval of draft plan received from Associate Director of Mental Health, NHSGGC. JE led on initial scoping and first draft of protocol with subsequent versions being taken forward by PS, KT and LN.

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
	Public health impacts of gambling	CH, DW, JE	In development	Briefing paper summarising a literature review concerning the interaction of low income, debt and gambling (April to June 2020) GCPH input to Whole Systems Approach (WSA) to tackling gambling-related harm within Glasgow City, led by SCOTPHN	This briefing paper is designed to introduce the public health impacts of gambling and its complex interaction with socioeconomic disadvantage, low income and debt. The literature review may be structured around key questions and will touch upon the legislation and ethics within the betting industry. GCPH are in conversation the WSA team to determine an effective contribution.	GCPH are involved in supporting WSA to reducing citywide gambling harm. Due to the pandemic and CH's new role this publication is postponed until early 2021. Amber
National and local groups	1.Welfare Advice and Health Partnerships (WAHP) Scottish Advisory Group	JE	Ongoing		1. Established forum for the Scottish Government, COSLA, NHS Scotland, Local Authorities and Third Sector bodies to discuss WAHP.	1. This group has not met regularly since wave one.
	2.Scottish Welfare Reform and Health Impact Delivery Group (HIDG)	JE	Ongoing		2. HIDG provides a forum for the Scottish Government, COSLA and NHS Scotland, Third Sector bodies and others to consider the impact of welfare reforms on population health and demand for NHS and health and social care services.	2. This group has not met regularly since wave one.
	3.Child Poverty Groups: Glasgow City Challenge Child Poverty Partnership; NHSGGC Child Poverty Leads Action Co-ordinating Network	LN	Ongoing		3. * Public Health and Housing is a short-term working group: GCPH planned outputs on welfare and housing support and the recent Tenant participation in the private rented sector report will feed into the group.	3. * The public health and housing group will reconvene soon following the chairperson retiring recently. ** This group continues to meet.

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
	3.NHS GGC planning groups: Financial Inclusion; Employment and Health; *Public Health and Housing; **Mental Health prevention (Prevention, Early Intervention and Health Improvement Workstream (Adult Mental Health strategy)	JE	Ongoing with plans to review.		** Prevention, Early Intervention and Health Improvement Workstream (Adult Mental Health strategy): this new mental health working group's priorities covers childhood themes (relational development; nurturing communities, child poverty) and self-harm / suicide prevention. The planned social determinants of mental health work will report into this group.	
	4.Cost of the School Day (CoSD) Steering group - Glasgow city	LN	Ongoing		4. Focus remains on expanding CoSD to other schools across the schools estate and providing training and raising awareness using the established toolkit.	4.Await Challenge Child Poverty Partnership decision on the best way to ensure continued oversight of CoSD.
	5.Children's Well-being and Mental Health Strategic Group of the Glasgow Children's Executive Group	LN	Ongoing		5. This group was convened in September 2018 as part of a reconfiguration of the partnership infrastructure to deliver key priorities outlined in the integrated children's services plan. GCPH role is to bring relevant public health intelligence to the table as well as to contribute to the development of a coherent work programme.	5. Group recently re-established after temporary suspension and work is continuing to progress.
	6.Shine Advisory Board (Schools Health and Wellbeing Improvement Research Network)	LN	Replaced FC on Board Twice-yearly meetings		6. Newly formed group led by MRC to provide independent external review, advice and support on the operation and strategic development of SHINE.	6.Group continues to meet twice yearly

Area of focus	Projects	Leads and team members	Core/In dev't	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
					SHINE is a network that aims to support schools in addressing health and wellbeing needs with a focus on mental health.	
	NHS GGC COVID-19 Test and Protect	JE, LN	New work	As required	In response to a DPH public health request, in September JE and LN volunteered to work on the NHS GGC COVID-19 Test and Protect programme. JE was working three days per week, recently reducing to two days. LN worked three days per week before reducing to two days. This reduction in programme personnel over the last three months has had an impact on programme delivery and milestones.	LN returned fully to her role in the GCPH work programme, late October. JE plans to return fully to his GCPH role, late November.

Programme 2: Understanding health inequalities and their determinants

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
Understanding Glasgow: the Glasgow indicators project	Development, maintenance and updating of health and wellbeing indicators for Glasgow	BW, KT,MY, KMcL, SF	Core	Updating UG is an on-going process through the year. 1. In-year updates of key indicators (of health, population and poverty) dependent on when new data are released 2. Updates of majority of other sections by commissioned analysts 3. Updates of children and Glasgow indicators by mid-2020	Developing and updating the content of Understanding Glasgow (dependent on support from external partners and staff resources within Centre). ISD staff will be updating a range of sections (including a major revamp of the economic participation section) in spring of 2020. New information on child dental health, social media use and childcare will also be added. Responses to students and others who contact the UG website, which can involve providing data, links and/or interviews. Updating the following children's indicators: (1) Learning, with nursery registrations in Glasgow using data from CHANGE evaluation report; (2) Health, with (2019) NDIP report; (3) Wellbeing and Development, with Cyberbullying data from Child Report Card. Updating Glasgow Indicators, Social Capital, with social media data from Child Report Card.	Various updates to sections of Understanding Glasgow since April 2020: Health, population and child population sections updated (BW). Poverty and child poverty updated (KT). ISD analysts have completed updates to: Economic Participation, Education, Social Capital, Transport, Environment, Children's Lifestyle and Child Health. Updates to the Adult Lifestyle, Community Safety and Children's Wellbeing and Development sections will be completed by the end of November 2020. New pages added to Children's sections covering: bullying, pre-school nursery places and waiting list), social media and dental decay (MY). Green
Excess mortality research programme	1. Policy recommendations from excess mortality report:	DW	1: core; 2: in developme	1. Completed by mid-2020.	1. Brief report/paper being written synthesising the original recommendations, a policy update for each, and an overall assessment of	1. All completed. Report published July 2020 alongside accompanying blog. In addition, a journal paper 'commentary', reflecting on the work

	assessment of progress 2. Aspiration to update three city mortality and deprivation analysis		nt/ discussion	2. Decision on progressing by Summer 2020	progress. With NHSHS (Matt Lowther, Katrina Reid, Gerry McCartney (GM)). 2. Subject to capacity/resources (NB), an update to the original analyses (which were published 10 years) would potentially be informative.	and what it means for Scotland's ability to narrow inequalities with existing powers, was published in Public Health in Practice in October 2020. 2. Proposal written and services of PHS statistician obtained. Subject to acquisition of required data (including from DWP), work to completed by end of March 2021. Green
National and international mortality analyses	1. Life expectancy, housing, poverty and population trends within Glasgow 2. Mortality trends analyses paper 3. Mortality analyses: age, period and cohort effects analyses 4. Analyses of poverty and mortality in USA (for comparison with mortality in Scotland) 5. Update of comparative	BW (1-3,5), DW (2-5)	1-4: core 5: under discussion	1. Analyses to be undertaken in spring of 2020 and report completed by summer of 2020 2. Paper published by Summer 2020 3. Two journal papers and broader, overall, GCPH summary report to be published by end of 2020/21 4. Journal paper to be written and submitted by early 2020	1. Work to include updating trends in life expectancy by deprivation and neighbourhood within Glasgow. In addition, trends in housing, poverty and population within the city will be included in a final report. 2. Descriptive paper summarising austerity-related mortality trends for 4 UK countries and 10 UK cities. With NHSHS (Deborah Shipton, Jane Parkinson, GM, Jon Minton). 3. Analyses focusing on age, period and cohort effects in mortality in UK countries and cities (with NHSHS colleagues above). 4. Analyses completed by Welcome Wami prior to his departure; those to be summarised within journal paper. With MRC-SPHSU (Ruth Dundas) NHSHS (GM), Boston University	1. Life expectancy work delayed awaiting mortality data for 2019 (due Dec 2020). Other sections being drafted with contributions from KT and MY. Expect to publish a report in Spring 2021 Amber 2. Published in November 2020 in BMJ Open, with coverage in media and other comms activities (blogs etc). Green. 3. Journal paper written and to be submitted this month. Report on track to be written by end of 20/21. Green. 4. Journal paper written and submitted to American journal. Awaiting response. Green. 5. No further progress so far this year. Case for postponing until 2022

	international mortality trends (i.e. the Sick man of Europe report)			5. Report and potential academic paper (March 2021)	(Sandro Galea, Laura Sampson), University of Oxford (Danny Dorling, Ben Hennig) 5. Planning for this work anticipates the timing and access to relevant population and mortality data. To update previous analysis of Scottish mortality trends compared to other Western European countries, with sub-analysis by age, gender and disease category. This would essentially be a 10 year update and therefore a pertinent time to assess progress and new challenges. The analysis and focus will also be discussed with Gerry McCartney (NHS Health Scotland).	strengthened as currently available data would provide only pre-COVID-19 trends. Amber
Children's report cards and neighbourhood profiling	Potential new profiles in response to partner demand	BW	Core	n/a	We remain open to and encourage ideas from partners and end-users for new topics and profiles, dependent on resource and capacity.	Report card covering children's mental health developed. BW gave a talk on the report cards to the Modern Studies Association annual conference in November.
Breast feeding research	Journal paper on the health economic benefits of breast-feeding	BW	core	Resubmission to PLOS ONE in April 2020	BW working with 'Tomi Ajetunmobi and three other co-authors on paper.	Redraft in progress on course for submission within year. Amber
Public health strategy	Development of monitoring framework for NHS GGC's Public Health Strategy	BW, DW	core	No specific 'milestone': input to be provided if required.	BW to engage with the new NHSGGC public health intelligence partnership chaired by Daniel Carter. This group will be taking a wide look at the requirements for PH intelligence including for monitoring the Public Health Strategy.	The NHSGGC public health intelligence partnership has not met in the last 8 months due to the COVID-19 pandemic. No further report.

