



**Management Board Meeting
Thursday 14th December 2023**

14:00 – 16:00 hours

AGENDA

Conference Room, Olympia Building

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| 1. Welcome and apologies | (14:00-14:05) |
| 2. Minutes of last meeting (Sept 2023), rolling actions and matters arising | (14:05-14:15) |
| 3. Update from the Director on progress since September Board meeting (Verbal update) | (14:15-14:35) |
| 4. General update and discussion (Paper GCPHMB/2023/452) | (14:35-14:50) |
| 5. Cabinet Secretary visit to GCPH: discussion and next steps (Paper) | (14:50-15:10) |
| 6. Finance update (Paper GCPHMB/2023/453) | (15:10-15:25) |
| 7. Risk register | (15:25-15:40) |
| 8. AOCB | (15:40-15:50) |

Date of next meeting: March 2024 (date to be confirmed)



**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health**

**21 September 2023
Hybrid in-person/online meeting**

PRESENT

<p>Mr John Matthews (chair) Dr Martin Culshaw</p>	<p>Non-executive Board Member, NHS Greater Glasgow and Clyde Deputy Medical Director: Mental Health and Addictions, NHS GGC</p>
<p>Dr Jennifer McLean Prof Chik Collins Prof Moira Fischbacher-Smith Prof Emma McIntosh Dr Anita Morrison</p>	<p>Acting Deputy Director, Glasgow Centre for Population Health Director, Glasgow Centre for Population Health Vice-Principal Learning & Teaching, University of Glasgow Professor of Health Economics, University of Glasgow Co-Deputy Director, Health and Social Care Analysis Division, Scottish Government</p>
<p>Mr Gary Dover Prof Laurence Moore Ms Michelle McGinty Prof Chris Pearce</p>	<p>Assistant Chief Officer, Glasgow City HSCP Director, MRC/CSO SPHSU Head of Corporate Policy and Governance, Glasgow City Council Vice Principal for Research and Knowledge Translation, University of Glasgow</p>
<p>Dr Pete Seaman</p>	<p>Associate Director, Glasgow Centre for Population Health</p>

IN ATTENDANCE

<p>Ms Rebecca Lenagh-Snow (note) Mrs Jennie Coyle Mr Chris Harkins Ms Tressa Burke</p>	<p>Programme Administrator, Glasgow Centre for Population Health Communications Manager, Glasgow Centre for Population Health Programme Manager, Glasgow Centre for Population Health CEO, Glasgow Disability Alliance</p>
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			<u>ACTION BY</u>
735	<u>WELCOME AND APOLOGIES</u>		
	Mr Matthews welcomed everyone to the meeting. Apologies were recorded from Cllr Anne MacTaggart and Ms Fiona Buchanan.		Noted
736	<u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u>		
	The minutes of the last meeting were ratified. There were no rolling actions or matters arising not otherwise covered under the agenda.		Noted

737	<u>UPDATE ON ACTION EMERGING FROM JUNE BOARD/EMT AWAYDAY</u>		
	<p>Prof Collins spoke to the first part of a presentation [attached] updating on actions and outcomes progressed since the June Board/EMT awayday. The presentation included an update on the renewal of EMT purpose and membership, examples where the team is 'deepening the dialogue with partners', ongoing work towards internal reorganisation of GCPH and a refreshed orientation towards impact, and details of some of the additional funding opportunities the Centre has been pursuing.</p> <p>Dr Morrison said it was good to see the EMT developing and asked about Scottish Government representation on the EMT? Prof Collins said there has not been previously. A SG colleague in an observer capacity similar to John Dawson from Public Health Scotland would be welcome. Dr Morrison will follow up with Prof Collins on this and suggest some possible names.</p> <p>Prof Moore said that Peter Craig is happy to continue with his role as a GU representative on the EMT but may in time step back. Would it be advantageous to have the representation by himself on the both the EMT and Board? Prof Collins said if Prof Moore was happy to combine those roles that would be agreeable.</p> <p>It was suggested that sharing the terms of reference for both the Board and the EMT to refresh understanding would be helpful.</p> <p>Prof McIntosh asked if there had been more exploration of the granularity of the iMatter report issues and if there were any actions for the Board around aspects of culture? Dr McLean updated that there is now an agreed action plan highlighting three areas for action. One area is related to Board member visibility and clarity of their work areas. There is also progress on organisational culture in terms of learning and development focus and the further professionalisation of the working culture.</p> <p>With regards to the challenges around demonstrating outcomes and influence when the Centre is often not the organisation taking interventions forward, Mr Dover asked if there had been any thoughts or discussion around that? Prof Collins said rather than 'GCPH produces the knowledge and passes that onto others' we were trying instead to identify outcomes that are achievable for partners and relevant organisations and that will make meaningful change in the medium to long term, and this is where the Centre will be putting its resource focus – including supporting partners in translating evidence into action.</p> <p>Prof Fischbacher-Smith provided highly positive feedback about the progress that had been made in the period since June, and expressed thanks for a helpful update, a comment echoed by Mr Matthews and other Board members.</p>		 <p>Board Meeting September 2023 Iter</p> <p>CC/AM</p> <p>LM/GCPH</p> <p>GCPH</p> <p>Noted</p>
738	<u>UPDATE ON WORKPLAN FOR CURRENT YEAR</u>		
	<p>Dr Seaman spoke to the circulated workplan and the second part of presentation [attached above]. He spoke to how the work plan will evolve in future, with agreement around the main principles of the GCPH approach and around what we do. Five strategic priorities have been developed for agreement and we will be able to say how</p>		

	<p>generated (if successful). It was agreed to make this clearer in subsequent versions of the General Update paper.</p> <p>Mr Dover asked about the work in response to the Glasgow City development plan as the HSCP are also responding and would find linking useful. Dr McLean said Bruce Whyte was leading this response on behalf of the Centre and he would be happy to discuss with Mr Dover. It was also agreed to share the draft GCPH response at this stage</p> <p>Mrs Coyle highlighted a number of items from the Communications update, including the follow up work around the Kevin Fenton seminar, and the first confirmed events of Seminar Series 20 as detailed below:</p> <ul style="list-style-type: none"> • Lecture 1: 12th October at 3.30pm (University of Strathclyde, Technology & Innovation Centre) – ‘Glasgow 2003 to Glasgow 2023: What's changed and what now – in conversation’. • Lecture 2: 23rd November at 3.30pm (University of Strathclyde, Technology & Innovation Centre) - Dr David Walsh and Prof Gerry McCartney – health inequalities • Lecture 3: 4th December at 9am (online) - Professor Sharon Friel from the Institute of Climate, Energy and Disaster Solutions at the Australian National University - commercial determinants of health. <p>Mrs Coyle also highlighted good media coverage for Chris Harkins’ report on the impact of cost-of-living crisis on disabled people, and reported that the migration to a new CMS for the websites has now started and is progressing well.</p>		<p>GCPH</p> <p>To Note</p> <p>Noted</p>
740	<u>GCPH AS AN ANTI-RACIST ORGANISATION - UPDATE</u>		
	<p>Dr Seaman briefly spoke to this paper [GCPHMB2023/448]. He highlighted good progress has been made in some areas, but less progress has been made on internal activity, and the Centre would welcome a steer in this area.</p> <p>Prof Fischbacher-Smith highlighted that the University has done a lot of work around being an anti-racist organisation and she will put Dr Seaman in touch with their organisational lead.</p> <p>Dr Morrison said similarly Scottish Government have been going through its own process and she can put Dr Seaman in touch with the leads. The challenge now is how to put these things in place.</p> <p>Mr Dover asked if it would be worth having conversations or consultations from any community organisations? Dr Seaman said they are engaging with CRER on this, though they are not able to deliver due to capacity.</p> <p>Dr Culshaw highlighted the Primary Care Ethnicity Panel that Dr Michael Smith set up during the development of the Mental Health & Wellbeing Hubs work. This has been less active but would be worth linking in with.</p> <p>Regarding linking with community and other organisations, Mrs Coyle mentioned that GCPH is doing some Comms work around Black History month in October along with CACHE.</p>		<p>MFS/PS</p> <p>AM/PS</p> <p>MC/PS</p> <p>Noted</p>

