

Economies for Healthier Lives

Glasgow City Region

**Year 3 Evaluation:
concluding the
project**

**Glasgow Centre for
Population Health**

June 2025

Acknowledgments

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Translation



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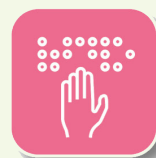
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Executive summary

In year three, the project has crucially delivered its primary objective of developing a toolkit to support the consideration of health in capital spend projects. This was achieved through a planned, persistent and iterative approach by the Project Lead and Core Team over the three-year period, underpinned by evidence and the experience of multiple stakeholders. Necessarily, the Capital Investment Health Impact Assessment Toolkit (or 'CHIA' toolkit) is a resource to integrate health considerations in a supporting and educational way, rather than simply being an additional tick-box exercise. The toolkit is now an accessible resource that can be used to support capital spend projects across the city region and beyond.

The extended period of embedding the toolkit (December 2024 to May 25) will enable it to be tested and piloted across a range of projects and policies. This is a welcomed addition of funding to ensure that member authorities gain exposure to the toolkit and can receive practical support to use it. It will also be a crucial phase for gathering feedback on its applicability and how it might need to be adapted. Crucially, users will need to feel confident about using it without support, and public health staff will need to be available to provide information on the social determinants of health and the current health challenges in the city region. A standardised and regularly updated section on this would be a welcome addition to the toolkit.

A key theme emerging from the final year was the importance of collaboration across disciplines and organisational cultures. The project's complexity, rooted in the intersection of economic development and

public health, continued to pose challenges in aligning expectations and definitions – particularly around evidence standards. However, a pivotal breakthrough came with a clearer workplan and additional support from Public Health Scotland, which enabled the development of a more robust and ambitious toolkit.

The Community Panel also played a key role in shaping the project. While early stages were marked by uncertainty about the Panel's role, improved communication and recognition of members' contributions – such as through compensation and involvement in decision-making – enhanced their experience and engagement. Panel members valued the opportunity to ensure community voices were heard and reported increased understanding of local authority processes and health impacts. Their reflections affirmed the importance of clear roles, sustained engagement, and partnership-based collaboration. It should be noted that although the Panel engaged effectively here, the numbers involved were small, and the project has not necessarily provided a platform for more routine and effective community participation in decision-making within similar projects.

Despite early setbacks, the project has delivered a more comprehensive and ambitious tool than initially expected. The legacy of the work hinges on uptake and integration into everyday decision-making, particularly within local authorities. The final reflections underscore a shared sense of pride in the co-produced outcome, while also recognising the iterative, often challenging, nature of work that bridges public health, community engagement, and economic development.

1. Introduction

The Health Foundation's [Economies for Healthier Lives Programme](#) (EfHL) funded five local partnerships across the UK (Glasgow, Havant, Liverpool, Leeds and Salford) between 2021 and 2024 to strengthen the relationship between economic development and health. Each partnership developed a locally-appropriate approach which brought together statutory and academic partners to facilitate more effective collaboration around reducing health inequalities through action on economic development.

The Glasgow City Region (GCR) EfHL project aimed to maximise the health, wellbeing and economic benefits generated by the region's capital investment programmes. The project team, with the support of various engaged and supportive stakeholders, aimed to achieve this by developing, piloting, and adopting a Capital Investment Health Inequalities Impact Assessment Toolkit (or 'CHIA' toolkit).

The project was led by the [Glasgow City Region Programme Management Office](#) (GCR PMO, located within Glasgow City Council), with support from [Public Health Scotland](#) and the [Glasgow Centre for Population Health](#) (GCPH), working alongside other project collaborators: the [Scottish Community Development Centre](#) (SCDC), [Wellbeing Economy Alliance](#), and [Kinhavrie](#). The GCPH provided continuous evaluation of the project, including annual reporting on progress and outcomes. Learning support for each local partnership was provided by the [Royal Society of Arts](#) (RSA), and [Renaissi](#) were the programme evaluators, bringing together learning from each of the projects.

The project **Core Team**, with the support of various engaged and supportive stakeholders, developed and piloted the CHIA toolkit. This team included representation from GCR PMO (project leadership and strategic support), Public Health Scotland (content development) and the Glasgow Centre for Population Health (evaluation support).

An **Operational Group** was established to gain partner involvement in the day-to-day delivery of the project. This Group met quarterly and included representation from a range of public, private and third-sector organisations of differing scales, and from across Scotland.