Health inequalities and their determinants	1. Longitudinal cohort inequalities analyses 2. Understanding differences in the experience of poverty and deprivation between Scotland and England 3. Modelling the effects of changes to (a) Scottish income tax rates/bands and (b) levels of devolved social security benefits on health and health inequalities 4. Understanding the health benefits of active commuting 5. Austerity and mortality group 6. Systematic review of socio-economic inequalities in mortality	DW (1-9), KT (2), BW (4)	1-5: core 6-9: in development/ under discussion	1. Paper published by middle of year. 2. Report/paper (with recommendations for future work) by end of 2020 3. Paper/report by early/mid 2020 4. Journal paper/report by end of 2020/21 5. Co-author of policy recommendations report; other ongoing contributions to group 6. TBC. Currently delayed by partners 7. Awaiting commitment from key partner 8. TBC 9. TBC	1. Publishing paper on Welcome Wami's analyses of different aspects of social class on health inequalities (with MRC-SPHSU, ISD Scotland, and UCL). 2. Scoping work to inform possible future research aimed at understanding what is already known about the theory and measurement of poverty, deprivation and inequality across different markers of socioeconomic position and intersectionality. 3. With NHSHS colleagues (Liz Richardson, Deborah Shipton and others), we have used the NHSHS 'Triple I' tool to examine these two sets of issues. Initial analyses are complete; further analyses and writing-up to follow. 4. Linking to Programme 3, to assess the health benefits (including impacts on mortality and hospitalisation rates), and resulting policy implications, of active commuting in Scotland compared to elsewhere in the UK. This is using the Scottish Longitudinal Study with colleagues from MRC-SPHSU (Ruth Dundas and Welcome's replacement) and University of Edinburgh (Graham Baker, Chris Dibben, Zhiqiang Feng Paul Kelly).	1. Paper published in International Journal for Equity in Health in November 2020. Green. 2. Ongoing, led by KT. Workshop held with academic experts in field in summer, and similar event to be held with people with experience of poverty in near future. Green. 3. Analyses complete and paper written. With PHS. Green. 4. Delayed by pandemic (analyses require access to a 'safe haven' facility in Edinburgh which was closed for 7 months) and related loss of two statisticians. Currently seeking replacement statistician through MRC-SPHSU recruitment process. Amber. 5. Various developments: policy recommendations paper (i.e. in response to UK government austerity measures) written (led by Rebecca Devine), but publication has been held up by PHS management; I am now more actively involved in taking forward the austerity-related work of the group, including helping progress two other projects, and liaising with GCPH comms (in place of PHS comms who are otherwise engaged). Green-amber.

	7. Forced destitution of asylum seekers 8. Public understandings of health inequalities project 9. (Possibly) exploratory longitudinal analysis work				5. To contribute to a Public health Scotland -led programme of work exploring different aspects of the recent changing mortality trends that have been linked to UK Government 'austerity' policies. With multiple partners including NHSHS. 6. Contribution to various aspects of the project (including write-up). However, this is led by NHSHS (GM) and MRC-SPHSU (Vittal Katikireddi) (with others also involved: University of Oxford (Aaron Reeves)) and has been delayed. Unsure of precise contributions this year. 7. Assisting Scottish Refugee Council (SRC) and partners to establish new research into the costs of the UK Government's policy of 'forced destitution'. With SRC, NHSGGC, UoG and Govan Community Project. 8. University of Edinburgh-led project. Commitment to advisory meetings. 9. Developmental work to assess the potential use of Scottish longitudinal data to undertake various policy-relevant analyses e.g. in relation to of drugs misuse, educational attainment and aspects of mental health.	6. Led by PHS and delayed because of pandemic. Currently on hold. Amber. 7. Discontinued. Research proposal was written. However, there has been no follow up from SRC despite communication. Amber (as non core). 8. No meetings within reporting period (led by Edinburgh University). 9. Delayed because of other commitments. Amber.
National and local groups	1. Annual PHINS seminar	DW (1, 2, 6) BW (1-5)	All core	PHINS seminar likely to be in September 2020	1. Organising programme for seminar.	1. Three online webinars successfully held in September/October 2020.

	2. Input to ScotPHO collaboration in terms of steering group, news alerts, web pages and evaluation				2. Includes ongoing maintenance of web site sections and contribution to steering group and 'ScotPHO leads' groups.	Green.
					2. Activities successfully undertaken through year. In addition, further discussion ongoing regarding role of ScotPHO in context of new PHS organisation Green.
	3. Scottish Health Survey Advisory Group				3. Ongoing contribution.	3. Continuing to attend
					4. Ongoing contribution to advisory group.	4. No meeting within reporting period
	4. GGC Health and Wellbeing Survey				5. Ongoing contribution.	5. Survey reports should be available by end of Feb 2021
	5. GGC Secondary School Children's HWB survey				6. Ongoing contribution.	6. Contributions made. Group is moving to a research governance role and balance of GCPH contribution across programmes to be reviewed as SMEHRS role develops. See update in Programme 4.
	6. Scottish Migrant and Ethnic Health Research Group					

Programme 3: Sustainable inclusive places

Area of focus	Projects	Leads and team members	Core/ In devt	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
Sustainable transport and travel	Bikes for All evaluation	BW, GY	Core	Final evaluation report to be published summer 2020	Write-up of evaluations findings from full two years of baseline and follow-up surveys issued to participants.	Final project report published in August 2020. Supported unsuccessful bid for to use Bikes for All as a model for social prescribing. Green
Air Quality	Air quality and low emission zones	BW	In devt	Dependent on involvement in research opportunities	Our involvement in recent years has been in an evaluability assessment of Glasgow's Low Emission Zone and the review of CAFS. Both pieces of work have been completed. Further work on air quality may develop but there is nothing to report on currently.	We are preparing a response to the new air quality strategy, Cleaner Air For Scotland 2 (CAFS 2). Some work supporting Miranda Loh (Institute of Occupational Medicine) on a bid to assess air quality in cities using citizen science approaches. Green
Sustainable transport and travel	Collaborative research to evaluate the health impacts of major changes to Glasgow's transport infrastructure	BW, JM, CT	In devt	As a collaborator on various bids for new research	An NIHR bid last year to evaluate the health and air quality impacts of the Avenues programme and Glasgow's LEZ, were ultimately unsuccessful. Further research bids with a focus on broadly the same programmes are being developed in collaboration with UBDC and MRC units at University of Glasgow. Bids likely to be submitted in spring 2020.	Involved in a university led research bid to Nuffield Foundation to assess health, housing and liveability impacts of the Glasgow Avenues. Currently at draft stage. Green

	Active commuting research	BW, LG	Core	Journal article being written for submission in spring 2020 A more detailed GCPH report on all work will be published after the journal article (summer/autumn 2020)	Analysis of Census travel to work/study trends from 2001 and 2011 (C) (incorporates HEAT analysis of the health impacts of walking and cycling and an estimate of the contribution that walking and cycling commuting journeys make to achieving the guidelines for physical activity).	Article on health impacts of active commuting under review with Transport and Health. Findings to be presented at the Scottish Physical Activity Research Conference (SPARC) in November 2020. **COVID-19-related** (BW/LG): three blogs on: Active travel during a pandemic (UBDC); Walking during the lockdown in Scotland; and Cycling through a pandemic Journal article in draft on cycling during COVID-19 in Scotland (in collaboration with researchers at the Urban Big Data Centre). Green
	Monitoring active travel trends	BW, MY	Core	On-going	To continue to monitor active travel trends including casualties, and a broad range of environmental trends (via Understanding Glasgow).	Transport and Environment sections of Understanding Glasgow updated (Oct 2020). Cycling casualties review work has been reworked into an academic paper submitted to Transport and Health. Presentations of findings made to Cycle Delivery Forum and to Transport Scotland (MY&BW). COVID-19 related work – see below under Active Travel Data Analysis. Green
	Report on city bike hire scheme	LG, BW	Core	To be completed in April 2020	This will be a short report on 5 years of the bike hire scheme, noting growth in usage, bike hire stations and future expansion of scheme.	Delayed awaiting access to full dataset. Amber

	Planned introduction of city-wide 20mph speed limit in Glasgow	BW, JM	In Devt		If introduced, GCP will seek to evaluate impact depending on combined commitment of relevant partners.	Implementation of 20 mph speed limit delayed. Amber
	Active Travel seminar	BW, JM	In Devt	Possible event	Active travel event possible linking to Council cycling strategy. BW will be working with Adrian Davis on a paper about co-benefits based on the active travel workshop held in 2019.	Paper on co-benefits of active and sustainable travel (Making the shift to sustainable transport in Scotland) published in Cities and health in August 2020. Green
	Active travel data analysis	BW	In Devt		As a result of negotiations with GCC, GCPH and UBDC are negotiating access to a wide range of city-wide transport data (pedestrian counts, cycle counts, traffic counts, etc.). These data will support research bids but also present an opportunity to test out the utility of administrative data in assessing changes in transport modes across Glasgow. Therefore, early analysis of the said data in collaboration with UBDC (if obtained) is hopefully a possibility.	**COVID-19-related work** Via this collaboration a range of new active travel data are being created and made available on open data hubs, including: Cycle and pedestrian count data from 50+ counters across Glasgow. Next-bike cycle hire data. Pedestrian counts across 43 sites in Glasgow (derived from CCTV and use of an AI algorithm). Part of our work is providing feedback on the usability of the Council's new Open Data Portal. Green
	PHS Social and System Recovery: Transport group and Environment and Spaces group	BW, RJ	Core – New work		BW was invited to join Public Health Scotland's Social and System Recovery: Transport and Sustainability group in March 2020. This later split into a	The transport group has published a first report in October 2020, Transport use, health and health inequalities: The impact of measures to reduce the spread of COVID-19.

						transport (BW) and an environment and spaces group (RJ).	Follow-up work will focus on interventions to reduce private car travel and increase active and sustainable travel. Current specific focus is on road space reallocation The Environment and Spaces group has published 3 reports: Health impact scoping of public places guidance (June 2020), Health impact scoping of managing Scotland's parks and greenspaces during COVID-19 (July 2020), Change in use of green and open space following COVID-19 lockdown 'stay at home' phase and initial easing of lockdown (October 2020) Green
Healthy Urban Environments	Health Foundation project using Place Standard	RJ, GY, MC	Core	To deliver Place Standard sessions in two communities in Glasgow		Assist in organisation, delivery and write-up of Place Standard sessions alongside GCC and Thenue Housing Association. One of 4 Health Foundation projects exploring local action on the wider determinants of health.	Project didn't align with Health Foundation's timings but decision was made to continue with project alongside GCC and Thenue Housing Association. Delayed due to COVID-19. Currently exploring Thenue's capacity to continue and when. (amber)
	Housing through Social Enterprise study	LG	Core	Project completion Dissemination of learning		Recommendations from this study will be written and disseminated with input from a wide range of housing and public health partners – relationships and work is therefore ongoing and expected to project beyond the formal 'end' of the project in June 2019.	See update in Programme 4.