741	<u>FINANCE UPDATES</u>		
	<p>Prof Collins spoke to these two papers [GCPHMB2023/449 & 450]. He highlighted we are still waiting clarity around the Scottish Government uplift provided to NHS GGC and if any resource will flow through to GCPH. If so, this would provide some extra resource and carry over to Centre's core funding which is wholly taken up by staffing costs.</p> <p>Although an underspend is presented, we have become aware of several invoices we did not receive from the University around accommodation costs which will require payment. It is anticipated this will somewhat reduce the underspend.</p> <p>We are going forward with the assumption that we can carry forward any remaining balance into 2024/25, as has been the case in previous years.</p> <p>Mr Matthews enquired about core funding. Prof Collins confirmed he had received a clear steer from SG, including at the June Board meeting, that a flat budget should be expected going forward.</p>		To note
742	<u>THE IMPACT OF THE COST-OF-LIVING CRISIS ON DISABLED PEOPLE</u>		
	<p>The Board welcomed Ms Tressa Burke of the Glasgow Disability Alliance, who spoke to the agenda item with Mr Chris Harkins.</p> <p>Mr Harkins provided a short summary of the recently published research report. This is our most recent collaboration with the Glasgow Disability Alliance, a long term and valued partner to GCPH. Mr Harkins said the GCPH team had a challenge from Prof Collins in early 2023 on how we were responding to the cost-of-living crisis. Mr Harkins, in conversation with Ms Burke developed this focus group consultation and evidence scoping review in response. It was completed in a six-week timescale.</p> <p>Two focus groups were held, and eight key themes emerged. The main theme was around poverty, including financial insecurity, fuel and food poverty, extra travel costs etc. Disabled people face many additional day-to-day living costs, which have a huge impact on their mental and physical health, and often an impact on their health conditions. Support and peer support was of importance.</p> <p>With the evidence scoping, at the time of writing they found a lack of peer reviewed publications and research that considered the views and experience of disabled people. They made layered recommendations at a national, local and city governance level, and made sure these could be actionable.</p> <p>Ms Burke spoke further to the research finding and what a pleasure it was to work with Mr Harkins and GCPH. Their partnership helped to get the message across and to make connections with the media and government. The Scottish Government is currently looking for a cross-government strategy to respond to the crisis and they cited this report at a meeting this morning.</p> <p>Prof McIntosh said it was a fantastic report which described the problem very clearly. It was quite humbling to read and very effectively described the problems.</p>		

	<p>Prof Moore agreed it was a very good report and asked how the recommendations were developed, and is there a way of increasing their impact? Mr Harkins said the research was developed and delivered quickly to respond to the crisis, emerging evidence and conversations with Ms Burke. Mr Harkins felt the recommendations were impactful, but agreed further clarity and methodological transparency as to how they were identified would be helpful. Ms Burke agreed and said the research was also about the impact on disabled people rather than about talking to people in power.</p> <p>Mr Matthews asked if going back and fleshing out some of the methodology around the recommendations might be a possibility? Prof Collins and Mr Harkins agreed this could be reviewed, but the main focus would be on thinking about this as something to do more clearly in presenting future work.</p> <p>Regarding methodology and next steps, Prof McIntosh said there is a lot of work around return-on-investment etc which could help with upscaling. She would be happy to help with methodology.</p> <p>Dr Culshaw said it sounds like the impact of the crisis on disabled people is disproportionate. He wondered if there is also an issue with disabled people actively accessing the services that are meant to mitigate this? Ms Burke and Mr Harkins agreed and said this was a well-known aspect of disabled living. It didn't come through as a main theme from the focus groups, but the service access issue is known.</p> <p>Prof Collins wished to note thanks to Ms Burke and GDA for their work with this report, and to Mr Harkins for responding so well and quickly to the challenge. He did acknowledge Prof Moore's point about the clarity of methodology for the recommendations.</p> <p>Mr Matthews asked if there were next steps planned around communications and impact and Mr Harkins said there were a lot of ideas on taking this further, but these needed to be discussed fully with Ms Burke and GDA.</p>		<p>GCPH</p> <p>Noted</p> <p>Noted</p> <p>GCPH</p>
743	<u>AOCB</u>		
	No other competent business raised.		
744	<u>DATE OF NEXT MEETING</u>		
	The date of the next Management Board meeting is: Thursday 14th December, 2-4pm at GCPH.		To note

Rolling Actions list (December 2023)

Board meeting date	Action	Responsibility	Update
21st September	Scottish Government to be asked to join the EMT in an Observer capacity.	Chik Collins, Anita Morrison	Katherine Myant has now joined the EMT in an observational capacity and attended her first meeting in November.
21st September	Prof Laurence Moore to be a member of both the EMT and Management Board, following the stepping back of Dr Peter Craig from the EMT.	Laurence Moore, Chik Collins	Dr Peter Craig officially stepped back from the EMT in November. Prof Moore is now a member of both groups.
21st September	To share the Terms of Reference for the Management Board and EMT to members.	GCPH	<p>The Terms of Reference for the Management Board are included within the GCPH Partner Memorandum of Understanding (see Appendix A).</p> <p>The MoU is circulated for information with the December 2023 meeting papers.</p> <p>Reference to the role of the EMT is presented in Paragraph 1.</p>
21st September	To share a copy of the GCPH response to the Glasgow City Development Plan call for evidence with Mr Dover and HSCP colleagues.	Jennifer McLean	Shared, and follow on discussion planned.
21st September	<p>To share resources and contacts from the University of Glasgow and Scottish Government on becoming anti-racist organisations with GCPH.</p> <p>To share the details of the NHS GGC Primary Care Ethnicity Panel</p>	<p>Pete Seaman, Moira Fischbacher-Smith, Anita Morrison</p> <p>Martin Culshaw</p>	<p>Contact and meeting arranged with University of Glasgow colleagues Nighet Riaz and Mhairi Taylor.</p> <p>GCPH development of programme to become anti-racist organisation provided in General Update.</p>



**GLASGOW CENTRE FOR POPULATION HEALTH
MEMORANDUM OF UNDERSTANDING
BETWEEN CORE PARTNERS
30 MARCH 2020 – 1 APRIL 2025**

1. **The Glasgow Centre for Population Health** ('the Centre'/GCPH) was established in April 2004 as a setting where academics, policy-makers, practitioners and local people come together to understand and improve population health in the Glasgow city region, working in a sustained way to yield fresh thinking and mobilise new solutions. The Centre is now an established part of the public health landscape in Scotland making a distinctive contribution to processes for better and more equal health. It delivers programmes of research and development focussed on understanding the patterns, and causes, of Glasgow's health profile; and works with partners to accelerate and strengthen processes for better and more equal health in the city region.
2. This document sets out the basis of the agreement reached by the core GCPH partners in relation to its purpose, resourcing and governance arrangements.
3. Funding for the Glasgow Centre for Population Health comes from the Scottish Government on the basis of commitments made by the local partners. The **core local partners** are:
 - (i) NHS Greater Glasgow and Clyde
 - (ii) Glasgow City Council, and
 - (iii) The University of Glasgow.

Senior members of the Glasgow Health and Social Care Partnership (HSCP) are members of the GCPH Board of Management and Executive Management Team, reflecting the HSCP's vision for stronger communities as well as transformed health and social care services.

4. As partners, these organisations **commit to**:
 - (i) Working together on an equal and sustained basis, giving strategic and practical support to the development and activities of the Centre
 - (ii) Providing leadership, resources (including staff time) and expertise to the Centre
 - (iii) Participating actively in the Centre's activities and its governance and management processes

- (iv) Acting as advocates and champions for the Centre in different forums
 - (v) Responding to the outputs and findings of the Centre, bringing their organisational weight and commitment to supporting the Centre's findings and any resulting recommendations
5. The Centre has received **core funding** from the outset from the Scottish Government. Additional funding for specific research programmes and activities is secured from a variety of sources including national and international funding agencies. The Centre will not accept support from sources whose activities are inconsistent with public health aims.
 6. The Centre has a range of working relationships with other organisations and centres, and works to ensure community participation and public engagement across its activities to ensure that its work reflects lived experience and is informed by local priorities. Its **ethos** is to be inclusive, and to bring together a wide range of perspectives and expertise in the common pursuit of securing better health in Glasgow.
 7. The **vision** for the Glasgow Centre for Population Health is of a research and development facility of international repute which will make a significant contribution to transforming the health of the Glasgow city region. This will be achieved through building as complete an understanding as possible about the key processes and systems impacting on health in Glasgow, and through working in a sustained way with core partners, other organisations and communities to yield better, more equitable, population health outcomes.
 8. The Centre has its own distinct **identity and brand**, representing the core partnership. For particular initiatives where additional support has been secured from another source, that source will be acknowledged explicitly.
 9. Governance and strategic leadership is provided by a **Board of Management**. The Board meets four times a year, and comprises senior representatives from each of the core partners, together with the Director and Deputy/Associate Director of the Centre, a representative from the Scottish Government Health and Social Care Directorates, and a representative from Glasgow Health and Social Care Partnership. The Board is chaired by the Chair of NHS Greater Glasgow and Clyde, with a Vice Chair from one of the other partners. The role and responsibilities of the Management Board are reviewed annually and set out in a separate document (Appended as Annex A).
 10. The Centre has an **Executive Management Team (EMT)** which also meets quarterly and comprises one representative from each of the core partners together with the GCPH Director, Associate/Deputy Director and a representative from the Glasgow HSCP. Its role is to work with the Director in overseeing the Centre's programmes of work, ensuring that they add value to the work of the core partners, and that the partners fulfil their commitments to the Centre. The members act as primary points of contact with the partner organisations, and provide advice and support to the members of staff at GCPH. Working within the strategic and financial plans agreed by the Management Board, the EMT makes operational decisions about new developments, priorities, budget decisions and implications of findings.