A **Community Panel** was formed to support the development and implementation of the toolkit. Led by SCDC, the Panel satisfies the Health Foundation's requirement of ensuring community input in the project. More importantly though, the Panel includes representation from a diverse group of community members who bring their own lived experience to the process.

A **Strategic Group** included senior representation from anchor organisations within the Glasgow City Region. This Group aimed to support change at a more strategic level. Both the Operational and Strategic Groups were intended to encourage a combination of information sharing, deliberation, and decision-making.

2. Background

The Glasgow City Region has a long history of economic and health inequality. Large scale investment in the area has often focused on physical regeneration and economic outcomes, arguably without sufficient consideration for the impact on people and communities.

To address this, the GCR EfHL project has focused on developing a toolkit that will enable due consideration for the likely health, wellbeing and inequality outcomes of large-scale infrastructure investments. Although Health Impact Assessment (HIA) is not currently a statutory requirement in Scotland for capital investment projects,

it is an established methodology for assessing the health impacts of a policy or proposal. The CHIA toolkit takes advantage of this existing approach, tailoring it specifically to the needs of those delivering capital spend projects. This, it was intended, would enable a more strategic and routine focus on considering the social determinants of health and tackling health inequalities through major investments, with the ultimate ambition of embedding the approach across [anchor organisations](#) in the Region and beyond.

In achieving this ambition, the Glasgow City Region seeks to:

“Promote healthier, more equitable communities, ensuring that large-scale investments deliver tangible health benefits and address existing health disparities.”

More information on the Economies for Healthier Lives Programme can be found on the [Health Foundation website](#). Information regarding the programme evaluation can be found on the [Renaissi website](#), and the year one and year two project evaluations are published on the [Glasgow Centre for Population Health website](#). These evaluation reports provide additional contextual information that can usefully be considered in relation to this year three evaluation – the final year of the three-year funded programme.



3. What is the CHIA toolkit?

The CHIA toolkit <https://www.chiatoolkit.co.uk/> is an online resource developed to support the planning and delivery of capital spend projects in the Glasgow City Region and beyond. The toolkit includes a series of step-by-step resources, guides and checklists to aid the process of undertaking and commissioning a Health Impact Assessment (HIA). Four sections are included in the web resource as follows:

A. How to use the CHIA: This section provides an overview of the Capital Health Impact Assessment (CHIA) and how to use it, including: an overview of the CHIA process; a summary of how the CHIA will benefit projects; how the CHIA supports business case development; frequently-asked questions, and a glossary.

B. Step-by-step guide to the CHIA process: This section draws heavily on resources developed by the Public Health Scotland Health Impact Assessment Support Unit (HIASU) and the Scottish Health Inequalities and Impact Assessment Network (SHIAN) for conducting Health Impact Assessment (HIA), which can be found in full [here](#). The resources in this section have been adapted to provide tailored guidance to capital investment / large infrastructure projects.

C. Learn about impacts on health, equity and communities: The purpose of this section is to provide background learning resources in two sections:

■ ***Making the case for health and equity***

This section provides a brief overview of the relationship between economic development and health, as well as example questions for consideration around health and equity in infrastructure projects.

■ ***Community engagement***

This section provides guidance on wider engagement in capital project development. The scope of this extends beyond what is relevant to the CHIA process and is a useful resource for identifying what project teams can do beyond statutory requirements.

D. Training on the CHIA: This section is still under development. Over time, a bank of resources will be added which support better understanding of the social determinants of health and key health challenges for the Glasgow City Region.

4. Year three project activity

4.1 Developing the CHIA resource

Table 1 shows the project activity developed and delivered between May 2024 and May 2025. Early work centred around developing the content for the CHIA resource, together with user testing, feedback gathering and an assessment of training needs. The website was launched in November 2024 and various forms of communication have been used to publicise and promote the toolkit. Following its launch, a funded embedding period has taken place. This period has enabled the Project Lead to identify relevant policies and projects across the city region in order to start the process of embedding the toolkit within mainstream practice.