	Tenant participation and activism in the Private Rented Sector: literature review	LG	Core	Project completion Dissemination of learning	This project is funded by CaCHE and being carried out in partnership with the University of Stirling, TPAS Scotland and Generation Rent, but primarily delivered by GCPH. Dissemination will be a core part of the impact of this project and is expected to extend well beyond its formal end in September 2019. Further, this project is being carried as a pre-cursor to a larger, longer-term term project into the experiences of tenants in the PRS, with a probable focus on power, inequality and the impacts of this on health. External funding is currently being sought.	See update in Programme 4.
	Health and Place paper	GY	Core-0 New Work		Developed after section on health and place in COVID-19 context completed for HSCP paper. Focus on impact of COVID-19 for Glasgow population in relation to place and environmental factors.	Aiming for publication before the end of 2020. Green
Sustainable Food	Developing a Glasgow City Food Plan (including consultation period, launch and supporting early implementation)	JM, RG	Core	Draft City Food Plan (April) Consultation (April to June) Final City Food Plan (September) Launch and implementation (October)	Supporting, coordinating and enabling the development of a Glasgow City Food Plan, underpinned by the core values of health, equity and sustainability. Working with stakeholders on the project management team (GCC, Glasgow City HSCP, NHSGGC, GCFN) and Glasgow Food Policy Partnership members. This will involve finalising the draft plan, managing a consultation and engagement period, development of the final plan, launch and early implementation.	Due to COVID-19 the development for GCFP was delayed, and the draft plan went for consultation on the 5th October with launch event taking place 8th October. The consultation is open until 31st December and there will be some engagement events prior to this. Consultation responses will be reviewed on January-February 2021, and we hope to launch the final plan before mid-April 2021. Green

					This also involves supporting the Sustainable Food Cities coordinator post which is employed by Glasgow Community Food Network (with support from GCC and Sustainable Food Cities) who coordinates the Glasgow Food Policy Partnership.	RG and JM were involved in a further refining the draft plan to incorporate learning from the early COVID-19 response in Glasgow and have been engaging widely with stakeholders and community groups across Glasgow in the early stages of the public consultation to maximise responses to shape the final plan. Green
	Successfully supported HSCP bid for Scottish Government funding (£200,000) to pilot a whole system, community food nurturing programme with families of pre-school children combining action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods.	GY	In devt – New Work	Unknown	GCPH asked to provide evaluation support for project.	No meetings have taken place yet. Note: the success of this bid was, in part, due to the links to the city's collaborative food plan work. Green
Community Engagement and Empowerment	Develop CEE knowledge, skills, confidence and practice in academic and professional staff using transferable learning stemming from the Centre's and UofG's historical and	MC	Core	1. Develop a professional CEE network across GCPH and UofG 2. Co-Produced resources and training development 3. To be determined	1. Building on existing relationships, continue to develop appropriate network(s) to support CEE. 2. Working collaboratively with UofG and community stakeholders, develop a series of short films to help build knowledge, understanding and confidence in community engagement and empowerment in research and academic staff in GCPH and UofG.	1. UofG Engage Engagement Forum planned launch in Feb 2021. 2. IAA app unsuccessful but now working on podcasts and potentially short video content as outputs from above Engagement Forum. 3. Equalities Working Group Established and two workshops facilitated for GCPH staff with external equalities expert organisations: WSREC and

	current community engagement work				3. Supporting the overall development of equalities work through collaboration with a number of equalities-focused partners.	Neish Training, focusing on the Equality Act 2010 and anti-racism. Green
	Provide professional support to build community engagement into a targeted portfolio of GCPH/UofG/Social Research Hub projects	MC		To be determined	1. Co-ordinate CaCHE East End Knowledge Exchange Hub. 2. Participate in advisory group for collaborate research project "Creative Insights: Exploring young people's perspectives on health inequalities". 3. Opportunistic support as required.	1. This has been on hold due to COVID-19 but hope to resume virtually in Jan 2021 2. No longer running due to COVID-19. Amber
	Practical application and delivery of CEE across the GCPH programmes.	CT		See individual projects for milestones.	1. Young People's transitions pilot, Programme 1 2. CPAG Jury, Programme 4	1. Co-managing contract and supporting lead research agency on CEE delivery as part of the pilot. 2. Co-managing the contract. Advising CPAG on delivery of jury. Green
	Support and develop CEE within place-based projects and the wider GCPH work programmes as a cross cutting approach	CT, MC		1. Event 2. As per detail for other projects as listed	1. Lead the development of a co-design process another #Helfy2 (Healthier Futures Forum event focused on young people). 2. See other projects listed across the work programme. 3. Opportunistic support as required.	1. See the Small Grants Scheme under Climate emergency, adaptation, mitigation and resilience that was one of the projects following on from #Helfy22. See also the Young People's transitions pilot on Programme 1 mid-year report. #Helfy22 informed the early developing of this pilot. CEE co-managing the pilot contract. With the impacts of COVID-19 on communities, including young people, prioritising the pilot will help understand current contexts to inform future work. Drafted a blog that synthesises intelligence from community reports about their responses to COVID-19. The aim of this blog is to support community

					participation in research projects (with Comms). Intelligence from the blog contributed to the GCPH's response to the Scottish Government's Social Renewal consultation. Advised on dissemination for Report Cards. See work experience placement learning under 'Supporting processes of change' Green
	Support and develop CEE amongst partners in delivery	CT, MC	Development		1. Following on from the EUROCITIES workshop, work with GCC Community Empowerment Services to share learning and support increase in quality and sophistication of CEE approaches to align with good practice. 2. Reactive and developmental work including events like Fire Starter and taking tabletop object to any relevant events or conferences.
	Develop dialogue and a potential collaborative to evaluate aspects of the Community Empowerment Act in terms of impacts on inequalities	JM, CT	Development	Possible event to explore collaborative approach to evaluation (currently uncertain)	This project is a possible continuation of work that began in 2017/18 which evolved from the work on power as a health and social justice issue.

Second row (Support and develop CEE):
1. Providing advisory and support on delivery for the CPAG citizen's jury. Providing advisory to Gambling Harms community engagement and experiences working group.

2. Preparatory work undertaken in anticipation to provide advisory and support on deliver to Glasgow's Social Recovery Taskforce. Meeting set up with GCC. News article and social media activity planned with GCPH Comms for Co-production Week Scotland 2020.

Green

Third row (Develop dialogue):
Further meetings were postponed in Spring 2020 due to the pandemic crisis. No further work planned on this – focus of work has shifted to supporting pandemic recovery.

Red

Physical activity	Analysis of Glasgow Life membership trends by area and demographic groups	GY, BW	Development	Dependent on Glasgow Life input and willingness to share data	Request to produce report showing changes to profile of Glasgow Life Membership over time across demographic groups, SIMD and area. Report could cover changes were achieved (e.g. working with community groups) and offer ideas for how to recruit people from under-represented groups/areas.	Work cancelled due to COVID-19. Analysis would be out of date due to COVID-19 impact on Glasgow Life venues. Red
Climate emergency, adaptation, mitigation and resilience	Strengthen and communicate the public health implications of climate change, build understanding about climate justice and facilitate dialogue about equitable approaches to achieving carbon neutrality goals.	RJ, JM, GY, MC, KT, KM	Core/in development	1. To award small grants for audio/visual projects and hold event in runup to COP26 to showcase projects 2. Range of projects to be determined in discussion with GCC and NHSGGC	1. To develop a small grants programme targeted at schools/community organisations working with young people to explore ideas on the climate emergency. Hold an event and write report (if appropriate). 2. Explore additional opportunities for collaboration with other organisations on climate change work/ projects, including, for example, Sustainable Glasgow, GCC, Public Health Scotland, Sniffer, Public Health Evidence Network (PHEN) and the Centre for Climate Justice.	Small grants programme went ahead with some changes (e.g. allowing virtual engagement and extending deadline) to adapt to COVID-19. Event delayed to Spring 2021 and will likely be virtual. Green Continuing conversations and bids for funding with Sustainable Glasgow, GCC, Sniffer, Creative Carbon Scotland and Centre for Climate Justice on project relating to climate change engagement. GCPH a named partner in forthcoming Climate Emergency Implementation Plan, which is due for public consultation soon. Green Developed GCPH climate change infographic.
Holiday food programme evaluation	Working with the MRC on developing a research bid	JM	In development	To be determined	Working with colleagues in the MRC on a bid. GCPH role unclear	Participated in early discussions. Decision was taken not to bid for this research funded as further discussion required. However, no further progress made due to COVID-19. Red

Sustainable Food Places (SFP) Bronze Award application	Working towards SFP bronze award for Glasgow	RG, JM	In devt	A draft due 29th January Final application deadline 15th April 2021	Gathering details of all work related work happening in Glasgow to support the city (rather than GFPP) winning the national bronze award.	Work on this to start in November 2020.\n\nGreen
The New Scottish Diet - Disrupting and Transforming Scottish Food Systems	Working with UofG and GFPP partners to facilitate and support the development of stage 2 bid	JM, RG	In develo pment	To be determined	Support research to develop and implement a New Scottish Diet (NSD) – i.e. an EatWell Plate grown in Scotland (i.e. healthy and sustainable), with a good case made for the focus in Glasgow.	Worked closely with the research team led by UofG to develop bid. Unfortunately, this was unsuccessful, but there might be other research opportunities to work with them in the future.\n\nAmber (as submitted)
Supporting processes of change	• Consultation responses\n• Ad hoc presentations\n• Advice and information\n• Community Plan/Planning\n• Reducing inequalities\n• Monitoring trends e.g. updating Understanding Glasgow\n• Balancing research and practice	All	Core	Ongoing	Ongoing engagement with a variety of partners to embed considerations of health and wellbeing.	GCPH responded to the Town Centre Renewal consultation in August 2020.\n\nWe are currently contributing to a range of consultations: Connecting Communities, Free bus use for under 19s, the new road safety framework and the revised Cleaner Air for Scotland strategy.\n\nGY and CT collated learning from GCPH's first adult work experience placement that took place in 2019.\n\nGreen
Representation on expert panels, steering groups etc.	Member of the Glasgow City Active Travel Forum\n\nRegional Transport Strategy Advisory Group	BW, JM\n\nJM		Attend quarterly meetings\n\nExtended Short life group (2 years)	Provide support and input as required. In particular, support development of 5 pilot projects aimed at improving the school run.\nProvide advice and input at regular meetings, to contribute public health and health inequalities evidence to development of a regional transport strategy (following on from our	No meetings since lockdown\n\nNo meetings since lockdown

				contribution to the Glasgow Connectivity Commission).	
	Represent GCPH on Obesity Alliance Scotland	JM		Ongoing, review at end 2020/21	Obesity Alliance in Scotland will be a forum for organisations working in obesity prevention to collaborate to influence policy and practice. GCPH will bring an inequalities perspective.	JM has stepped back from this group due to reassignment to Test and Protect
	Place Standard review group	RJ		Ongoing, review complete Autumn 2019	Review of the Place Standard to explore what's working well and improve areas to make it easier to use – develop a second version of the Place Standard.	Continuing. Draft version of Place Standard 2 complete and field tested and awaiting Board approval. (NB- date should have read Autumn 2020).
	Clyde Gateway Population Health Working Group	RJ		Ongoing	Support the work of this group using GCPH evidence and make links with relevant work across the city.	Ongoing conversations with Ian Manson but group hasn't met since lockdown.
	Sport and Active Glasgow Group	GY		Ongoing	Support the work of this group using GCPH evidence and make links with relevant work across the city.	Group has not met since COVID-19.
	GCV Green Network Partnership (Steering Group and Board)	RJ		Ongoing	Shape the work of and provide support for the GCV Green Network.	Continue to bring considerations of population health and inequalities to work of partnership.
	Working group on spatial planning's contribution to Public Health Reform	RJ		Ongoing	Explore policy changes needed to deliver PH priorities in spatial planning and how best to achieve that change.	Group hasn't met since lockdown due to focus on COVID-19 response.
	Scottish Landscape Alliance – working group on Landscape and Health	RJ		Ongoing	Work alongside various partners to develop a review of the evidence on landscape and health, a logic model showing pathways to health outcomes, a communication strategy, etc.	Review completed. Launch of report in October 2020.