11. Legally, GCPH is a Unit of NHS Greater Glasgow and Clyde and is subject to the NHS Board's governance and accountability processes. This arrangement will be kept under review by the Board of Management, and is subject to change should alternative organisational models (for example, arising from the reform of public health in Scotland) be assessed as preferable in the future.
12. Deployment of GCPH resources will be in line with an **annual work plan** and **budget plan** agreed by the Board of Management, and developed in the context of a three-year forward plan with associated performance indicators. Performance is reviewed by the Management Board every six months; and the budget position every quarter.
13. The core partners hereby commit to supporting the Centre to April 2025. It is anticipated that the three partners will contribute on an approximately equal basis over this period, and should any disparities emerge, these will be considered by the Management Board.
14. The individual partner commitments are hereby agreed as follows:
 - (i) **NHS GREATER GLASGOW AND CLYDE**
 - Employment of core GCPH staff, and fulfilment of associated employer and governance responsibilities
 - Funding of the Director's post
 - Management accounting and advice, including support for procurement and financial reporting
 - HR and recruitment services and support
 - Access to research ethics where consistent with NHSGGC requirements
 - (ii) **GLASGOW CITY COUNCIL**
 - Underwriting of the costs of office accommodation, as set out in the licence to occupy the third floor of the Olympia Building
 - Regular funding/co-funding of priority programmes delivered by GCPH, building on the Glasgow Health Summit 2019
 - Communications and media advice and support for GCPH programmes
 - (iii) **UNIVERSITY OF GLASGOW**
 - Partnership in the social research hub, based in the Olympia Building, working to maximise collaborative advantage. This includes: joint leadership and resourcing of the strategy and its implementation, access to research support, joint funding of a community engagement and impact post, and provision of IT and facilities support
 - Cost-neutral participation of academic staff in GCPH research programmes in circumstances when Full Economic Costing could be applied, recognising the benefits to the University of collaboration with the GCPH
 - Awards of honorary academic status as appropriate to GCPH staff, including access to library services and research ethics committees

15. Partners will also contribute equally through fulfilment of their responsibilities on the Board of Management and Executive Management Team. They will provide access to training and development opportunities for members of the GCPH team, venues for meetings and events, and support seminars and other research/learning activities jointly with the GCPH.
16. The Centre commits to participating in relevant forums with partner organisations, ensuring that GCPH work informs the plans and deliverables resulting from those forums. Examples include the NHSGGC Public Health Standing Committee; the Public Health Oversight Board of GCC; Community Planning Partnership; and the Strategic Leadership Group for the Olympia Social Research Hub.

This Memorandum of Understanding is agreed by NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow. It runs to April 2025 and will be formally reviewed in July 2024.

Signed:

Date:



..... 16 April 20

Prof John Brown CBE
Chair
NHS Greater Glasgow and Clyde



..... 10 November 20

Cllr Susan Aitken
Leader
Glasgow City Council



..... 16 April 2020

Sir Anton Muscatelli
Principal
University of Glasgow



**Glasgow Centre for Population Health
Management Board
Terms of Reference**

Role of Glasgow Centre for Population Health Management Board

The Management Board will, collectively and severally, ensure good governance of the Glasgow Centre for Population Health on behalf of the core partners, and provide leadership, advice and support to the Centre's management team and staff. Its strategic role is to ensure the overall delivery of the Centre's work and its continued relevance to, and interface with, partners' interests. The Board also has responsibilities for ensuring that the organisational culture supports staff wellbeing and development, and reflects the GCPH's values and working principles. The Management Board will work closely with the Executive Management Team to ensure that the Centre's work is fully operationalised and supported appropriately by partners, and will take cognisance of the views and opinions of the External Advisory Group.

Remit and responsibilities

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

Ways of working

The Board will meet quarterly in Glasgow, typically for two to three hours. Board meetings will be chaired by the Chair of the NHS Board, with the executive lead provided by the Director and Associate Director of the Centre. A Vice-Chair will be nominated by the Chair, and will be a senior representative from either the University of Glasgow or Glasgow City Council. The Chair and Director(s) together will agree the agenda.

Members of the Board will be asked for advice and comment on Centre developments between Board meetings, via telephone, email, or face-to-face discussion. Members of the Board will be expected to draw any opportunities – or issues of concern – to the attention of the Executive Management Team or the Chair of the Board, as appropriate.

On occasion, members of the Board may be asked to act as representatives for the Centre – for example by chairing seminars, writing discussion papers, etc.

On an ongoing basis, members of the Board will have a role in disseminating and supporting the use of the Centre's work within their own organisations and networks.

Membership

Membership of the Board will be drawn from all of the Centre's partner organisations – Scottish Government, NHS Greater Glasgow and Clyde, Glasgow City Council and Glasgow University – with the local partners having two representatives attending meetings and Scottish Government, one representative. The Chief Officer of Glasgow's Integration Joint Board, the GCPH Director and Associate Director will also be full members of the Board. Should there be a need for a formal vote each partner organisation will have one vote, as will GCPH.

The Board will be quorate when there is at least one representative present from each of the partners and GCPH.

Where partners operate a pool system to rotate membership, it is expected that these individuals (all equal, full members) will liaise to ensure that at least two are present at meetings. Partners will take responsibility for agreeing attendance and communicating who will attend from their organisation to the GCPH office manager, in advance of each meeting.



**Glasgow Centre for Population Health
Management Board
14 December 2023**

General Update

Recommendations

Management Board members are invited to:

- Note this update on ongoing work and other key developments since the September 2023 meeting of the Management Board.
- Identify any developments and priorities in their own organisational contexts that are of potential significance for the Centre, including any which might be referred to the Executive Management Team (EMT) for discussion of operational priorities.

Governance and Staffing

1. The proposal, drafted in February of this year, to establish a GCPH Centre Leadership Team (CLT), composed of the Director supported by two Deputy Director (DD) posts (with a revised DD job description), continues to be progressed within NHS GGC. The revised job description for the DD posts has recently been reviewed by an Agenda for Change job evaluation panel and has been graded, as we had anticipated, at 8c. The further steps at this stage are, firstly, a workforce change process and consultation discussion with one member of staff (our existing Associate Director). Secondly, the further steps will involve an internal advert for the second DD post. We are in the process of clarifying the required steps for this, taking account of our precise status within the NHS GGC HR landscape and the relevant governance considerations. In the meantime, Dr Jennifer McLean, continues in the post of acting Deputy Director (under the previous Deputy Director job description) until the end of January 2024.

The 'interim' CLT continues to meet weekly, with a formal agenda and note of actions, supported by Ricky Fleming, GCPH Office Manager, with a focus on the continuing refresh of the Centre and the various aspects of its operations, in line with previous Board discussions and updates.

2. *GCPH Executive Management Team (EMT) meeting (November 2023)*. The second meeting of the refreshed and refocused EMT took place on the afternoon of Monday 13th November at the GCPH, with excellent attendance and engagement from all partner representatives and the recently added observers. The note of the EMT meeting is shared for information (see Appendix 1). The expanded current group membership is presented below in Paragraph 3. Following a progress update from Prof Collins, including current operational priorities, the 23/24 workplan, financial management, planning and challenges, staffing and feedback and progress from GCPH team

development sessions, the group discussed the official (Scottish Government) note from the recent meeting with the Cabinet Secretary (see Paragraph 10) and next steps.

The group then discussed areas of developing dialogue and work with GCPH partners. These include work to support the HSCP evaluation of the Thriving Places programme, support to NHSGGC poverty mitigation activities and mental health services, GCPH re-engagement with the Glasgow City Community Planning Partnership, and the new NIHR funded Health Determinants Research Collaboration for Glasgow (see Paragraph 16). A proposal for a new research project exploring transitions from homelessness accommodation into secure tenancies, developed from within our new Evidence into Action team, was also considered and discussed as part of our new ways of working with the EMT and work planning. This project will now progress, with the support of the EMT. Partners then shared updates from their respective organisations. The next meeting of the EMT is on the 23rd January 2024.