Table 1. Key project stages and deliverables

Area of action	Specific steps	By when?
Content development	CHIA content developed	May 2024
	Early user testing	May – June 2024
	Survey of equalities officers	April – May 2024
	Survey of capital project managers	May 2024
	User testing	July – August 2024
	CHIA training needs assessment	October 2024
	Final CHIA resources and content	October 2024
	CHIA website live	November 2024
Technical development	CHIA website prototype	June 2024
	User testing	July – August 2024
	CHIA website live	November 2024
Evaluation	Year three evaluation plan	April 2024
	Year three evaluation fieldwork	October 2024
	Year three evaluation report – finalised text	December 2024
Communication	Social media	Ongoing
	Blogs and newsletters (Other City Region Deals)	January – May 2025
	Newsletters and presentations to: Heads of planning, Scottish Network of Equalities Officers, Improvement Service	Ongoing
Embedding	CHIA toolkit launch	November 2024
	CHIA pilots and learning	January – May 2025
	CHIA training	May 2025
	CHIA learning and dissemination	January – May 2025

4.2 Embedding the toolkit in GCR practice

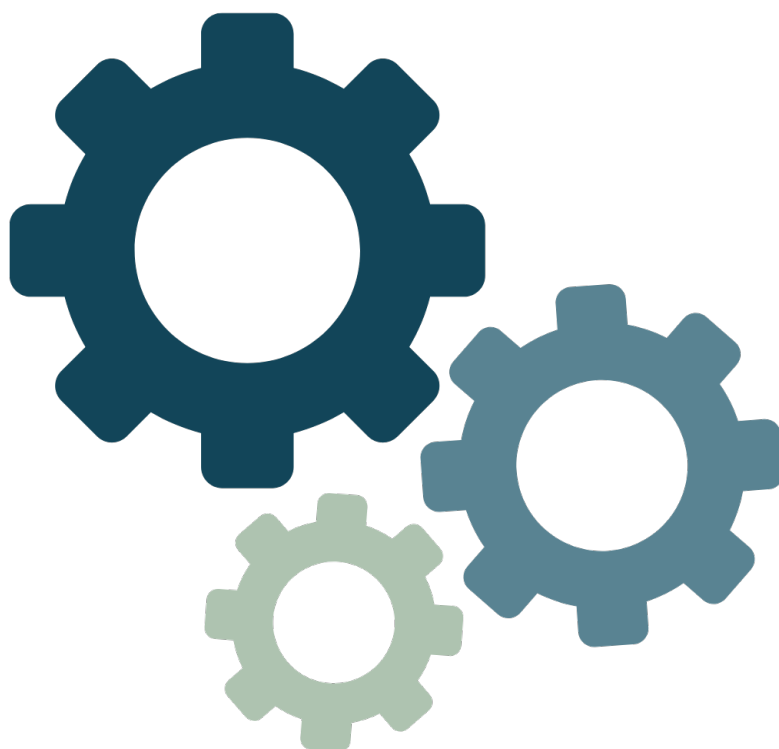
Since launch, the CHIA toolkit has been piloted and tested with a range of groups delivering capital spend projects across Glasgow City Region. Additionally, two training sessions have been delivered with city region staff to support use of the toolkit. For each pilot/training session, learning is being captured through an evaluation survey. Table 2 shows each of the projects included during this period.

Table 2. *Testing the CHIA toolkit*

Project	Organisation	When	Description
CHIA training session	Available to all GCR authorities	Jan 25	Offered to all local authorities in the city region – attended by economic development and equalities officers. Facilitated by Public Health Scotland and NHSGGC staff.
East Airdrie Link Road	North Lanarkshire	Feb 25	Use of the CHIA checklist to consider health determinants and equalities considerations regarding the construction of a new link road.
Crossmill Business units	East Renfrewshire	May 25	Use of the CHIA checklist to consider health determinants and equalities matters regarding the development and lease of new business space units in Barrhead.
Electric Vehicle Charging Infrastructure Programme	Glasgow City Region	May 25	Use of the CHIA checklist to consider health determinants and equalities matters regarding the construction and operation of new electric vehicle charging infrastructure across Glasgow City Region.
East Kilbride Masterplan	South Lanarkshire	May 25	Use of the CHIA checklist to consider health determinants and equalities matters regarding the town centre regeneration in East Kilbride. Aligned with Marmot Place status work.
CHIA training session	Available to all GCR authorities	May 25	Offered to all local authorities in the city region – economic development and equalities officers. Facilitated by GCPH and attended by 4 local authorities.

Project	Organisation	When	Description
Clyde Metro	Glasgow City Council	May 25	Promoting use of the CHIA as part of wider health determinants session with the Clyde Metro Team.
Energy Efficiency Area Based Scheme	Glasgow City Council	June 25	Using the CHIA checklist to consider health determinants and equalities matters regarding the implementation of housing retrofit measures and financial support for owner- occupied properties in the city.
Investment Zone	Glasgow City Region	July 25	Using the CHIA toolkit to inform design and implementation.
Heat Decarbonisation Project	Clyde Mission	July 25	Using the CHIA toolkit to inform design and implementation.