Programme 4: Innovative approaches to improving outcomes

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/ Comments (include resource considerations)	Mid-year update
Promoting community-based participation Asset based approaches	Exploring barriers to participation among disabled populations	CH	Core	Joint publication with Glasgow Disability Alliance - May 2020	The purpose of this paper is to highlight a range of important and urgent issues which adversely impact on the lives of disabled people. In doing so it is made clear the role that public health has within a collective societal effort in overcoming barriers to community participation and access to community-based services that unfairly impact on disabled populations. To do this a range of evidence, statistics and insights are presented in relation to these issues. Also presented are definitions and narratives relating to historical and contemporary discourses on disability, and important contextual information relating to the UK and Scotland's current disabled populations.	This report will be translated into a joint GCPH, GDA 'micro briefing' publication planned for December 2020. Green
	Community focused approaches that mobilise people as assets	PS, JM	Core if funded	If successfully funded by NIHR: • Engagement with community-based partners • Recruitment to the LE panel • Development of schedule and focus of meetings	Work undertaken in partnership with Yunus Centre at Glasgow Caledonian University, and academic and community-based partners from across the UK. GCPH will lead the Patient and Public Involvement strand of the project. This will require the establishment, planning and management of UK wide 'Lived Experience' panel meeting six times over 3 years to shape and influence the research plan and participate in activity relevant to	GCU-led partnership bid to NIHR successfully funded. Official start date for the project amended to January 2021 due to the COVID-19 pandemic and restrictions. First full project group meeting held in October 2020, with first Project Management Team meeting due to be

				• Identification of meeting locations • First LE panel meeting in January 2021 • Develop LE panel evaluation methodology • GCPH contribution to the project group • GCPH contribution to the Project Advisory Group	the study phases and contribute to the Project Advisory Group. Participants will build skills and knowledge in the research process and methods and guide the project team in relation to ensure the appropriateness, relevance and conduct of the research, and the interpretation and reporting of findings.	held in mid-November 2020 and monthly thereafter (PS representing GCPH). GCPH will led the Lived Experience Panel as planned, with an options scoping paper prepared for discussion with the Project Management Team due to the change in project context. Green
	Embedding asset-based approaches and perspectives in community-based setting	JM	Core	See Programme 1 plan for specific programme milestones	As detailed in the Programme 1 workplan, Children's Neighbourhoods Scotland (CNS) working in communities across Scotland will bring an asset-based perspective to our partnership work with local children and young people, families and local stakeholders with the aim of building local capacity and capabilities ensuring that services are delivered in a joined-up way, that power is shared with communities, and that the poor childhood outcomes associated with disadvantaged settings are improved. During 2020/21 all six CNS sites will be established, three sites with Glasgow City, 1 site in West Dunbartonshire and the small town and rural community sites in South Lanarkshire.	Ongoing Our partnership programme with the University of Glasgow, CNS continues to develop and expand into new neighbourhoods, and to adapt in response to the COVID-19 context, as detailed in the Programme 1mid-year update. Green
	Partnership working and sharing learning	JM	Core	Dissemination of learning, supporting collaboration and sharing learning	Continue to take up opportunities to share learning and insights from our work on asset-based approaches.	Ongoing Continue to support and contribute to range of projects and funded studies

					Provide support, advice and input in a sustained way to local and national group as they understand, embed and evaluate asset-based working. • Named collaborator on CRUK funded systematic review into asset-based approaches for smoking and tobacco control led by the University of York. • Member of Expert panel for evidence synthesis NIHR bid being prepared by Edinburgh University. • Advisor to GP Postdoctoral Fellow CSO funded study exploring community responses to managing long term conditions. • Author of editorial as part of the 10 year review of 'A glass half full' by Foot and Hopkins. Due to be published in Spring 2020.	focused on asset-based approaches, community-led approaches and building community capacity. • CRUK study nearing completion. Project Advisory Group meeting scheduled for November 2020. • Edinburgh University NIHR bid – awaiting update. • CSO study currently on hold due to COVID-19 crisis. Lead researcher is a GP working in Paisley. • A Glass Half Full 10 year review – editorial and post script submitted. Publication now to be launched in early December 2020 by the Local Government Association in England. JM will present learning and insights at launch webinar.
Housing	Impacts of housing and the home on mental wellbeing for low income households	LG	In devt	Scoping review, project plan and funding	The first stage of this project is a review of existing evidence on the pathways from housing, through the emotional connection to the home and the resilience this can provide, to mental health and wellbeing outcomes. It will further consider the ways in which various policies in Scotland, including but not limited to housing policy, impact upon housing for low income households. The aim is to better understand the ways in which housing shapes mental health, both as a direct determinant of health outcomes and as a mediator in reducing (or amplifying) the impacts of other shocks to mental health. The focus on low	This review is ongoing, alongside the continued dissemination and development of previous housing research. Green Owing to maternity leave for 12 months from January 2021, this review will be completed in 2022. We have commitment from partners at the University of Stirling that funding for future housing research will be picked up in 2022 in line with this timescale.

					income households is due to the recent rise in such households in the Private Rented Sector and our focus on reducing inequality. Following this review, a new piece of primary research, which addresses known gaps in the evidence, will be designed. Funding will be sought to cover resources needed by this project. The project will draw on our existing relationship with the Housing department t the University of Stirling (Steve Rolfe), CaCHE and with housing organisations in and around Glasgow.	
Volunteering and participation	Understanding volunteering participation	RJ, GY	Core	In development	Develop a project to explore perceptions of how to increase volunteering in a community setting, particularly among under-represented groups.	Two projects have been scoped out – one on how volunteering has changed for those previously engaged in mega-sporting events and another with Mutual Aid groups and how they are transitioning to address mental health issues. Both projects on hold due to new work in development evaluating Childhood Obesity project for HSCP. This will not be picked up until next year due to capacity.
					Support development and launch of Volunteer Scotland-led work on volunteering participation in Glasgow in relation to demographic, socio-economic factors/ behaviours/ attitudes/ outcomes.	Published in April 2020. Launch event cancelled due to COVID-19.
Participatory budgeting	Glasgow City Council 2021 PB mainstreaming	CH	In devt	In development	Working collaboratively with Glasgow City Council and partners to support the development of PB across all council	This work continues through the lens of the pandemic – the GCPH is a key partner in supporting the Social Recovery Task

					wards and to embed mainstream PB within Council budget allocation by 2021.	Force to consider the next iterations of inclusive and accessible PB within the City.
Social Prescribing	Community Link Workers developmental work	PS, JMu	Core	Workforce development event Spring 2020	Through membership of CLW Steering group and Contract Monitoring group, GCPH are supporting the learning evaluation of the CLW role out through a staged approach to building commitment and resource. Stage 1 is an initial exploration with practitioners of the Glasgow narrative of CLW impact leading to, if approved and funded, qualitative work with practitioners and ultimately, service -users.	Not funded by Primary Care Improvement Plan steering group. Red
	Social prescribing pathfinder	PS	In development	Contribute according to expertise in evaluation. Proposal autumn 2020	GCPH involvement in cross-city group developing bid to Robertson Trust for evaluation of new intervention using culture and leisure services to improve population health outcomes. GCPH developing evaluative aspects.	Due to impact of COVID-19 on lead partner Glasgow Life's services, this work has not progressed since April 2020. Amber
	Evaluation of the Clyde Gateway cancer screening initiative	RJ, GY	Core	Draft report to Steering group by April 2020, final report for steering group by May 2020. Dissemination to Scottish Government by summer 2020	Ongoing work initiated last year involving a process evaluation of the Clyde Gateway led Cancer Screening Inequalities project. Evaluation has involved synthesising existing monitoring information and interviewing members involved in the delivery of the project.	Report published and shared with Clyde Gateway. Feedback was positive on the standard of report. COVID-19 has completely derailed any potential for learning to shape subsequent screening practice. Amber
Race and racialisation		PS	Core	Event with Public Health Scotland summer 2020 Attachment/ placement to develop GCPH response to racialisation	Two activities stemming from GCPH event, Race and racialisation as fundamental causes of health inequality and identified need for action to address representation issues in public health priority setting and decision making.	Job description for post has been created and advertised as of 12th November 2020. GCPH has been invited to join and shape terms of reference for revised Scottish Migrant Ethnic Health Research Strategy group.
Inclusive growth	Health and inclusive growth in Glasgow city	VM	Core	Local authority level plan to be produced by end March '20.	VM on a short-term placement within the economic development department of Glasgow City Council to explore what	Placement extended to end March 2022. VM working with economic development colleagues at Glasgow City Council and

				Next steps / follow up work TBC.	would be different if health and wellbeing were central to economic decision making in Glasgow city. The action plan will be based on opportunities within the city over the next five years and will consider key issues such as the scope and scale of change required, the key challenges in moving towards a more inclusive economy, and potential delivery models. Next steps/follow up work TBC.	Glasgow City Region partners to shape and deliver a programme of economic response, recovery, and reform that supports better and more equal health. Driving forward community wealth building approaches is a particular focus, working with Scot Gov colleagues: progressive procurement and socially just use of land and property are initial areas of effort. VM sits on both the Economic Recovery Group and the Social Recovery Taskforce, and plays an active role in work associated with public health priority 5.
Developing a perspective on evidence	Knowledge matrix	LG	Core	Ongoing contribution to discussion.	Ongoing work initially contributed to by VM.	This work is ongoing, albeit with a focus on COVID-19 at this time.
Seminar series		PS, JC	Core	Six seminars across work plan year with follow-on activity where interest.	Scope and collate potential speakers for series and curate speaker list for the year to reflect broad range of innovative perspectives broadly linked to public health. 5-6 per academic year.	Communications activity in GCPH has been impacted by reassignment of staff to test and protect. We have delivered one seminar in the in the last quarter of 2020- Angela O'Hagan on the caring economy. Amber
Providing leadership, insights, influence and impact	GCPH representation and contribution on a Steering/Advisory groups. Partnership working Sharing learning Supporting practice	All	Core		• North Ayrshire Fair for All • Programme Committee for Multiple Long Term Conditions, Guy's and St Thomas' Charity • PH Oversight Board • PH Improvement Group • PH Evidence Network • Population Health Working Group • Knowledge is Power Advisory Group • Third sector mental health group	PS continues to contribute to these key strategic groups (NAFFA, Guy's and Thomas', PHOB, PHIG and PHEN) with addition Social Recovery Task Force as a key space for supporting development of recovery focussed activity at city level. Clyde Gateway Population Health Working Group still exists but hasn't met since lockdown. Knowledge is Power Advisory ongoing but no meetings scheduled.