3. *Executive Management Board membership.* Ongoing work to refresh and reinvigorate the work of the EMT towards strategic operations has seen an update and expansion of the group's partner representation and membership, as below:

<i>Glasgow City Council</i>	Mr Frankie Barrett Mr John Sherry
<i>University of Glasgow</i>	Prof Laurence Moore Prof Gerry McCartney
<i>NHS Greater Glasgow & Clyde</i>	Ms Anna Baxendale
<i>Glasgow City HSCP</i>	Ms Fiona Moss
<i>Scottish Government (observing)</i>	Dr Katherine Myant
<i>Public Health Scotland (observing)</i>	Mr John Dawson

4. *Internal structure changes.* As outlined at the joint Board/EMT awayday in June and further discussed at the September Board meeting, the team is now significantly further advanced in the process of restructuring internally from four programmes to two teams (Evidence/Knowledge for Action team and Evidence/Knowledge into Action team). Team discussions have been continuing and have been reported as part of our series of development sessions. The thematic priorities taken to EMT have been *Poverty and Inequality; Mental Health; Racism, Racialisation and Intersectionality; Place, Community and Engagement* and *Climate Change*. At our most recent team development session on 29th November, the new teams updated on the developments of their workplans, assessments of impact, resource commitments and priority level for each project detailed. The teams have also undertaken focused discussions on ways of working. This process is progressing well as we work towards a new more coherent and team-based/collaborative workplan for 24/25.
5. *Staffing.* Dr David Walsh, Public Health Programme Manager, tendered his resignation at the start of October, and will leave GCPH in early January. Cat Tabbner, Community Engagement Manager, also submitted her resignation in late November to take up a post with NHS Forth Valley commencing in January. Hannah Black, Digital Communications Officer, left the GCPH in mid-November to go travelling. Interviews for this Communications team post will take place in mid-December. Our very best wishes for the future go to David, Cat, and Hannah, and particularly to the former two who have made significant contributions to GCPH over extended time periods. Dr Walsh has been a prominent researcher in the public domain over many years and his contribution has helped to define the Centre and its work in various ways.

6. *Secondments.* Val McNeice and Dr Lisa Garnham, on secondment to Glasgow City Region PMO team at GGC and Strathclyde University respectively, have both been supported to increase their working time with their secondment organisations.
7. *GCPH equalities work and taking forward GCPH as an anti-racist organisation.* Work progresses on both general aspect of equalities work - through Equalities Impact Assessment – and our work on becoming an anti-racist organisation.

Equalities Impact Assessment. The planning of all GCPH projects requires an equality lens to be applied to how work is identified and prioritised and how that work is delivered in an inclusive way to meet the requirement of the Equality Act (2010). To enable this, a template has been produced to embed a more consistent equality inclusive approach within GCPH operational planning processes.

GCPH as an anti-racist organisation. A four-stage outline of an internal process of learning is being developed around:

- I. Raising 'baseline' racial literacy and assessing team 'readiness' – building a foundation for anti-racist change
- II. Promoting understanding of racism as a determinant of population health
- III. Individual and organisational reflection, growth and culture change
- IV. Moving forward: embedding anti-racist principles and practice.

The framework is to be supplemented with engagement with the team to shape the content as finally delivered. We are currently in advanced discussions with an external partner regarding assistance with the development of that delivery. A questionnaire to assess progress against baseline awareness is in an advanced stage of development.

8. *Finance update.* The GCPH financial position paper from the 1st August to the end of December 2023 is brought to this Board meeting for discussion and approval (paper GCPHMB 2023/453). The broad picture is that we are tracking towards the end of year balance envisaged at the start of the year but have concerns around our ability to carry funds forward into 24/25 – which GCPH has previously been allowed to do.
9. *iMatter* is the annual NHS Scotland Staff Experience continuous improvement tool, developed nationally, and used within all NHS Scotland Boards. iMatter is designed to help individuals and teams to understand and improve staff experience. The iMatter survey was completed by the GCPH team members in May, with the team report received in July. The GCPH iMatter 2023 action plan was submitted to NHS GGC in mid-August and shared with the Board at the September meeting.

We continue to track and feedback to the team on progress against the action plan. This includes an overhaul of the annual review and objective setting template and appraisal approach across the team. This more consistent and renewed approach has allowed for focused conversations on progress against objectives set for 22/23 alongside discussions on professional development, collaboration and professional working arrangements, and health and wellbeing at work. The new template then details the new set of agreed objectives for 23/24 and associated professional development planning. Once conversations between team members and their managers are complete and agreed, this is recorded on TURAS, the application for the recording of appraisal information for health and care staff in Scotland.

Importantly, in relation to iMatter action relating to visibility of the Board, the redevelopment of the Management Board page on the GCPH website with photographs

and short biographies of members remains in progress due to the slower than hoped for response to requests by Board members. Those who have not sent through their information are asked to do at their earliest convenience so the action plan completion date can be achieved. It is important to stress that this is a key aspect of our response to the outcomes of staff surveys in recent years, and so is a priority for us all.

Developments and partnerships

10. *Meeting with Michael Matheson, Cabinet Secretary for NHS Recovery, Health and Social Care.* In mid-October, the GCPH Board chair hosted a meeting with Michael Matheson, Scottish Government colleagues, GCPH team members the NHS GGC Director of Public Health and NHS GCC Communications Manager. Following conversations between our Board Chair, Mr Matthews, and Mr Matheson, the meeting was arranged to enable Mr Matheson to hear and learn about the work and research undertaken by GCPH, and particularly potential proposals/initiatives that might make an important contribution towards improving population health and reducing health inequalities. As outlined in the official Scottish Government note of the meeting (circulated with meeting papers), three short presentations were provided to set the context and background and to highlight the work of the Glasgow City Food Plan. Following the presentation there was wide ranging discussion with a particular focus on the stalling life expectancy statistics and inequality trends, and on possible responses. Mr Matheson proposed the need for a 'national mission' on health inequalities, informed by the work of GCPH. He stressed the need to elevate and amplify communications around this issue, and to work with the GCPH on how best to do this. At the December Board meeting, there will be opportunity to discuss the visit, the official note and possible next steps (under agenda item 5).
11. *NHS Greater Glasgow and Clyde – Supporting the Health Board to mitigate poverty.* This work seeks to identify actions which mitigate the impact of poverty, through engagement with healthcare services, and which enable individuals/households to 'optimise' health in the face of poverty. It further seeks to identify actions the Health Board can take and advocate for with other partners in service delivery (non-Health Board) to mitigate the impact of poverty. Two short-term outputs have been identified.
 - a. The first is a literature review focused on:
 - i. the evidence that poverty can and does underpin health need,
 - ii. how poverty issues underpin rates of Do Not Attend (DNAs) and,
 - iii. identifying what works elsewhere in mitigation.
 - b. The second output is co-production of visual outputs (infographics, animation, or vignettes) to communicate the extent and impacts of poverty in a manner that connects with MHSGGC staff and those accessing NHSGGC services. This will utilise evidence relating to child and in-work poverty and be aligned with the release of the forthcoming Director of Public Health report. Reports being used as source material include Glasgow City Local Child Poverty Action Plan (LCPAR), Child Poverty in Glasgow Report 2023 and JRF Poverty in Scotland report 2023.
12. *Support to the evaluation of Thriving Places.* The Centre agreed to an urgent request recently, to support Glasgow City HSCP in the evaluation of the Thriving Places programme, through producing a high-level analysis of interview data (both individual and group interviews) already collected by Council colleagues. Learning from this evaluation is a priority for the Council and for the Community Planning Partnership in considering the future commitment to place based work in the city. A short analysis

report focused on an assessment of the views of stakeholder across ten geographical areas regarding the progress made within their Thriving Places areas during the last three years has been prepared for and shared with the HSCP, with the relevant senior colleague expressing satisfaction with what has been delivered.