Additional evaluation work is currently underway to assess how useful and applicable each session was during this embedding phase, as well as to identify what further support might be needed to use the CHIA toolkit resources. This evaluation will seek to determine any practical improvements that can be made to the resource to improve useability, as well as what resources or actions might be needed to ensure that the toolkit becomes embedded within mainstream practice across the region.



5. Evaluation of the Glasgow City Region project

Since the beginning of the project, the overarching aim of the evaluation has been to establish how the activities, processes, relationships and leadership around the project have impacted on outputs and intended outcomes. To this end, the objectives of the evaluation were:

- To offer practical learning on the 'process' of delivering the project that can support its ongoing delivery and evolution.
- To provide an up-to-date account of project progress and 'process' learning for the funders (Health Foundation), the learning support organisation (RSA), the overall programme evaluators (Renaissi), and various project stakeholders and wider interest groups.
- To assess progress against the project's agreed outcomes.

An [end of year-one evaluation](#) provided a baseline assessment of the expectations and priorities of the various interests involved in the project, as well as any early signs of progress, challenges and enabling factors described by the project's Core Team. For [year two, the evaluation](#) continued to capture process-learning, but with added emphasis on how this had shaped project delivery. The year three evaluation has sought to build on the learning from years one and two to advance understanding of the reach and impact of the project, engagement with the approach, and feedback on its value to the various stakeholders involved. Unfortunately, staff losses during year three have presented a challenge to the delivery of the evaluation.

Five project outcomes were agreed by the Core Team on receipt of funding (Table 3). Two of these objectives are within the three-year funding period, and therefore relate to project delivery, while the remaining outcomes apply to dissemination and monitoring of impact (started during the embedding phase but beyond the original project timescales).

Table 3. *Project outcomes*

Outcomes: Project delivery	
1: CHIA toolkit developed using co-productive approaches	2022 – 2024
2: Mutually beneficial partnerships have developed	
Outcomes: Dissemination and monitoring	
3: CHIA toolkit embedded in GCR governance structures	2025 onwards
4: Transferable learning is being applied elsewhere	
5: Metrics identified for long-term monitoring of impact	

In addition to tracking progress against project outcomes, process-learning has been captured qualitatively in each year. The following research questions have guided this aspect of the evaluation:

- What has the project delivered over the past twelve months? Does this align with the agreed project plan?
- To what extent has the project delivered as intended? What have been the challenges and enabling factors?
- How have specific project elements shaped its evolution and delivery?
- Have stakeholders and community members consistently engaged with the project?
- Are stakeholders and community members confident in the approach and committed to the process?
- What progress has been made towards meeting the relevant project objectives?
- How has learning from years one and two fed into the delivery of processes in year three?
- How can learning captured throughout year three shape the ongoing delivery of the project, beyond the funded period?
- What are the priorities going forward?

Annual evaluation plans have been developed to support the capture of practical and applicable learning. The evaluation approach has been deliberately pragmatic and flexible, recognising that an emergent and exploratory, multi-partner project must be adaptable to changing circumstances and challenges. In year three, feedback has been gathered through a combination of primary research with delivery partners, and by reviewing key reports, documents and meeting notes. Focus groups have been held with the Core Team and with the Community Panel, and a survey was completed by wider project stakeholders. Staff departures within the evaluation team have delayed the completion of the evaluation report for year three.

Key documentation from this period includes:

- Operational and Strategic Group meeting papers;
- Live Project Action Plan and planning documents; and
- Participant feedback from discussions/workshops.

A more detailed description of the general evaluation approach can be found in both the [year one](#) and [year two](#) reports.



6. Findings of the year three evaluation

Findings from year three are presented on the following:

- Documentary analysis and reflective learning log
- Core Team reflections
- Community Panel member feedback
- Stakeholder feedback
- Training feedback

6.1 Documentary analysis and reflective learning log

For year three, progress continued largely in line with the live Project Action Plan (see Table 1). The Strategic and Operational Groups continued to meet regularly, with evidence of joint decision-making and reporting of progress towards the project goals – as demonstrated in the papers associated with these meetings. However, while meetings of the Operational and Strategic Groups were set in advance to ensure scheduled diary time, there were a number of relatively short notice postponements. This could be explained, partly, by the long-term nature of the project, delayed progress and the need to prioritise other more immediate work deadlines or commitments.