2020-21 Communications work plan: Mid-year update

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
Publications: A broad range of publications that meet different audience needs are produced annually. These include full research reports, syntheses, briefing papers, policy briefings, summary leaflets, responses to consultations and calls for evidence, and journal articles. The comms team support these in terms of an established rigorous proofing and editing process, design, print, publication, promotion and dissemination.						
Publications	Written research outputs	JCr, JC, lead authors	Core	Dictated by Programme workplans	Range of publications to communicate and disseminate new findings – includes research reports, briefing papers, policy briefings, responses to consultations and calls for evidence Specific outputs not listed here as already detailed in Programme workplans	Timing & focus of some planned publications impacted as work programmes adapted to respond to the pandemic. At start of pandemic publication & dissemination of new outputs was halted unless related or relevant to COVID-19. Priority for all comms for remainder of year is to ensure their/our contribution to support the response to COVID-19 is clear (i.e. the relevance) while remaining aligned with our headline purpose of *supporting new approaches and informing action to improve heath and*

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
						tackle inequality'. The pandemic has served to raise awareness of the messages about poverty and inequality leading to difficult circumstances impacting those already in difficulty and the interconnectedness of economic, physical, social and environmental factors – serving to highlight the relevance and importance of the focus of much of our work. Green
Publications	New GCPH booklet	JC	Core	May 2020	This will provide a short description of GCPH including our role and niche, what we focus on and why, and how we work. For use by staff and partners; and at events, conferences and meetings.	Text developed but design & print of booklet on hold as not required during current restrictions on face-to-face meetings & events. Amber
Publications	At-a-glance findings summaries	JC, JCr, research leads	Core	Dictated by Programme workplans	Key priority is to ensure concise and accessible summaries are available with a focus on actions and	Structure & format developed for these. Findings summary produced for UK

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
					recommendations for policy and practice.	mortality trends analyses. Particularly useful for long reports & journal papers. Green
Events: Our events continue to be one of the main ways to achieve our objective of providing opportunities for two-way engagement and feedback on our work. Our successful and longstanding annual events such as the Seminar Series and Healthier Future Forums will continue, alongside smaller topic-specific seminars and workshops. Our collaborative approach to curating the Seminar Series where possible will also continue – enabling us to share costs, utilise other orgs contacts and networks and bring our public health and inequalities expertise together with experts in other disciplines and topics. Will also ensure that we continue to have a broad appeal to our existing and diverse range of stakeholders through a broad range of topics and formats and with an ongoing ethos of being inclusive and accessible to all and not being overly 'expert-led'. This supports the communications objectives to encourage wider participation in our events and increase awareness of the Centre (through growing the size and diversity of our network). An additional priority relating to our events is to innovate in our engagement methodologies and formats.						
Events	Annual Seminar Series	JC, PS, CF	Core	Final SS16 seminar April 2020 Six SS17 seminars to be held from Autumn 2020 to Spring 2021	Curated to offer promising and insightful contributions from internationally recognised speakers to our network of practitioners, policymakers, researchers and citizens with a broad interest in improving the city's health and reducing inequality. Curated and organised in collaboration with others where possible. All seminars are recorded and podcast to maximise reach. Where appropriate, morning-after workshops enabling a more in-depth discussion of the topic with the speaker are held.	April 2020 seminar postponed until Nov 2020. SS17 being planned as webinars. Timing & number impacted due to staff reassignment & capacity. Amber
Events	Healthier Future Forums	JC, CF, Prog Managers	Core	Autumn 2020 Feb/March 2021	These provide an opportunity to hear, reflect on and discuss new findings emerging from GCPH and others from particular projects, or on particular topics important to public health. Open	Current restrictions have impacted on timings, format and topics. Planning underway for other

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
					to our network, they generally attract an audience of around 200 delegates with a broad range of interests and disciplines.	topic specific webinars instead. Several webinars held since Sept including three PHINS webinars & food plan consultation launch. All 'successful' and well attended. Amber
Events	Topic-specific workshops and seminars	JC, CF, Prog Managers	Core	Dictated by Programme workplans	As above but for invited audience with a specific knowledge or remit on the topic. Smaller in scale to HFF events.	As above. Amber
Events	Exhibition stands at conferences and other events	Comms team	Core	Annual NHS Conf –June 2020 PHINS seminar – Sept 2020 SFPH Conf – Nov 2020 Others as opportunities arise	These allow us to engage in opportunities to raise our profile presented by partners and others through their events. In addition to conferences listed, we will respond to opportunities that emerge throughout the year where capacity and budget allow.	Unlikely to be any face-to-face events for remainder of 2020-21. Red
Digital: Our digital communications encompass a range of online and digital platforms and resources to share our work. This includes our three websites (GCPH; Understanding Glasgow; and GoWell); our social media channels (Twitter and Facebook) and audio/video media channels (YouTube and PodBean); the GCPH bi-monthly newsletter and our use and sharing of a range of multimedia content such as infographics, podcasts, animations and films. A core part of our digital engagement over the year ahead will be the day-to-day management and development of these channels and tools. There are two key priorities during 2020-21. The first is to expand our digital resources to communicate key messages via the spoken word through producing in-house audio recordings, short talking-heads from team members, films and animations. The second is the migration of the GCPH and UG websites to a new content management system (CMS).						
Digital	Day-to-day management and	SF, JC	Core	Ongoing	Ongoing utilisation of these tools to build our online audience and share our	Importance of our digital channels to

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
	development of our three websites (GCPH; Understanding Glasgow; and GoWell) our social media channels (Twitter and Facebook); and audio/video media channels (YouTube and PodBean)				work widely. Linking our work into topical issues that are trending, online conversations and awareness campaigns is an important aspect of our social media engagement.	communicate & engage has increased during current restrictions. During initial stage of pandemic adapted use of digital channels to share useful info and resources on COVID-19 and how we as an organisation were responding. New series of blogs developed. Green
Digital	Migration of GCPH website	SF, JC	Development	Tender and commission by May 2020 Migration over summer 2020 Complete Sept 2020	The current content management system (CMS) on which our websites run has become outdated, necessitating a move to a new CMS. This will not necessarily change how the website looks or is structured but the opportunity that moving to a new and more up-to-date CMS brings will be used to make some functional improvements. This includes the ability to hyperlink graphics and easier use of graphics and multimedia content; responsive design for mobile optimisation and display on different screen sizes; and additional accessibility features (text to speech functionality, font size increases).	Has not been possible to tender or commission due to procurement capacity. Hope to progress in new year but dependent on NHSGGC procurement. Amber

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
Digital	Migration of Understanding Glasgow website	SF, BW	Development	Timescales tbc – depends on capacity of BW and UG partners	From a technical standpoint, as above. However, this work will be more complex from a project management perspective as more people and organisations are involved in uploading and editing content on UG site and this needs to be considered re timescales.	As above, will move into 2021-22 work plan. Amber
Digital	Infographics	SF, research leads	Core	Spread over course of year. At least 6 new infographics to be produced over year	These are a useful tool for highlighting new findings and raising awareness of our work and different topics, particularly on social media. Design work and our comms support is also an important part of our contribution to partnership working – for example the Glasgow City Food Plan work – as smaller organisations often do not have in-house comms or design capacity.	GCFP logo, infographics, posters, flyers and bookmarks are examples of designs produced for a multi-agency partnership and led by GCPH. A recent infographic outlining why climate change is a public health issue has proven popular on social media and as a way to introduce an important and complex topic. Green
Digital	Expansion of digital resources to include audio recordings, talking-heads and short films, and animations	SF, JCr, RF, JC	Development	TBC but aim to produce one new output each month	A priority in 2020-21 is to expand our digital resources to communicate our key messages via the spoken word through audio recordings, short talking-heads from team members, films and animations. These will be produced in-	Team have been unable to access and test out new camera equipment or editing training during restrictions & also impacted by staff

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
					house and used on our website and social media.	capacity. Priority for reminder of this year. Recording of webinars has enabled these to be shared widely after the events. For e.g. recording of David Walsh presenting at the PHINS seminar has been used to help disseminate the research findings more widely. Short animation produced to promote the GCFP which was well-received by partners and delegates at online events as well as on social media and YouTube. Amber
Digital	Newsletter to GCPH network and GCC elected members	JC, JCr	Core	Bi-monthly (Feb, Apr, June, Aug, Oct, Dec, Feb)	Main newsletter is circulated to our 3,000 subscribers to highlight past, current and future activities (including publications and events) and directs them to website for further information. A tailored and slightly shorter newsletter circulated to GCC elected members.	Three issues of main & GCC elected members' e-updates published & circulated in May, July and September. Green

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
Media: This encompasses the use of mainstream media to increase our profile and share our work via both proactive and reactive responses. The changing media landscape brings a new challenge in finding the right journalist and outlet for our stories, particularly for those that require an in-depth understanding of the issue. An important component of our media management is to ensure that partner organisations are aware of media interest and potential coverage in advance, particularly for any sensitive or contentious issues.						
Media	Coverage of key publications in mainstream media (print, radio, TV and online) and in other orgs' and specialist publications and websites	JC, research leads	Core	Dictated by publication topics, findings and timings but aim to achieve coverage of at least two key publications/areas of work over year in national news outlet	We take a considered approach to seeking media coverage of our work generally reserving it for particularly newsworthy findings or topical issues. We use a mixed approach to this including press releases, exclusives and op-eds.	Responding to media enquires in normal way i.e. comment if and where we can and signpost to other sources of expertise. When commenting aim to highlight the continuing influence of social determinants and existing inequalities and indicate examples of good work we are aware of in partner responses or intelligence. Green
Media	Media monitoring	SF, JCr	Core	Ongoing	Daily monitoring of the media for GCPH mentions, relevant/topical issues team should be aware of and awareness of how issues are being reported.	Ongoing. Green
Communications review	External review of communications and stakeholder analysis	JC, JMcL, PS	Development	Commissioned by end-April 2020 Review complete and reporting end-July 2020 Refreshed Comms Strategy Sept 2020	In-depth review of comms to identify strengths and gaps in strategy and networks, assess whether comms are effective and suggest improvements, and better understand how to capture and expand measurement of	Timescales impacted, mainly due to re-prioritisation and capacity. Reviewing if appropriate to proceed

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
					effectiveness and influence of our comms.	or postpone until next year. Amber
Framing of messaging	Ongoing priority of how to frame messages to maximise influence and impact across totality of channels	JC, JCr, SF, MC	Development	Autumn 2020 – plan of how to take this forward	This includes balancing the use of 'framing' approaches alongside our trusted impartiality, transparency and evidence-led messaging; and ambition to embed human stories to depict lived reality of issues we focus on. Connects with growing interest in the recognition and valuing of lived experience as data which informs development of services and policy responses.	Timescales impacted, mainly due to re-prioritisation and capacity. Priority to develop plan for how to take this forward. Amber
Joint communications on key public health challenges	Key public health priorities it is important our messaging and comms connect with and support. Ambition to collaborate with others to develop joint messaging, outputs and activities	Comms team and research leads	Development	Will arise over year	Likely topics: • developing understanding on the causes and responses to stalling life expectancy; • climate emergency and opportunities COP26 presents to highlight PH and social justice implications and responses; • the health dimensions of an Inclusive Economy; • taking a whole-systems approach to issues, e.g. on mental health, and the development of a city-wide food strategy; • developing a response to racial inequality and the changing	Good progress on activity/communication on several of these PH priorities but led by GCPH as opposed to joint messaging as partner priorities have changed in the short-term to focus on the pandemic. Amber/Green