13. *Supporting transitions from homelessness to secure accommodation.* People experiencing homelessness have extremely poor health outcomes. In Scotland, the number of housing applications and numbers (including children) living in temporary homelessness accommodation are the highest on record. GCPH colleagues working on this have identified three key concerns among people living in temporary accommodation: lack of choice, rising housing debts, and variance in local authority support offered during the move into secure housing. A whole-systems approach is needed to address a range of disadvantages. Colleagues in our Evidence/Knowledge into Action Team now have EMT support for a new project which will build on findings from the recent GCPH report, which tested new approaches to addressing homelessness in Glasgow. This relatively short-term work will look at how three local authorities outside Glasgow city are addressing the three key concerns mentioned above and seek to identify good examples of system-wide approaches. A steering group will support the sharing of generated learning with established policy and strategic networks covering homelessness, housing, welfare and poverty. This project links to our key priorities of Poverty and Inequality, Mental Health, and Place, Community and Engagement.
14. *Common Health Assets.* The fourth meeting of the CommonHealth Assets (CHA) Lived Experience Panel (LEP), led by Mohasin Ahmed of GCPH, took place in Belfast at the end of October. The meeting was hosted by the Colin Neighbourhood Partnership in North Belfast and was attended by 12 Panel members from across the UK, the CHA Principal Investigator, Prof Rachel Baker from Glasgow Caledonian University and all of the project researchers. Advice and guidance from the LEP is informing the interpretation of survey findings and the development of the programme theories. Panel members also recently attended and participated in the full team meeting. The next meeting of the LEP is scheduled to take place in Bournemouth in the Spring of 2024.
15. *CommonHealth Catalyst – Developing a Community Research Consortium to Address Health Disparities.* A project funded by the Arts and Humanities Research Council (November 2022 to July 2023), involving Dr Jennifer McLean, Dr David Walsh, and Mohasin Ahmed from GCPH, led by Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University. This project sought to catalyse a 'community research consortium' focused on Lanarkshire and to create the conditions for further research investment. David Walsh led on the historical epidemiology and health profile over time, Jennifer McLean led the community asset mapping component, supported by the Scottish Community Development Centre, and Mohasin Ahmed led the Patient and Public Involvement and Engagement strand through the establishment a Lived Experience and Advisory Panel (LEAP). The project is now complete, and an end of project event was held on the 21st November in Motherwell. A series of project reports from each project component has been published, alongside briefing paper bringing together learning from across the project. Project reports can be accessed [here](#).
16. Funding bids/funded projects
 - *New bid submission – AHRC. THRIVE: Exploring the Dynamics of Community Asset Engagement for Integrated Health and Social Care Systems.* Involving Dr Jennifer McLean and Mohasin Ahmed from GCPH. Led by Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University, working with University of East London, Queens University Belfast and the

University of Northumbria. The THRIVE project aims to address growing inequalities in health by looking at the role of community-led organisations, as community assets, within public health and social care systems. This project builds directly onto *CommonHealth Catalyst* and *CommonHealth Assets*, both of which have significant involvement of GCPH team members. If successful, this project will start in February 2023 and will run for 30 months. Positive feedback and comments were received and responded to in early October. We await further feedback/funding decision.

- *New bid submission. Glasgow Health Determinants Research Collaboration. National Institute of Health Research (NIHR) research funding call.* Following interview, the Glasgow bid has been granted development funding for an initial period of one year, which it is anticipated will lead into a five-year funded collaboration. Work in this initial year would be to further develop and build capacity around the community engagement and culture change work stream, including stakeholder mapping and development workshops on aspects of cultural change sought (precise activity to be determined in the new year).

As previously communicated (GCPH Management Board Paper 447) the proposal, prepared by Glasgow City Council (Kimberley Hose, Michelle McGinty, David Hazel), and co-led by MRC Social and Public Health Science Unit (Lawrence Moore, Peter Craig and Shona Hilton) with co-applicants in the form of Glasgow City HSCP (Fiona Moss) and GCPH (Pete Seaman and Chik Collins), was to the value of £5million over a 5-year period. The HDRC aims to improve the health of Glasgow's population by more fully integrating research evidence into decision-making processes across various areas of Council activity influencing health and inequality. The work, should it progress beyond its development year, would see funding to GCPH (£330k – salary and oncosts, with indirect and estate costs to be established – over the five-year period) for knowledge transfer/support and community engagement, though an element of staff time is being provided without costing (10% time from Pete Seaman and 5% from Chik Collins over the five-year period)..

- *Cash First Partnerships.* The "*Cash-First: Towards Ending the Need for Food Banks in Scotland*" plan (2023) set out Scottish Government's human rights approach to tackling food insecurity. It outlined nine collaborative actions to be taken between 2023 and 2026 to improve local and national responses to financial hardship and start to reduce the need for emergency food parcels. As part of this, funding was made available to eight local partnerships to develop locally appropriate 'Cash-First approaches'. GCPH worked, as lead applicant with a range of partners already engaged in Glasgow City Food Plan's 'Fair Food for All' working group, on a successful bid for one of these projects in Glasgow. This means that a two year 'cash-first' project will begin in Glasgow in early 2024 with GCPH employing and hosting the Partnership Development Officer that will take the project forward. This fits well with the partnership role that GCPH plays in the Glasgow City Food Plan, and will provide opportunities for the project to access up-to-date and relevant data, research and relevant networks. A steering group for the project will also be established and chaired by Glasgow City HSCP, providing opportunities for effective collaboration with a range of delivery partners across the city. The aim of the project will be to accelerate and focus the collaborative working already fostered through the work of the Food Plan's 'Fair Food for All' group. Progress and monitoring of the project will be directly linked to the Glasgow Food Policy Partnership (GFPP) and delivery of the Glasgow City Food Plan.

Based on groundwork over the last two and a half years in Glasgow, the priorities will be to:

- Work in partnership across agencies to understand barriers to cash-first support and how to mitigate/alleviate these barriers.
 - Increase capacity of frontline staff from statutory and voluntary sector services in the city to identify people experiencing severe food insecurity and refer them to appropriate support.
 - Shift focus of the referral response to severe food insecurity towards cash and advice first approaches and strengthen access to existing sources of cash-first support.
 - Develop pathways to other services to meet the broader needs of people applying for cash-based support, both those rejected, and those receiving support, building resilience against future repetition of severe food insecurity.
 - Explore links to other community-based food provision from foodbanks, advice providers and cash-based providers as a mechanism for building resilience against food insecurity.
 - Apply lessons from successful and innovative trials of new sources of cash-first support in the city, and continue to explore new options for delivery.
 - Make effective use of partners' data and intelligence on areas and groups not currently accessing support as appropriate when experiencing severe food insecurity to develop test of change projects.
- *New bid submission: Lanarkshire Health Determinants Research Collaboration NIHR research funding call* (proposed December 2023 to November 2028). Involving Dr Jennifer McLean and Mohasin Ahmed from GCPH. Co-led by Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University (GCU) and Mr Soumen Sengupta, Director, South Lanarkshire Health and Social Care Partnership, with GCU, University of Strathclyde, North Lanarkshire Council, NHS Lanarkshire and Voluntary Action South Lanarkshire and North Lanarkshire. The proposal submitted aimed to build and strengthen the research culture in Lanarkshire to improve policy and programmes addressing the social determinants of health. The objectives involved strengthening partnerships and networks, connecting more effectively with communities, facilitating research, collaboration, capacity building, and sustaining a research culture in Lanarkshire. Following consideration, the bid was unsuccessful. Conversations within the project partnership continue as to other opportunities.

Communications outputs and activities

17. This section summarises the Centre's communication-related outputs and activities since the last meeting in September, in line with the agreed approach to communications monitoring and reporting.

Events and seminars

18. In collaboration with ScotPHO and Public Health Scotland, GCPH led on the delivery of the annual Public Health Information Network for Scotland (PHINS) conference was held on 3rd November at the University of Strathclyde – as a hybrid event. The first half of the morning consisted of three presentations focussed on early years, while the second half included three presentations on interventions to address inequalities in Scotland. Between the presentations were opportunities for questions, discussion and networking.