Throughout the third year of the project, the Core Team continued to meet frequently. In the main these meetings were virtual, although the Team did come together in person on several occasions, at the request of the Project Manager, when it felt appropriate to the stage/task to be discussed. The in-person meetings tended to be longer in duration and more focused on a particular aspect of the work than those held online. In some instances, an in-person meeting of the Core Team was called to work collectively through an issue or a particular sticking point.

Reflective learning from the Core Team meetings revealed that operational decisions were made within this forum, and challenges were discussed and addressed. New ideas, perspectives, and knowledge were brought to the fore, particularly when new members joined the Team. Issues were raised and approaches to addressing them were tackled by the Team. Overall, the Core Team was the ‘engine’ of the project, influencing how, and how much, progress was made towards achieving the ultimate goal of creating a useable toolkit.

Some evidence of differing organisational cultures emerged through the reflective learning log, the most notable example being around understandings of what constitutes good evidence. The public health approach was presented as being robust and academic, requiring a rigorous and more time-intensive approach than had originally been set out. Ultimately, this was of benefit to the work, and the ability of Public Health Scotland to bring in additional staff time to support the development of the content for the toolkit was a crucial intervention.

6.2 Core Team reflections

Five members of the Core Team took part in a focused discussion covering the main learning from the final year of the project. The key themes to emerge from this discussion are summarised below.

Project evolution

The early stages of year three were described as challenging, marked by difficulties aligning perspectives and understandings of how to develop the tool. Reflecting on changes over time, the project saw a more structured and transparent process develop, with significant progress being achieved once a clear plan had been identified. As one member noted:

“We were struggling to find common ground in what we felt would be possible to do in the time that we had, that would still align with what had been proposed at the beginning of the project. Then there was a breakthrough in December, I remember this meeting... I remember coming away from it and going, ‘Oh, actually, we have a plan now.’”


Collaboration and overcoming differences

As with previous years, a key strength of the project was the commitment of the team. This was said to have helped when navigating differences in organisational culture.

“Everybody bought in, and the Core Team was committed to successfully achieving the delivery of the project.”


Public health support


Having dedicated public health support was critical to the development of the CHIA tool. Following a period of reduced capacity within the team, this became available at the end of year two. Without this, the work may not have happened.

 *I don't have a public health background... Having support from [public health experts] to guide the process...to push forward and develop content was key."*

Understanding organisational priorities


New staff faced a steep learning curve, as the work involved getting up-to-speed with the project and identifying a way forward, as well as understanding the processes that shaped practice across different disciplines.

 *We've tried to do that, and, I think, to try and understand processes, but without actually working within that context, it's quite hard to know what you're actually trying to influence."*

 *It's probably a fairly obvious thing, but it's just, it's understanding the processes that we're trying to influence from the get-go."*


The need for embedded roles


This led to a discussion about how to do things differently in the future. Having an embedded role, in which public health staff work within and across the economic development function within a local authority was suggested.

 *I think an embedded role would be really valid. If I could go on a secondment, because I was really struggling to understand the world that we were trying to influence."*

Organisational differences


Organisational differences were discussed regarding the challenges faced early on, and more widely throughout the project. This related to different interpretations of what constitutes ‘evidence’ and the nature of the work being different to more traditional ‘research projects’.

 *We were going back and forth around evidence and what we considered to be good enough evidence and whether we could use it.”*

 *I think projects like this are always going to be really, really difficult, and because it's a collaboration between people coming from an economic development perspective and a public health perspective. It's not a piece of research, which I think a lot of us on the public health side often are doing; that makes it hard.”*

Systems change and collaboration

The project was seen by the Core Team as beginning to touch on systems change, but the definition of a ‘system’ and the practical implications of this change remain unclear. The discussion highlighted that effective collaboration is essential, and the project’s success in bringing about real systems change depends on integrating new practices into regular operation, especially within local authorities.


 *We always wanted to embed this in business-as-usual for us. That was the link into systems change. So, to what degree is this going to then be part of what has happened all the time?”*

Training and impact measurement

The need for training to support local authorities and ensure the continued use of tools was acknowledged. There was also a call for future projects to measure their impact, particularly in how health and wellbeing considerations are integrated into decision-making processes. This includes understanding the effect of Health Impact Assessments (HIAs) on business cases and policies.


Sustainability and funding

Concerns were expressed about the sustainability of the work without continued funding, particularly for evaluating its impact. The project team acknowledged that the lack of funding for a comprehensive evaluation limits their ability to measure the full impact of their work.