Area of Focus/ Communications channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2020-21	Description of work, partners and resource implications	Mid-year update
					demographics at a local and national level.	
Monitoring and reporting	Collation and review of standard measurement metrics	JC	Core	Progress reports to EMT and Management Board. Bi-annual and annual web and social media analytics	Ongoing collation and review of standard metrics including web and social media analytics, outputs produced, newsletter open and click rates, and event attendance and feedback. Also tracking or following longer term engagement of outputs and activities to assess which formats, activities and topics gain the most traction.	Ongoing Green

Appendix

Summary of GCPH outputs and activities at mid-year (April 2020 – November 2020)

GCPH events and seminars

Title	Date	Delegates
PHINS 2020 webinar series – Webinar 1: Multiple pathways – mitigating the wider impacts of COVID-19 responses (Margaret Douglas, University of Edinburgh). Moving beyond silos: using an intersectionality lens to understand the multidimensional crisis of COVID-19 (Anuj Kapilashrami, University of Essex).	Sept 2020	234
PHINS 2020 webinar series – Webinar 2: The crisis before the crisis: pre-pandemic mortality trends in UK cities and countries (David Walsh, GCPH). Prioritising population health: calibrating COVID-19 deaths with mortality due to inequality in the UK (Ruth Dundas, MRC/CSO SPHSU, University of Glasgow).	Oct 2020	187
PHINS 2020 webinar series – Webinar 3: How did we get here? The problems that COVID-19 has laid bare (Emma Congreve, Fraser of Allander Institute, University of Strathclyde). Realising a Green Recovery (Dave Reay, University of Edinburgh).	Oct 2020	182
Glasgow City Food Plan – consultation launch (Also two further engagement events: one in November and one in December)	Oct 2020	96
Seminar Series 17: Lecture 1 #CaringEconomyNow: A Call to Action (Dr Angela O'Hagan, Reader in Equalities and Public Policy, Glasgow Caledonian University.	Nov 2020	222 registered

Publications & consultation responses

Title	Date
Supporting community recovery and resilience in response to COVID-19	May 2020
Testing approaches to increase cancer screening in the Clyde Gateway area	May 2020
Policy recommendations for population health: progress and challenges	July 2020
Bikes for All evaluation: summary of overall findings (2018-2020)	August 2020
Town Centre Expert Review Group call for evidence on town centre revitalisation (Scottish Government)	August 2020
Exploring the cost of the pregnancy pathway	Sept 2020
Social Recovery Advisory Board call for ideas (Scottish Government)	Oct 2020
Mortality trends in countries and cities of the UK: a population-based trend analysis – research summary	Nov 2020

Blogs/commentaries

Title	Date
Our response to COVID-19 and thoughts for the future	May 2020
Food in uncertain times	May 2020
Children's Neighbourhood Scotland: exploring local responses to COVID-19	May 2020

What is community resilience?	May 2020
Coping with the COVID-19 pandemic: the centre role of home	May 2020
Cycling through a pandemic	June 2020
The power of communities	June 2020
Walking during the lockdown in Scotland	July 2020
Policies to reduce health inequalities: where were we in Scotland pre-pandemic?	July 2020
The unprecedented rise of mortality across poorer parts of the UK	Nov 2020

Journal articles

Walsh D, McCartney G, Minton J, Parkinson J, Shipton D, Whyte B. Changing mortality trends in countries and cities of the United Kingdom (UK): a population-based trend analysis *BMJ Open* 2020

McCartney G, Leyland A H, Walsh D, Dundas R. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? *Journal of Epidemiology & Community Health* 2020

Walsh D, Lowther M, McCartney G, Reid K. Can Scotland achieve its aim of narrowing health inequalities in a post-pandemic world? *Public Health in Practice* 2020

Wami W, McCartney G, Bartley M, Buchanan D, Dundas R, Katikireddi S V, Mitchell R, Walsh D. Theory driven analysis of social class and health outcomes using UK nationally representative longitudinal data *International Journal for Equity in Health* 2020

Davis A, Whyte B. Making the shift to sustainable transport in Scotland Ci*ties & Health* 2020

Robison O, Inglis G, Egan J. The health, wellbeing and future opportunities of young carers: a population approach. *Public Health* 2020

Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework *BMC Public Health* 2020

Risk and Opportunity Register 2020 – 2021

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
GCPH staffing and resources				
1. Loss of key staff including potential change in leadership	The GCPH has had a very stable staff team and consistency of leadership since its establishment. This means that the work and Centre's profile is strongly associated with individuals. Probability: High (5) Potential impact: Medium (3) **15/25**	Attention to staff development and succession planning, including bringing new experience into the team. Emphasis on shared responsibility within the team, to minimise risk when individuals move. Move to three year planning supports continuity. Agreed support from DPH in situation of leadership change	Probability: Medium-High (4) Potential impact: Low -Medium (2)	**8/25**
2. Loss of funding or partner support including need for new funding model to reflect budget constraints impacting on	Sustainability of GCPH depends on core SG funding plus a strong local partnership. Both aspects depend on the work being seen to be relevant, influential and providing added-value both nationally and locally. Changes in	Performance management and team development to ensure an ongoing high level of delivery and quality of GCPH outputs.		

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
delivery and sustainability	personnel, funding contexts and priorities all have an impact. Budget pressures requiring efficiencies or budget cuts, together with employer responsibilities and rising salary costs, result in minimal non-salaries resource to undertake programme activities. Probability: Medium-high (4) Potential impact: Medium- High (4) **16/25**	Ongoing attention to achieving impact and articulating this. Regular engagement at Board level in scoping the partnership landscape to ensure the profile and connectedness of GCPH is as effective as it needs to be. Regular stakeholder mapping to ensure the necessary connections are being made. Board members alert Directors early about any likely changes in support, and any opportunities to stabilise/extend existing support. Management Board discussion and agreement on approaches to income generation and prioritisation within financial envelope.	Probability: Medium (3) Potential impact: Medium-High(4)	**12/25**
3. Business continuity in the face of unforeseen shock	GCPH infrastructure (IT, finance support, accommodation) is largely provided by our partner organisations, so we are protected to a considerable degree by their larger corporate	Develop business continuity plan Put in place systems with partners to reduce risk of GCPH being overlooked in corporate resilience planning.		

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
	systems and resilience. However, as a small organisation located separately we are less visible and central to resilience planning. Some issues (e.g. site-specific safety) need GCPH-specific attention. Impacts of Brexit/no-deal likely to be secondary to and consequent on those felt by GCPH partner organisations. Covid-19 risks to staffing levels, business continuity and delivery of workplan commitments. Probability: High (5) Potential impact: Medium-high (4) **20/25**	Maintain openness to responding to any resilience issues or other impacts of Brexit/no-deal.	Probability: Medium-high (4) Potential impact: Medium-high (4)	**16/25**
4. Staffing resource and slippage in delivery of work plan as a	Measures for working from home were introduced on 17th March. This has seen GCPH team work effectively on a number of core tasks. However, the forward programme of	To mitigate staff impacts the following actions have been put in place and will continue for period of social distancing:		

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
consequence of COVID-19	GCPH events has been postponed and school closures have presented additional challenges for some of the team. As of April 9th impact on sickness absence had been low although some special leave and requests for flexible working where approved due mainly due to child care needs following school closures. We have also demonstrated flexibility and responsiveness in terms of our work plan to support wider COVID-19 response and recovery. Risks we will continue to monitor, seek to prevent and mitigate include: • Impact on staff teams' physical and mental health as a consequence of sickness of self or family members and stress induced by social distancing, school closures and restricted movement. • Reassignment of key staff to support COVID-19 response in NHSGGC • Partner and collaborator resource being focused elsewhere and planned projects either being delayed or cancelled as a consequence	• Review of individual work plans to assess which work is at risk and adaptation where required. • Encouragement of communication between team and line managers around adaptation and coping in relation to impacts of social distancing and associated measures on ability to deliver contracted hours and tasks within workplan. These conversations should be supportive and utilise flexibility, leave options and managerial discretion to balance health and wellbeing with a focus on key outcomes. • Circulate information on NHSGGC psychological support • Encourage exploration of means of keeping in contact for both formal and informal communication during period of working from home.		

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
	Probability: High (5) Potential impact: Medium- High (4) **20/25**	To mitigate effects of partner reprioritisation on the delivery of our work plan: • It will be necessary to review work plan in light of COVID-19 to ensure that GCPH is able to offer a distinctive and influential contribution. We remain in touch with NHSGGC/HSCP, University of Glasgow, Local Authority and Third Sector partners and individual programmes are responding appropriate to resource and expertise. This will require reprioritisation and potentially reallocation of staff. • Work continues to develop and clarify role of GCPH in responding to coronavirus crisis. Deliver amended work plan documenting GCPH response to COVID-19 with approval through EMT.	Probability: Medium-high (4) Potential impact: Medium (4)	*16/25*

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
5. GCPH reputation is challenged	This could result from reduced quality control of outputs, limited political acuity, unprofessional behaviours or misrepresentation of results/messaging by the media or others. The risk increases as management and quality assurance processes become more stretched, and the work more diverse. Probability: Low (1) Potential impact: High (4) 4/25	GCPH has managed its reputation, communications and work quality very well throughout its history. No new preventative actions are proposed, but attention will be paid to early alerts of reputational change and also to ensuring that internal processes continue during any reductions in staffing.	Probability: Low (1) Potential impact: High (4)	4/25
6. Low levels of staff satisfaction and negative	Annual iMatter survey identifies what we do well and also areas where staff experience is declining, with potential implications for staff	Development of Action Plan involving staff team. Regular review and assessment of effects of agreed actions.		

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
organisational culture	motivation and morale as well as organisational reputation.

Probability:
Low-medium (2)

Potential impact:
Medium (3) **6/2** | | Probability:
Low-medium (2)

Potential impact:
Medium (3) | **6/25** |

Potential risk	Comments and pre-treated risk rating	Prevention, mitigation or adaptation	Post mitigation	Treated risk rating (N/25)
Public Health Reform				
7. The process of public health reform in Scotland results in the GCPH being changed or incorporated into a new structure.	The reform process will establish a new national body (Public Health Scotland). It is not clear what changes will be made to sub-national structures and ways of working, including the role and remit of the GCPH.