On the day we had 114 delegates in person and 202 online. [A recording of each of the presentations along with the presentation slides are available on the GCPH website.](#)

19. At the request of Scottish Government colleagues, we supported the organisation of an informal workshop on the afternoon of 3rd November on 'Developing the evidence base for a long-term (ten year) approach to Population Health in Scotland'. Consideration about how to develop a long-term approach to Population Health is well underway across the Scottish Government, Public Health Scotland, COSLA, and the Directors of Public Health and the aim of this workshop was to widen that conversation in considering the scope, approach and priorities. Scottish Government colleagues provided the policy and data context shaping this long-term approach and small groups considered how we can work effectively together, drawing upon the collective expertise, to identify, interpret and communicate the right evidence to support the development of the plan. The meeting was viewed as a starting point to be followed by future discussions and events over the next six months. A total of 30 colleagues, including several from GCPH, attended. Our Director summed up the discussions at the end of the session.
20. On 12th October, we hosted the first seminar of Seminar Series 20 on '*Glasgow 2003-2023: what's changed and what now?*'. Attended by 82 delegates and chaired by our Director, this included reflections from a range of perspectives, on the progress and challenges faced by Glasgow over the past 20 years. Delegates heard from Manira Ahmad, Chief Operating Officer, Public Health Scotland; Colin Edgar, Director of Communication and Corporate Governance, Glasgow City Council; Anna Fowlie, Chief Executive, Scottish Council for Voluntary Organisations; and Stuart Patrick, Chief Executive, Glasgow Chamber of Commerce. [A recording of the seminar is available on the GCPH website.](#)
21. This was followed by our second seminar in the series on 23rd November entitled '*Health and health inequalities: what have we learned and what now?*' led by Dr David Walsh and Prof Gerry McCartney. This seminar reviewed how health inequalities have changed in Scotland over the 20 years since the establishment of GCPH, our understanding of those changes, and what that means for ongoing efforts to improve health and tackle inequality. The seminar was Chaired by award-winning journalist, Dani Garavelli who was joined by two panellists, Dave Moxham, Deputy General Secretary of the STUC and Dona Milne, Director of Public Health and Health Policy at NHS Lothian. The seminar was attended by 113 delegates. [The presentation slides and recording has been published on the GCPH website.](#)
22. Our third seminar focussed on the commercial determinants of health and was held as a webinar on 7th December. This was led by Professor Sharon Friel, Professor of Health Equity in the School of Regulation and Global Governance and Director of the Planetary Health Equity Hothouse and Australian Research Centre for Health Equity at the Australian National University. Prof Friel explored ways to transform the consumptogenic system we live in which is harming human health, widening social inequalities and damaging the planet. Prof Friel discussed commercial practices and entrenched power inequities which have ensured little effective political and policy attention has been given to transform this system in the interests of human and planetary health. The talk concluded with ways to recalibrate these power inequities so that human and planetary health goals are at the forefront of policy and action. The webinar was Chaired by Bruce Whyte with responses by Laura Mahon, Deputy Chief Executive at Alcohol Focus Scotland, and Garth Reid, Consultant in Public Health at Public Health Scotland. The presentation slides and recording will soon be made available on the GCPH website.

23. A stakeholder event was held on 16th November at GCPH to share the learning from the recent report, [Moving from homelessness into social housing: testing new approaches](#), and to consider the challenges ahead in tackling homelessness in Glasgow. The report examined how innovative approaches could tackle the recognised problems of entry delays and double rent payments when moving from homelessness temporary accommodation into secure social housing. This is a well-recognised and deeply problematic situation that can often lead to new tenants facing significant rent arrears and an increased risk of tenancy failure. The event was chaired by John Sherry, Head of Financial Inclusion, Glasgow City Council with inputs from James Egan, GCPH, Gary Quinn, Glasgow City HSCP Homelessness Services, and Paul Tonner, Glasgow and West of Scotland Forum of Housing Associations. A total of 20 stakeholders from homelessness, Scottish Welfare Fund, financial inclusion, mental health, and social housing took part.
24. Our Director provided a keynote presentation on poverty and health to the annual conference of the Glasgow and West of Scotland Forum of Housing Associations in Glasgow on Friday 1st December. This marked a kind of an experiment in our approach to the communication of our work, focused on translating relevant evidence and knowledge into ideas and stories. This experience is now informing an internal discussion about the development of our approach to communications, which we anticipate bringing to the Board for information and feedback in the months ahead,

Forthcoming publications

25. *Go Cycle evaluation report (Gregor Yates, Bruce Whyte)*. As part of the UCI World Cycling Championships, 29 organisations have been funded up to £10,000 to deliver a community cycling project across Glasgow. We are evaluating the fund on behalf of Glasgow Life. The initial stage involved providing each organisation with information about the other funded organisations, and a demographic monitoring form to enable them to capture information on participants. In early September, each organisation completed an online survey which included questions on the delivery of the fund, impacts on participants, organisational impacts and learning that can support future approaches to increasing and diversifying the cycling population across Glasgow. The evaluation report will be published in early 2024.
26. *Economies for Healthier Lives: year 2 evaluation report*. (Gregor Yates, Valerie McNeice). Economies for Healthier Lives is a three-year (2021-24) programme managed and delivered by the Health Foundation involving five local partnerships in Glasgow, Havant, Liverpool, Leeds and Salford. Each partnership aims to promote health and reduce inequalities by strengthening the relationship between economic development and health. The Glasgow City Region Programme Management Office is delivering the Glasgow-based partnership, with GCPH providing evaluation support. This involves providing ongoing evaluation support to the project's Core Team and annual reporting of progress and learning for the Health Foundation. This year two report provides a coherent narrative of project progress, process learning from Core Team members, stakeholder feedback and an assessment of progress against the project's intended outcomes. Recommendations for the Core Team are offered in relation to the project's Community Panel, resourcing and future planning, ways of working and how to facilitate co-productive working. This report will be published in January 2024.

Consultation responses/contribution to external publications

27. We have submitted responses to the following consultations/call for evidence:

- Glasgow City Council City Centre Strategy 2024-2030 (December 2023)
- SPT Active Travel consultation (November 2023)
- Glasgow City Council City Development Plan 2 (CDP2) call for evidence (end-September 2023). Also, in ongoing dialogue with City Planners to support the development of the plan.

Journal articles

28. Timpson K, McCartney G, Walsh D, Chabanis B. [What is missing from how we measure and understand the experience of poverty and deprivation in population health analyses?](#) *European Journal of Public Health* 2023, ckad174, <https://doi.org/10.1093/eurpub/ckad174>
29. Seaman R, Walsh D, Beatty C, McCartney G, Dundas R. [Social security cuts and life expectancy: a longitudinal analysis of local authorities in England, Scotland, and Wales.](#) *Journal of Epidemiology & Community Health* 2023 Nov 7;:jech-2023-220328. doi: 10.1136/jech-2023-220328.

Media

30. Seminar Series 20 lecture 2 and our work on stalling life expectancy and austerity mentioned in column by Dani Garavelli for *The Herald* '[Broken promises pollute the air from the UAE to Glasgow](#)' (3 December 2023).
31. Reflection on Seminar Series 20 lecture 1 by Stuart Patrick, Chief Executive of Glasgow Chamber of Commerce in column for *The Herald* '[The statistics behind Glasgow city region economy](#)' (18 October 2023).
32. Bruce Whyte featured in STV evening news segment on the LEZ in Glasgow (17 October 2023).

Digital

33. The building of the new Content Management System (CMS) and migration of the GCPH and Understanding Glasgow websites is progressing well. The GCPH website CMS is now built with the comms team working their way through the migration of current and new content. The new website will be launched mid to late January. Design and structural work have commenced on the Understanding Glasgow website, with work expected to be complete by March.
34. Our [most recent](#) bi-monthly e-update was circulated to our 3,000+ network subscribers at the end of October. The next e-update will be circulated later in December.
35. A blog series on how universal health and social care services can tackle – and are tackling – child poverty was published over the past two months. The series explored three different models of children and families' services delivering interventions to tackle the root causes of child poverty. The series comprised of:

- Blog 1: [Working towards a 'Best Start and Bright Futures': reflections on an NHS child poverty partnership](#) (Dr Noreen Shields, NHS GGC)
- Blog 2: [The power of working together: when health and financial wellbeing services join forces](#) (Dr Anna Price, Murdoch Children's Research Institute, University of Melbourne)
- Blog 3: [With a little detour via Australia, Healthier Wealthier Families makes it to Sweden](#) (Prof Anna Sarkadi, Professor of Social Medicine, Uppsala University).
- Blog 4: [Scotland, Australia and Sweden, the Healthier, Wealthier Children journey so far...](#) (James Egan, Public Health Programme Manager GCPH)

36. During October we supported two awareness raising campaigns – [Challenge Poverty Week](#) and [Black History Month](#). We supported Challenge Poverty on social media through tweeting relevant research and published a blog by Cat Tabbner our Community Engagement Manager on '[V is Value. A is for Action: Values-based Approaches with communities](#)'.