 *You can't do an evaluation on a shoestring."*


Reflecting on the approach

Core Team members reflected on how the project may have been delivered differently to achieve better outcomes for all involved. Overall, it was agreed that the exploratory nature of the work meant that there were always going to be elements that could have gone better.


 *There's lots of ways that we could have done it better, but that's just the nature of this type of work."*

Impact of approach

Members of the Core Team reflected on the final toolkit, how that aligned with what they envisaged at the start of the project, and how influential they felt it could be. While it was expressed that the tool did not have the statutory weight that some hoped for, more weight was given to the process, and in raising awareness of health impacts in capital projects.

 *Now it is actually a much more involved process. And it sounds like there's a commitment to commission out what was unfeasible to do in house, which is not feasible to do in house now, which I think is a much higher ambition."*

The key to success now, it was argued, was in it becoming a widely used tool.

 *Now, if it doesn't get used, then it is a waste of time. If it gets used... it's really, really powerful."*

“It will be a success if you’re able to say that business cases now are including health or inequalities outcomes.”

Community Panel participation

Members of the Core Team reflected on the success of the Community Panel, whether it had contributed to the project’s wider aims and how beneficial it had been to those involved. Importantly, it was noted that the Panel had shaped the work positively.

“They influenced the tool by providing comments and helping to shape the community engagement part of it.”

However, it was also acknowledged that this aspect of the project could have worked better. In particular, it was noted that there was a lack of clarity around the role of the Panel from the outset, particularly around what the community voice was intended to influence:

“We were recruiting a panel, not knowing what they were going to do.”

“Was it about their input to HIA, or was it influencing decision-making in economic projects more broadly?”

The importance of defining roles for community members early on was highlighted as a lesson learned for future projects.

“They didn’t know what was happening. They didn’t feel that they had been kept in the loop about what was happening and what their role in the project was.”

Reflecting on the success of the Community Panel, it was acknowledged that the complexity of the project, which at times felt like *“building a plane and flying it at the same time”*, meant that it was inevitable that this component would be challenging. To increase the chances of it being meaningful and useful, it was suggested that a more specific role for the group could have been created.

“ Maybe it was too broad... So you actually need to say, quite specifically, who’s interested in that and how can you contribute meaningfully there. That’s an issue for these types of projects where you’re pulling interdisciplinary projects from public health and economics together.”

As highlighted in the year two evaluation report, Community Panel members felt “disenfranchised from the project” at one stage due to the change/loss of staff within the Core Team. This led to some concern that the project had not made best use of the Panel’s involvement.

“ It troubles me that we possibly wasted people’s time.”

Efforts to re-build the relationship included monthly updates and an invitation for Panel members to attend Core Team meetings. This helped to develop a more positive working relationship, which was based on regular communication and transparency.

“ [Panel Member] was quite confident at communicating to the group why [he/she] wasn’t really happy, or feeling that the project wasn’t involving the Community Panel as well as it could.”

Despite these challenges, the group acknowledged that there were positive outcomes for the remaining Panel members, and that the changes that were implemented had helped to ensure that the final stages of the project were more rewarding and beneficial to members. Those continuing to attend were praised for their persistence and commitment to the approach.

“ They were all incredibly positive... they stuck at it, and I think they valued the process.”

A further positive development over the course of the project was being able to remunerate Panel members for their time. This was widely seen to be an important means of ensuring that their time was acknowledged.

“ They were now able to pay them for their time, which seemed fairer and coincided with them being given the content review and being paid.”

Overall, the conversation underlines the complexities of meaningful community engagement, public health collaboration, sustaining momentum, and the iterative process of developing effective tools for Health Impact Assessment.

6.3 Community Panel member feedback

A recorded conversation with Community Panel members took place on the 19th September 2024. This involved three people who had been attending for the duration of the project. Responses demonstrated that these members were clearly committed to the project, both in terms of giving their knowledge to the project and in sharing what they've got out of it.

Getting involved

The conversation began with reflections on why it is important to involve community members in decision-making. It was clear from the responses that members participated to ensure that the community had a voice – it was not just about personally getting something from the experience, it was about representing the 'community voice' – a voice that was often poorly represented.

“ The main reason that I got involved was to ensure that the project would include the community, the views of the people from the community.”

“ I hoped that at the end of it, we would have a tool that would be valuable, and that the community would be involved.”

“ It's really important that the community voice is heard, because that hasn't always happened.”

A strong emphasis was placed on the value of local knowledge, with one member stating:

“People that don’t live in an area making decisions are not as informed as local people who do. It’s simple.”