Probability:
High (5)

Potential impact:
Medium- high (4) **20/25** | The opportunity to recognise that the way GCPH works in ways that are being actively promoted/sought by the reform process, and therefore might be seen as a model to be strengthened and replicated.

Clear communication of the GCPH model, ways of working and added value. Board members have an important advocacy role in this too. | Probability:
Medium (3)

Potential impact:
Medium (3) | **9/25** |

		Contributions to the reform process and proposals, to ensure that the GCPH is part of considerations and helps to shape sub-national developments. Keep GCPH team updated with the reform process and discussions. Prepare GCPH team for possibility of change. Any changes to partner priorities or structures as a result of the reform process are considered in relation to their implications for the GCPH.		

NOTES FOR EMT MEETING DISCUSSIONS OF RISK REGISTER:

August 2019

- No changes to the register since June
- Some positive movements in relation to budget (2019 income, and SG consideration re salary uplifts and medium-term commitment)
- Potential growing risks in relation to diverse asks and expectations of GCPH in partner landscape (being discussed as separate agenda item at August EMT meeting)

November 2019

- Pre-mitigation scores added

February 2020

- No new risks added or changes to risk scores proposed
- Risk 1 to reviewed by EMT and any additional mitigations added

April 2020
- Risk 4 (COVID-19) added following Board suggestion

Glasgow Centre for Population Health
Management Board
2 December 2020

Children's Neighbourhoods Scotland progress and publications update

Recommendations

Board members are asked to:

- Note the development and progress of the CNS programme.
- Note the range of resources and publications that are available and forthcoming.
- Provide guidance and suggestions as to possible sources of interest and connection to the programme and publications.

CNS programme

1. Our partnership programme with the University of Glasgow, Children's Neighbourhoods Scotland (CNS) continues to develop and expand into new neighbourhoods, and to adapt in response to the COVID-19 context.

2. Working with children and young people, their families and public and third sector organisations in high poverty neighbourhoods in Glasgow (Bridgeton and Dalmarnock, Castlemilk and Drumchapel), West Dunbartonshire (Randor Park, Clydebank) and South Lanarkshire (Smyllum and Rigside), CNS activity focuses on increasing the voices and promoting the priorities of children and young people; and supporting partnerships and collaboration between organisations and services. Priorities for action are distinctive to each area, responsive to the demographics and existing activity in the area and focused on developing local solutions. This work is led by a CNS Local Coordinator, who is based in the neighbourhood and is the visible presence of the programme locally.

3. CNS also has an embedded research and evaluation team. This unique operational aspect of CNS strikes a balance between supporting the development of the programme and maintaining a critical distance as evaluators.

4. CNS benefits from the financial and practical support of a number of partners. CNS is supported by *Every Child, Every Chance: Tackling Child Poverty Delivery Plan (2018-2022)* through the Helping Families in Other Ways range of actions, and a number of funders from the public and private sector. These include Glasgow City Health and Social Care Partnership and Glasgow City Council, West Dunbartonshire Council and South Lanarkshire Council and Baillie Gifford.

5. The CNS annual report was published May and gives an update on progress across the programme as whole during 2019/20 and plans for 2020/21.

6. The time, expertise and experience of a GCPH Programme Manager continues to be the GCPH contribution to CNS. The CNS team are based in the Olympia Building.

CNS response to COVID-19

7. CNS' position working closely with communities meant that at the onset of the first lockdown in March, the programme was well-placed to capture the early lessons and insights from local responses to the COVID-19 crisis. Direct support for CNS sites was also provided where possible by, for example, the provision of resources or collating and sharing local response information. A new research study was also rapidly developed to document responses to, and the impact of, COVID-19 on children and families.

8. Due to the strength of the relationships we have developed with communities, CNS has been able to gather a deeper understanding of the impact of the public health emergency on children and families and work with them to develop evidence-based responses to the challenges they are facing.

9. A collection of resources exploring the impact of COVID-19 on families, children and young people across three Glasgow communities has been published. The resources include an in-depth research report and three complementary focused briefing papers – *Family wellbeing*, *Local services responses* and *Collaboration* (attached with meeting papers).

10. The findings provide insights into the impacts of COVID-19 on children and families and how services have collaborated across sectors to respond to the urgent needs of communities and families during the pandemic. These resources bring to fore the views, voices and the lived experiences of the frontline staff who directly supported children and families during the early stages of the pandemic and first lockdown period and who coordinated responses within communities and across Glasgow City.

11. This research has found that the COVID-19 lockdown increased the stresses of poverty and social isolation in Glasgow. Heightened stress in children and young people was associated with a lack of personal space, loss of contact with peers and other adults, boredom and frustration in being at home, possible neglect and financial worries. The burden of such stress weighed more heavily on some families than others.

12. The pandemic has shone a light on the nature of pre-existing inequalities and the extent to which individuals and families, particularly those in high poverty neighbourhoods, were more vulnerable, due to insecure work and employment, housing and digital inequalities.

13. The pandemic and lockdown also resulted in a remarkable voluntary sector mobilisation. The research demonstrates that the coordination and planning of service provision to support the most vulnerable populations emerged at a local level between small, locally embedded community and voluntary organisations and local state officials. In all communities, particularly communities with existing challenges, the trusting relationships between local people and front-line workers were critical in identifying and providing rapid and adaptable support to those most in need of financial, practical, and emotional support. However, concerns were raised that the value of this role was not fully acknowledged by public sector services. The lockdown revealed the reliance of the

UK and Scottish Governments on the voluntary sector to provide support to the most vulnerable without a consistent cross-sector local mechanism for strategic emergency response planning.

14. A series of Insight papers were also published to share emerging and real time insights from the research as it was conducted to support the COVID response and recovery planning. Titles in this series include *Collaborative support for families, Lessons learned from the 'Hub' model, Perspectives from Refugee and migrant families,* and *Rural insights from frontline practitioners.*

15. Literature reviews on the concepts of vulnerability and resilience for children, young people and families and on 'Children and young people and rural poverty and social exclusion' have been recently published.

Future plans and publications

16. CNS will continue to adapt and respond to the COVID-19 pandemic as required. The team will integrate learning from the COVID-19 research into the wider work of the programme.

17. Building on the learning from our research in Glasgow, further reports and briefings will share the perspectives of frontline workers who supported vulnerable refugee, asylum seeker and migrant families in local neighbourhoods during the COVID-19 lockdown, and the impact of the lockdown on families living in rural communities.

18. The report '*Developing a capabilities wellbeing framework with children, young people and stakeholders in Clydebank*, West Dunbartonshire' will also be published shortly. This report presents the wellbeing framework devised by children and young people in two schools in Clydebank. It offers detailed insights into what young people say they need to achieve their potential and draws on the expertise of local stakeholders to identify the resources that support or hinder the achievement of youth wellbeing goals. This research will be undertaken with children and young people in schools in Drumchapel, Castlemilk and in further schools in Bridgeton and Dalmarnock from January 2021, utilising newly developed video and online resources and in-school sessions where possible.

19. Finally, a report focused specifically on children and young people's mental health priorities has been prepared and shared with West Dunbartonshire Community Planning Partnership, who are taking forward the recommendations of the Children and Young People's Mental Health Task Force. Ideas and suggestions to support children and young people's mental health within their communities came through as a key theme from the children and young people who took part in the research.

Dr Jennifer McLean
GCPH Programme Manager

Alison Drever
CNS Programme Director

November 2020

COVID-19 Glasgow Research Briefing: Collaboration September 2020

Children's Neighbourhoods Scotland

Summary

The COVID-19 pandemic has brought into sharp focus the inequalities affecting children and families in Glasgow's high poverty neighbourhoods, and how these have been heightened by the crisis. The aim of this research was to examine service responses to the COVID-19 virus pandemic and the experiences of families, children and young people living in high poverty settings. This briefing focusses on learning in relation to the enablers and barriers to collaboration between services working in high poverty neighbourhoods and offers recommendations on how future collaboration can be further developed.

An overview of the research methodology and approach used in this research is presented as an Appendix at the end of this briefing.

This briefing paper forms one of a suite of resources published from the CNS COVID-19 research programme. The full research report, other thematic briefing papers and short insight papers are available on the CNS website childrensneighbourhoods.scot.

Key points and recommendations

- Many third sector workers recognised the historic significance of the COVID-19 pandemic and that the response required building a new form of solidarity. Existing tensions with other organisations were set aside and organisations demonstrated what could be achieved by working together.
- Despite responsive operational partnerships working well, the potential for a cross-sectoral approach to emergency response planning and recovery was not fully realised. The third sector were not wholly recognised as providing essential public services during this emergency.
- A stronger strategic partnership is required between the public and third sector – including a shared mechanism for strategic emergency planning and a shared digital infrastructure to enable and support collaborative working.
- The key role of interface organisations in coordinating, sharing information, facilitating learning and collaboration and identifying gaps in service provision should be recognised.
- Community planning processes should be sustained and embedded as a key mechanism for multisector emergency and recovery planning.

Collaboration between local services in response to COVID-19

This section is divided into two parts. The first section describes the enablers of collaboration evident in the response of local services to COVID-19 and support for children and families in high-poverty neighbourhoods. The second discusses barriers to collaboration between the public and third sector.

The detailed research findings from this section can be found in the full research report.

1. Enablers of collaboration in the context of COVID-19

As a direct result of the COVID-19 crisis response this research found evidence of increased cooperation and collaboration between local services across third, public and private sectors. Third sector interfaces (TSIs) provided a single point of access for support and advice for the third sector within local areas. At the community level, third sector organisations and employees supported local networks and groups engaged in the pandemic response. According to interviewees, interface organisations, at the city and neighbourhood level, played a key role in the coordinating effort.

> *I've been really quite impressed by the collaborative nature of how support is being coordinated. I think the [interface organisation] in particular have done an amazing job of coordinating that third sector response. And the way in which some of the third sector services have adapted so quickly, and really turned around how they practice, how they would normally deliver services, to fit with life as it is at the moment (Kirsty, public sector, Glasgow City).*

Against a background of tension and competition for third sector funding and reduced public funds, many third sector organisations came together to face the crisis.

> *There's no doubt. We compete for funding. We're all trying to do our own bit. But absolutely, I think this time, all the barriers went down, all the walls went down and we just said, right, okay, we've got a duty to do […] let's get together, and let's do this (*Theresa, third sector, Glasgow South).

A similar feeling of *'standing shoulder to shoulder'* was observed between managers and directors in the local authority and with their public sector partners. One public sector manager described the atmosphere: '*it felt like everybody was on the same page, and all really wanting to work together to try and get through this'..*

Coordinating the local service response in a complex and rapidly changing landscape
The city-wide TSI quickly recognised that there was an urgent need for an online database of local services that could be updated in real time and linked to the calls from the COVID-19 helpline - *Glasgow Helps*. After a period of mapping local service provision approximately 300 third sector organisations were identified across the 56 neighbourhoods in Glasgow City[1] as providing food and support with other COVID-19 related issues. The database was used to signpost those calling the helpline to the most appropriate local services and to route members of the public interested in volunteering to relevant opportunities.