During Black History Month we highlighted the purpose of the month – an opportunity to celebrate the contributions and achievements of Black people in UK society but also to recognise the ongoing struggle for racial equality, rooted in Black history. Throughout the month, we revisited and reshared some of our past seminars that aimed to raise awareness and understanding of racism as a fundamental determinant of health. We also shared key evidence demonstrating the ongoing health, social and economic inequalities experienced by Black and minority ethnic populations, driven largely by historic and ongoing racism and discrimination. Alongside this, we highlighted the important work of organisations across Scotland such as Amma Birth Companions, West of Scotland Regional Equality Council, Health in Mind and Intercultural Youth Scotland, and published two guest blogs by these organisations:

- [From 1971 to the present: the evolution of WSREC](#) (Aneel Singh Bhopal, Deputy CEO, West of Scotland Regional Equality Council)
- [Behind the Barrier: Health in Mind and Intercultural Youth Scotland's Inclusive Mental Health Support](#) (Dr Rahila Khalid, Health in Mind; Nina Abeysuriya, Intercultural Youth Scotland; Mohasin Ahmed, GCPH)

GCPH
December 2023



Meeting: Executive Management Team Meeting
Date: Monday 13th November 2023
Place: Conference Room, Olympia Building

Attendees: Chik Collins (GCPH, Chair), Jennifer McLean (GCPH), Fiona Moss (GHSCP), Anna Baxendale (NHS GGC), Pete Seaman (GCPH), Laurence Moore (UofG) Frankie Barrett (GCC), Gerry McCartney (UofG), John Sherry (GCC), John Dawson (PHS, Observer), Katherine Myant (SG, Observer), Jennie Coyle (GCPH), Rebecca Lenagh-Snow (GCPH, notetaker)

	<u>AGENDA ITEM</u>	<u>ACTION BY</u>
1.	<p>Introductions and previous meeting notes. There was a welcome from Chik Collins. Gerry McCartney, John Sherry and Katherine Myant were welcomed to their first meeting.</p> <p>The note of the previous meeting was accepted as accurate. It was agreed to provide a briefer note focussed on the main agreements and actions.</p>	<p><i>To note</i></p> <p><i>GCPH</i></p>
2.	<p>Director's verbal update, including meeting with Cabinet Secretary The Board was happy with progress reported at the September meeting and the transitional workplan for 23/24 was approved. It was shared with EMT members for information. The 24/25 workplan will have stronger focus on outcomes and impact. General comment on the new workplan was that this feels more digestible and focused.</p> <p>Management of Centre finances are ongoing and GCPH hope to get greater clarity regarding carry forward before the December Board meeting.</p> <p>Staffing changes were outlined.</p> <p>CC highlighted the note of meeting from the Cabinet Secretary's visit to GCPH in early October. GMcC reported conversations with SG following the PHINS event about advancing thinking around public health. JS reported similar conversations with the PSR Unit at GGC.</p> <p>KM reported the Cabinet Secretary viewed the visit with enthusiasm and is referring to it in other meetings, and the SG would like a meeting with GCPH to follow up on points before the end of the year.</p>	<p><i>GCPH</i></p> <p><i>To note</i></p> <p><i>To note</i></p>

<p>3.</p>	<p>Dialogue with partners regarding operational priorities – early discussions and developing work PS highlighted areas of developing work with partners. FM further spoke to the update on the evaluation of Thriving Places.</p> <p>Engagement with the Glasgow City CPP and associated academic advisory group is being scheduled and discussed, and a further update will be provided at a future meeting.</p> <p>GCPH expect to contribute to the evaluation of the new safer drug consumption facility when established. Responsibility for this evaluation rests with HSCP.</p> <p>LM highlighted work from the MRC Unit on ‘missingness’ in relation to the mental health work and a funding bid with GCU on safer drug consumption that will be relevant.</p> <p>GMcC highlighted some academic work relevant to Thriving Places and place-based approaches. FM would appreciate those contacts and will share with GMcC an early report from the adult Health and Wellbeing Survey.</p> <p>There was discussion around what is the GCPH local and national role. KM said there are areas in the GCPH workplan where if SG could insert a further objective, it would be even more useful at a national level. GCPH would very much welcome those conversations.</p> <p>A second paper was circulated, proposing to advance the existing GCPH homelessness work. This was discussed by the Evidence into Action team and taken to the CLT who agreed to bring it to EMT. There was agreement it was a good piece of work, and some helpful feedback was provided to be passed on to the Team.</p>	<p><i>To note</i></p> <p><i>To note</i></p> <p><i>To note</i></p> <p><i>FM/GMcC</i></p> <p><i>GCPH/SG</i></p> <p><i>GCPH</i></p>
<p>4.</p>	<p>Draft Board meeting (14th December) agenda Shared for information.</p>	<p><i>To note</i></p>
<p>5.</p>	<p>Partner updates LM updated that MRC funding ends March 2025 and the unit will be bidding for Centre for Excellence funding. He recently attended a meeting with UoG and the NHSGGC regarding joint investment in health inequalities research.</p> <p>FB highlighted that the State of the City event is on the 24th November. FM also reported their key area in next year’s GSCP financial plan for 24/25, are homelessness and prescribing costs. They have just received the places and adult reports from the Health & Wellbeing survey. She also reported that Glasgow was successful in getting a Cash First pilot, which GCPH will host.</p> <p>AB also highlighted the Health & Wellbeing survey. NHSGGC will be doing roadshows and the data will inform the DPH report.</p>	<p><i>To note</i></p> <p><i>To note</i></p> <p><i>To note</i></p>

	<p>JD mentioned PHS has been working with COSLA around disinvestment to support local authorities. Regarding ongoing and future research and the SG 10-year Population Health Plan, PHS are in a position to also fund research.</p> <p>KM also mentioned the Population Health plan which is in early stages. Her role is bringing in the evidence base.</p> <p>JS highlighted next steps with the Child Poverty Pathfinder, and opportunities for further conversation and connections.</p>	<p><i>To note</i></p> <p><i>To note</i></p> <p><i>To note</i></p>
6.	<p>AOB CC thanked all for a very good meeting in the new EMT format.</p>	<p><i>To note</i></p>
7.	<p>Date and Time of Next Meeting Late January 2024 tbc.</p>	<p><i>To note</i></p>



**Glasgow Centre for Population Health
Management Board Meeting
14 December 2023**

Budget position: 1st April 2023 to 31st October 2023

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2023 to October 2023 detailing expenditure of £907,832 against a full year budget of £1,767,634 which includes £135,084 of reserves.
- The planned budget is comprised of the following streams of funding:

	£
• Annual SG Allocation	1,300,000
• NHS GGC funding for "one off" payment	16,275
• External income from partners and others	67,069
• Brought forward from prior year	284,290

Commentary on Table 1

1. It should be noted at this point in the year the allocation from the Scottish Government remains outstanding. £1,300,000 is anticipated in the accounts. It is hoped pay uplift for 22/23 and 23/24 will be added to the allocation.
2. Spend against staffing, the largest component part of the budget, continues to track close to budget despite a number of unforeseen changes:
 - Three members of staff will leave in the latter part of the financial year - it is planned that one will be replaced in the new calendar year and the other two posts are left vacant for the time being.
 - The secondment arrangement with Strathclyde University has recently been increased in terms of the number of hours seconded thus further offsetting the core salaries line.
 - Late invoicing from University of Glasgow in respect of a previously shared post (Knowledge Exchange and Community Engagement Officer).

The net impact of these changes indicates a small underspend against staffing is now likely.

3. The receipt of income from partners is as expected at this point in the year and further invoices will be raised as the year progresses.

4. Project spend is limited at this point in the year as has been the previous years' pattern. A reduction to the amounts required for networks and in terms of research under the "Understanding Health Equalities" (due to later than expected availability of relevant data) will result in underspending by circa £35,000 in terms of project spend.
5. Unfortunately, in addition to the late charges re. the shared University of Glasgow and GCPH Knowledge Exchange and Community Engagement Officer post highlighted above, it has come to light that there have been a number of previous year charges in respect of accommodation which have not as yet been charged by the University. This oversight will create a small pressure on the accommodation line as these bills are verified and paid.
6. The plan to facilitate the upgrade and migration of both the GCPH and Understanding Glasgow websites is underway, and costs are beginning to flow through. At this point in the year, it is still expected that the Communication budget will be fully utilised.
7. At this point in time there has been no call on the reserves and these remain at £135,084.
8. GCPH has recently been successful in leading, on behalf of the Glasgow City Food Plan, a collaborative application for a Cash First Partnership, under the Scottish Government's "Cash-First: Toward Ending the Need for Food Banks in Scotland" plan. The Partnership award to Glasgow City (see further update in General Update paper Paragraph XX) includes funding of £200k over 24 months. This award is bringing £25,500 via the GCPH in the current financial year, with further tranches to make up the total scheduled in the subsequent two financial years. The award will see the employment of a Partnership Development Manager, hosted by GCPH. The remainder of the budget will be used to fund research projects, training and events. A fuller update on these funds will be provided for the next Board meeting.
9. Board members should note that the facility to carry forward/defer funds is not guaranteed and will be dependent on the commitments outstanding relating to external funders.