In terms of joining the Panel, one member described their initial hesitance, but had clearly grown in confidence having been treated well by other members.

“When I decided to join this group, I hesitated a little bit because I don’t have any experience of being in a group. But when, day by day, I was involved, and the other members were very good, and they are very helpful for me.”

Early meetings

Early meetings of the Panel involved input from various groups to build understanding of the work that shaped the CHIA process. This helped to build understanding of what the project was about, and more widely, how large capital projects were developed.

“All that sort of work at the beginning was really beneficial because it helped us to understand exactly what we were, what we were getting involved with.”

Communication and involvement

The Panel members described the benefits of involvement and the importance of good communication. Despite a breakdown in communication with the Core Team in the middle of the project due to changes and loss of staff, communication was reported to have improved recently.

“Communication...between the Panel members and everybody else has been excellent.”

“The communication is the biggest thing...to feel listened to.”

Changes put in place were said to have demonstrated that the Core Team listened to the Panel's feedback regarding how they wanted the relationship between both groups to develop. This was largely based around effective communication, being involved in decision-making and understanding how different members of the Core Team contributed to the project.

“We wanted to know who was involved and what their role was... We've got better understanding of who's doing what.”

“As long as we're kept in the picture, you don't get frustrated.”

“They regularly attend all the Panel member meetings. And we're involved in their monthly meetings, because this is our suggestion.”

Comments were also made about feeling genuinely listened to, as demonstrated through actions and amendments to the tool.

“All the comments and all the adjustments that we ask for, have been taken on board, and the few that weren't, we were told why they weren't.”

“The benefits of being involved are learning from other people and having our views acted upon.”

This change helped the Panel to understand more fully what was involved in developing the tool and why its development took longer to develop than might be expected.

“We keep thinking, oh, it’s taking forever, but once you actually sit on those groups, and you hear the amount of work that’s involved in it...”

Being involved was said to be important learning for shaping how members work on future projects and what they share with their wider community.

“It’s not about just what you bring to the table. It’s what you take every time and what you feed out to your community.”

“A lot of the things that I’ve learned from this project will be shared with others.”

Compensation and recognition

Being compensated for their time was welcomed and unexpected, helping members to feel valued.

“It was shocking to me, to get something back... It really helps to feel that your views have been valued.”

Further discussion around the functioning of the Panel as a group indicates that members worked together respectfully.

“We address disagreements and challenges in a partnership way, not confrontationally.”

“The main learning reinforces partnership working... It’s a two-way process.”

Members stressed the importance of including diverse groups in the discussion, with one participant noting:

“I think it’s important that we cover as many key groups as we possibly can.”

Others acknowledged that although the Community Panel was small, it represented the views of people from a range of backgrounds and equalities groups. The group also acknowledged the benefits of having a smaller group, particularly in terms of relationship building.

“In some way it is a good thing, because we’ve got a bit more time to connect with each other there, and we’ve been able to make things a little bit more personal.”

Team effort and pride

In closing, it was acknowledged that the project had been a collective effort.

“Everybody should be proud of what’s been achieved, because it’s been a partnership between the Panel and all the work that’s been done.”

6.4 Stakeholder feedback

Feedback was sought from project stakeholders through a survey. Fifteen people responded to the survey, although some questions allowed multiple responses. Figure 1 shows how respondents were connected to the project (i.e. which group or network they were part of).