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[1] For neighbourhood geographies see www.gcph.co.uk/assets/0000/2751/Glasgow_City_–_small_area_spines.pdf

City-level collaboration- sharing resources and redeployment of staff

At a city-level the helpline was an example of a new citywide multisector partnership established at pace following the announcement of lockdown. This coordinated effort resulted in a team of multisector staff covering the line during working hours:

> *The helpline is a great example of some of the positive collaborations that we've seen, …we got help for that very quickly from [the public sector]. And by help I don't mean just the … usual kind of 'partnership' as in giving us money to go and do something. What we actually got is the offer of staff time to man the phone. So if you phone through on that number you get one of five different organisations answering the phone and you don't know who it is. And that was set up in four days from start to finish (John, third sector, Glasgow City).*

The closing of physical venues operated by public sector bodies and the switch to remote working meant that some public staff services felt *'quite distant from the communities that we're working for'.* Redeployment and volunteering programmes for employees also provided a means of collaborating and sharing resources across departments and organisations in the public sector. A support programme was set up for public sector staff to volunteer for local charities and some staff chose to volunteer in their own time so that they could be part of the immediate response effort.

Local collaboration

At a local level there was significant evidence of collaboration through increased coordination of food deliveries, joint bids for funding and wellbeing support provision. Organisations worked together to utilise their different strengths and resources, such as coordinating skills, premises, staff, volunteers, drivers and funding application writing skills.

> *So, we collaborated in terms of large buying, purchase buying. All the bags or food parcels are made up in here by our staff and other staff, a couple of volunteers. It's then delivered by our minibus of volunteer drivers [...] There's a huge passion around making sure everybody's okay (Theresa, third sector, Glasgow South).*

At the neighbourhood level, examples of collaboration included local services finding innovative ways to help local families. In one neighbourhood the local housing association, youth projects and other services sett up stalls in a public area to provide emergency food and household supplies and advice for local people. The ability to coordinate and respond was strengthened by pre-existing collaborative relationships.

Information and learning

One of the most immediate challenges of coordinating the service response to COVID-19 was how to monitor rapid changes in service provision across the city. An interviewee noted *'there's so much going on it can be difficult to keep track'.* At a city and community level, coordinators in public protection and TSI organisations were involved in an exercise of rapid information gathering to help public and third sector organisations keep up to date.

A key feature of this new collaborative effort was the '*voracious demand for information'* with webinars, video conferencing, as well as COVID-19 related bulletins and newsletters being produced and ciruculated with high frequency. In local networks significant energy and focus were invested in learning and adapting to the new context including how to use new digital platforms and methods of remote working.

2. Barriers to collaboration

The dilemma of collaboration versus competition

A number of the third sector interviewees in this study observed that the new spirit of collaboration between third sector organisations was significant because in normal circumstances these organisations were often *'constrained […] by having to be in competition with one another'.*

Suspension of formal strategic partnership working

With the UK government announcement of lockdown, the strategic focus of the local authority shifted to emergency planning. From mid-March 2020, the majority of Council-led meetings, were suspended including community planning and the community planning sector and area partnerships that make decisions on funding and grants. Multisector city structures that continued to operate included a children's mental health forum and the Challenge Child Poverty Group. TSIs continued to operate throughout the crisis, including the citywide third sector forum for children, young people and families[2]. This change in the partnership landscape was noted by a public sector service manager:

> *There seems to have been a significant reduction, in […] the formal partnership activity across the city in terms of planning arrangements. There have been emergency planning structures put in place, but they tend to be either city based with a lot of […] public sector and larger third sector organisations engaging (Alistair, public sector, Glasgow City).*

A number of interviewees questioned the suspension of these cross-sector communication channels at such a critical time and suggested that this was a lost opportunity to work with the wider third sector and build a shared understanding of the national picture and Glasgow's response strategy.

Digital working - the need for a digital infrastructure for collaboration

With lockdown and the shift to remote working, digital technology became essential for collaborative working. There were initial delays in public sector organisations setting up their video conferencing technology and partner orgnisations supported meetings on behalf of public sector organisations during this time.The absence of video conferencing within the local authority also created challenges for officers whose role involved working with and organising committees for decision-making.

Speed of response

Most interviewees noted the ability of the third sector services to adapt their services quickly. A public sector manager described the local third sector organisations as the '*primary engagers'*. A challenge for collaboration was the different speeds at which sectors were able to respond to the crisis. Local authorities were described by one third sector manager as '*not used to working nimbly and agilely and flexibly*'.

Officers in the role of public administration, working for the local authority performed a high degree of invisible work which was crucial but not as noticeable as the practical and direct service delivery of third sector organisations. Despite this, one interviewee noted the effort and speed of local authority officers:

> *People have been working really hard, constantly revising what the contingency plan is […] so as new government guidance comes out, that's been turned around fairly quickly, in terms of*

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[2] The citywide third sector forum for children, young people and families organised a webinar on 'Partnerships in Children's Services Post COVID-19' in June 2020 with the explicit aim of improving collaborative working between the third sector and public services.

adapting the response (Kirsty, public sector, Glasgow City).

The different speeds of response, and institutional cultures, meant that rather than the citywide strategic response to COVID-19 being built from the bottom up, there was an over-layering of new policies and service activities at different times and phases of the lockdown. In a crisis, when there is little time for negotiation and planning, this may be the most practical approach:

> *I think at the moment there's a real issue that bottom up is being crushed by top down. Not deliberately, with the best intentions. Third sector organisations were quick and out there delivering tens of thousands of meals a week to families. Over ten thousand households in Glasgow were getting packs from the third sector. That now looks to all be changing, because Glasgow City Council are distributing packs directly [...] rather than working with the sector (John, third sector, Glasgow City).*

One interviewee suggested that collaborative working, on its own is not enough to achieve resilience to a public health emergency. Underpinning resilience in a crisis was said to be based on '*relational trust*' and '*authentic collaboration*':

> *Where there is that strong culture of relational trust and collaboration, authentic collaboration – then resilience will be strong. And you will get a better recovery. Local authorities or organisations where that relational trust and collaboration is not strong, it will be slower to develop because you need that…it's about relationships and it's about trust (Mary, public sector, Glasgow City).*

A number of third sector interviewees hoped that greater recognition of the third sector response would lead to a future public and third sector partnership across the city that was '*taken more seriously*'.

Digital engagement

A key area of opportunity and potential for collaboration and social connection is in the digital world. A manager in the public sector expressed the feeling that public sector organisations do not currently have the digital infrastructure and capacity to fully engage in the online platforms. In terms of community-based social networks, they were '*digital outsiders*':

> *The third sector and local communities have all developed these big [...] Facebook platforms and Instagram platforms that they're all talking to each other on [...] and we're not engaged at all (Alistair, public sector, Glasgow City).*

Discussion

This briefing has presented research findings in relation to the impact of the COVID-19 pandemic on the collaborative work between services in high poverty neighbourhoods. It has examined how services collaborated, the challenges they faced and their perspectives on the future priorities for public service reform and COVID-19 recovery. In this final section some of the key themes and points of learning gained from the research are discussed briefly.

During the early stages of lockdown there were huge logistical challenges and operational issues for local authorities to overcome, as well as new and changing national government guidance and public health briefings to interpret and act upon. Multisector collaboration at a city level was very effective

on operational matters such as establishing the Glasgow Helps helpline. However, collaboration was considered to be weaker at the strategic level and in the cross-sector approach to emergency planning. The decision not to continue with formal community planning meetings and to focus the emergency response on internal local authority cross-departmental working risked overlooking the strategic role of the third sector interface and the value of engagement with the wider third sector.

Recent evidence shows that community planning partnerships in Scotland are often regarded as 'secondary arenas' for policy and decision-making (Escobar et al 2018; Weakley and Escobar 2018). The shutdown of strategic community planning meetings with lockdown, reflects that this type of multisector partnership is widely regarded in practice as '*in addition to'* rather than '*essential' to* strategic service planning.

Some interviewees in this research suggested that the tensions and competition between third sector organisations in Glasgow were associated with the new partnership and funding arrangements of community planning. However, the wider evidence suggests that these tensions are long-standing. They stem from the past regeneration policies, the competitive nature of funding, the size and political leverage of different organisations in the city, which were then magnified by the global economic recession and years of austerity (Bailey & Pill 2014; Kintrea & Madgin 2019).

In the COVID-19 response effort in Glasgow this research found evidence of increased networking, coordinating, cooperating and collaborating. Public and third sector organisations cooperated in new ways through the Glasgow Helps helpline, this included sharing information and learning from each other. These organisations, and the individuals working in them, were seen to have a '*willingness to enhance each other's capacity for mutual benefit and a common purpose'* (Himmelman, 2002:3). This willingness was also evident in the collaboration between local third sector organisations, particularly in coordinating emergency food provision and making joint applications for additional funding to support the wider emergency response.

Across the UK, there is a need for a more planned and coordinated approach to precarity and food insecurity (Barker & Russell 2020). The crisis brought multisector partners together with the shared objective of protecting and supporting communities, but it is unclear at this time whether this collaborative momentum will be sustained over the longer-term.

Conclusion

It is clear that during and beyond the national lockdown, services across Glasgow worked hard to support vulnerable individuals, families and communities. The scale of the organising and coordinating of many forms of practical and emotional support was notable. A number of key lessons are evident from the service response to the pandemic: some organisations were quicker than others to adapt, coordination efforts at scale did not always go plan; strategic emergency planning did not engage all partners. Nevertheless, the scale and extent of the collaborative response effort is undisputable. Further action is required to put in place mechanisms for strategic emergency planning across statutory services and the wider third sector. Cross-sector strategic collaboration should be regarded as essential to emergency planning and response.

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Appendix One: Research approach and methodology

From April to June 2020, 15 qualitative interviews were conducted with service providers, working across a range of services in the public and third sectors including housing associations, childcare providers, volunteering, education services, social work and child protection, culture and leisure, community planning; and third sector organisations and interfaces. Semi-structured interviews were conducted by phone or on Zoom video conferencing software and lasted approximately 45-60 minutes. All interviews were audio recorded and transcribed, with the exception of one interview.

The decision to interview frontline professionals with established and trusting relationships with children and families in high poverty neighbourhoods to understand the breadth of experience of service delivery during lockdown. This was achieved without risk of causing harm or difficultly to families at a time of high anxiety. The research met the highest standards of ethical research conduct, research integrity, data management and data protection, as approved by the University of Glasgow.

The voices and perspectives represented in this report are those of service professionals. Research participants were anonymised to ensure confidentiality. Services and organisations were categorised by sector (public or third sector) and neighbourhoods in terms of their broad geographical area – Glasgow North West, Glasgow North East, Glasgow South, Glasgow City.

The detailed research approach, methodology and interviewee pseudonym and designation is presented in the full research report.

Children's Neighbourhoods Scotland

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