Fiona Buchanan
29 November 2023

Financial Plan 23.24					
	<i>Income</i>	£	<i>Actual to Oct</i>	<i>Forecast Out-</i>	<i>Forecast</i>
			£	turn	Variation from
				£	Budget
					£
I 1	Annual SG Allocation	1,300,000	1,300,000	1,300,000	-
	GGC Funds for "one off Payment"	16,275	16,275	16,275	-
I 3	Other Income	167,069	71,812	172,869	5,800
	<i>Total Income 23/24</i>	<i>1,483,344</i>	<i>1,388,087</i>	<i>1,489,144</i>	<i>5,800</i>
I 4	Carry Forward from previous years	<i>284,290</i>	284,290	284,290	-
	<i>Total Available 23/24</i>	<i>1,767,634</i>	<i>1,672,377</i>	<i>1,773,434</i>	<i>5,800</i>
	<i>Expenditure</i>				
	Research:				
E 1	Action on Inequality	27,500	-	27,500	-
E 2	Understanding Health Inequalities	40,000	-	20,000	20,000
E 3	Sustainable Inclusive Places	17,000	12,532	17,000	-
E 4	Innovative Approaches to Improving Outc	25,000	15,883	25,000	-
E 6	Training & Development	5,000	1,049	5,000	-
E 7	Allocation to Networks	15,000	-	-	15,000
	<i>Total Research</i>	<i>129,500</i>	29,464	<i>94,500</i>	<i>35,000</i>
	Communications:				
E 8	Communications (including website proj	100,000	40,583	100,000	-
	<i>Total</i>	<i>100,000</i>	<i>40,583</i>	<i>100,000</i>	-
	Management and Administration				
E 9	Centre Management, Admin & Running C	25,000	24,568	25,000	-
E 10	Accommodation Costs	130,000	82,455	140,154	(10,154)
E 11	Core Staffing	1,248,051	730,762	1,242,883	5,168
	<i>Total Management & Admin</i>	<i>1,403,051</i>	<i>837,785</i>	<i>1,408,037</i>	<i>(4,986)</i>
	<i>Total Expenditure</i>	<i>1,632,551</i>	<i>907,832</i>	<i>1,602,537</i>	<i>30,014</i>
	<i>Balance</i>	<i>135,084</i>			

Risk Register 2023-24
(produced December 2023)

Potential risk	Comments and pre-treated risk rating	Pre Mitigation Rating (N/25)	Prevention, mitigation or adaptation	Post Mitigation Rating (N/25)	To Note December 2023
1. Continuing diminution in real terms SG funding and inability to maintain and/or grow our resource base.	<p>GCPH has over the past decade had a flat funding settlement and recurring carry forward of in-year savings has enabled, until quite recently, a largely stable staff team and skill base.</p> <p>External funding has been used for new developments and growth in staff and skills and external partnerships.</p> <p>More recently, the flat funding has limited scope to replace staff on secondment and leaving GCPH, leading to diminishing core staffing and there has been doubt about the scope for carry forward from the current financial year into the coming year – which will limit room for manoeuvre in 2024/25.</p>	<p>Probability: High (5)</p> <p>Potential impact: High (5)</p> <p>25/25</p>	<p>Seek:</p> <ul style="list-style-type: none"> • Increase in core funding from SG • Scope for carry forward from 23/24 into 24/25 • Creatively thinking about sharing costs for partner work through shared resource e.g., staff time, infrastructure costs, etc. <p>Also:</p> <ul style="list-style-type: none"> • Selectively applying for external funding and improving the costing of staff time, direct costs, on-costs and overheads. • Emphasis on shared responsibility within the team, to minimise risk when individuals move on. • Attention to staff development and succession planning, including bringing new experience into the team. 	<p>Probability: Med-High (3)</p> <p>Potential impact: High (5)</p> <p>15/25</p>	<p>Even with mitigations identified, this has a fairly high level of risk rating at this stage, calling for focused ongoing attention in the short-to-medium term.</p>

Potential risk	Comments and pre-treated risk rating	Pre Mitigation Rating (N/25)	Prevention, mitigation or adaptation	Post Mitigation Rating (N/25)	To Note December 2023
	A strengthening focus on income generation is increasingly called for, given the continuing flat core funding arrangements. However, attention to income generation may impact the ability to focus on our identified priorities and risk the opportunity costs of unsuccessful bids.				
2. Sustaining partner commitment as we renew the GCPH Memorandum of Understanding (MoU) beginning in July 2024 for April 2025	Sustainability of GCPH depends on core SG funding plus a strong local partnership and agreement over GCPH aims, role, governance and lines of decision-making.	Probability: High (5) Potential impact: High (5) 25/25	Refreshed Management Board and EMT memberships and discussions leading to an increase in engagement and provision of space where conversation and consensus building around MoU can take place.	Probability: Med-High (3) Potential impact: High (5) 15/25	Even with mitigations identified, this has a fairly high level of risk rating at this stage, calling for focused ongoing attention in the short-to-medium term.
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 systems and resilience. However, as a small organisation located separately, we are less visible and	Probability: High (4) Potential impact: Med-high (4)	Shift to hybrid model offers additional resilience moving forward. Business continuity rests with knowledge invested in CLT and Research Support Team. Maintaining detailed handover notes and succession planning essential.	Probability: Medium (3) Potential impact: medium (3)	Centre navigated significant disruption to business continuity following COVID-19 work from home advice.

Potential risk	Comments and pre-treated risk rating	Pre Mitigation Rating (N/25)	Prevention, mitigation or adaptation	Post Mitigation Rating (N/25)	To Note December 2023
	central to resilience planning. Some issues (e.g. site-specific safety) require GCPH-specific attention.	(16/25)		(9/25)	
4. GCPH reputation is challenged	<p>This could result from reduced quality control of outputs, limited political acuity, unprofessional behaviours or misrepresentation of results/messaging by the media or others.</p> <p>The risk increases as management and quality assurance processes become more stretched, and the work more diverse.</p> <p>Risk of challenge as we try to lead action in a challenging climate. Change will not always feel safe or comfortable and our messages may sound at odds with accepted orthodoxies.</p>	<p>Probability: High (4)</p> <p>Potential impact: Med-high (4)</p> <p>(16/25)</p>	<p>GCPH has managed its reputation, communications and work quality well through its history.</p> <p>Recent developments include: an established CLT, a refreshed EMT to assist with acuity and partner perspective on potential risks; an enhanced and revised focus on peer review and quality assurance within the team.</p> <p>Our work plan has, and will continue to, respond to Board and EMT feedback.</p> <p>Taken together these lessen the risk of encountering reputational challenge or damage.</p>	<p>Probability: Low (2)</p> <p>Potential impact: High (4)</p> <p>8/25</p>	<p>CLT and Communications Manager have significant experience of identifying, mitigating and managing potential risks to reputation through close working and relationship building with partners, stakeholders and media.</p> <p>Continued support and awareness of risks from partners is welcome.</p>
5. Equalities legislation and	There is a risk that the organisation is not seen to have	Probability: High	EQIA will be applied to our work planning processes. Consider application to	Probability Medium	

Potential risk	Comments and pre-treated risk rating	Pre Mitigation Rating (N/25)	Prevention, mitigation or adaptation	Post Mitigation Rating (N/25)	To Note December 2023
equality of opportunity for groups with protected characteristics.	moved with sufficient pace and urgency in addressing issues of diversity across our workplan, work force, and governance. Or that challenge is made on perceived or actual falling short in this area.	(4) Potential impact: Med-high (4) (16/25)	systems and structures (recruitment and procurement approaches, Board and EMT). We have developed strategy to understand and address inequalities via protected characteristic of ethnicity and connected intersections.	(3) Impact Med-high (3) (9/ 25)	
6. Low levels of staff satisfaction	High level of staff retention in senior posts is a good thing and indication of historical success. However, it can create an organisation with little visible career promotion and sense of underdevelopment. This can impact staff morale and Centre culture as place for growth and thriving	Probability: High (4) Potential impact: Med-high (4) (16/25)	Annual iMatter survey has focussed on staff feedback, growth and development including a more structured approach to annual review conversations, objective setting and professional development planning. New team architecture creates stronger team identities and team- working. Line management arrangements to be reviewed and updated shortly	Probability: Low-medium (2) Potential impact: Medium (3) (6/25)	iMatter feedback remains favourable. However, we are taking extensive additional steps in this area, cognisant of the kind of team we need GCPH to be to contribute in very challenging circumstances.