Figure 1. Group membership

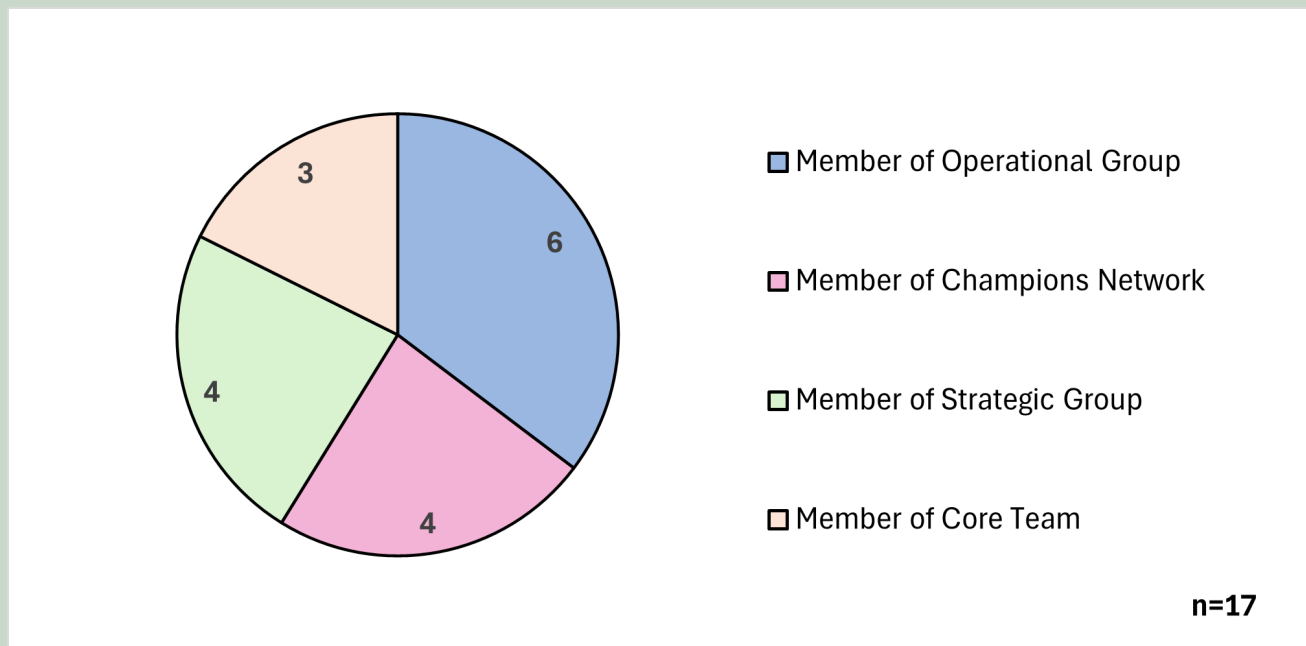


Figure 2 shows which employment sector respondents worked in. Half of the 16 responses indicated working for a Local Authority (8), a quarter (4) worked in Public Health and the rest worked for a third-sector organisation (2), a government organisation (1) or an Economic Development Agency (1).

Figure 2. Employment sector

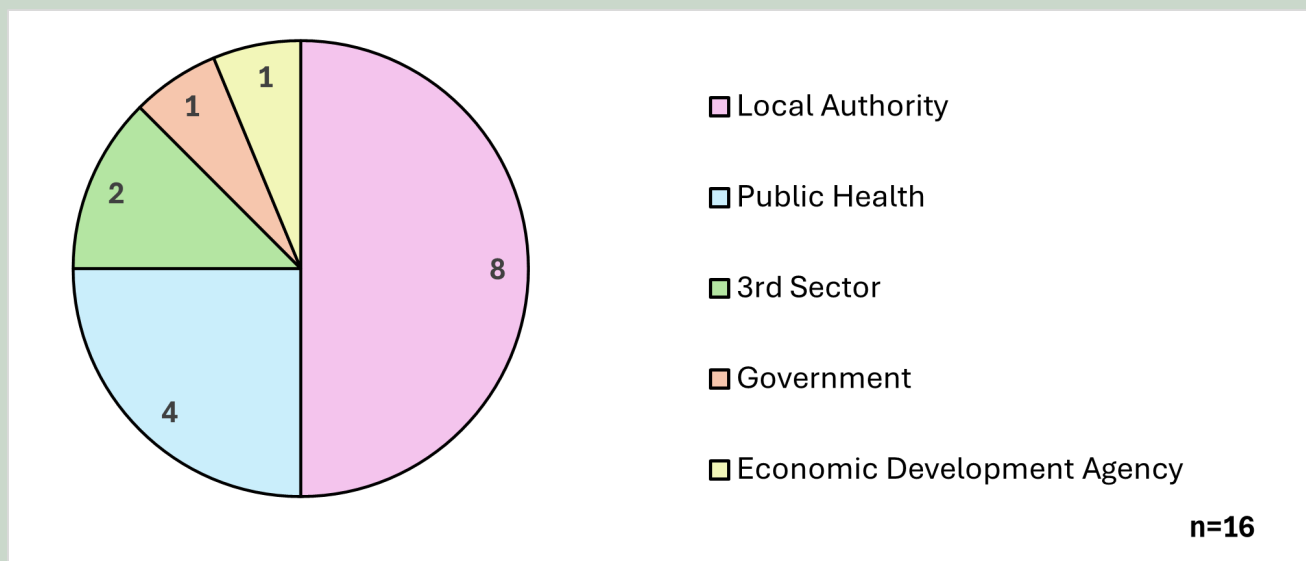
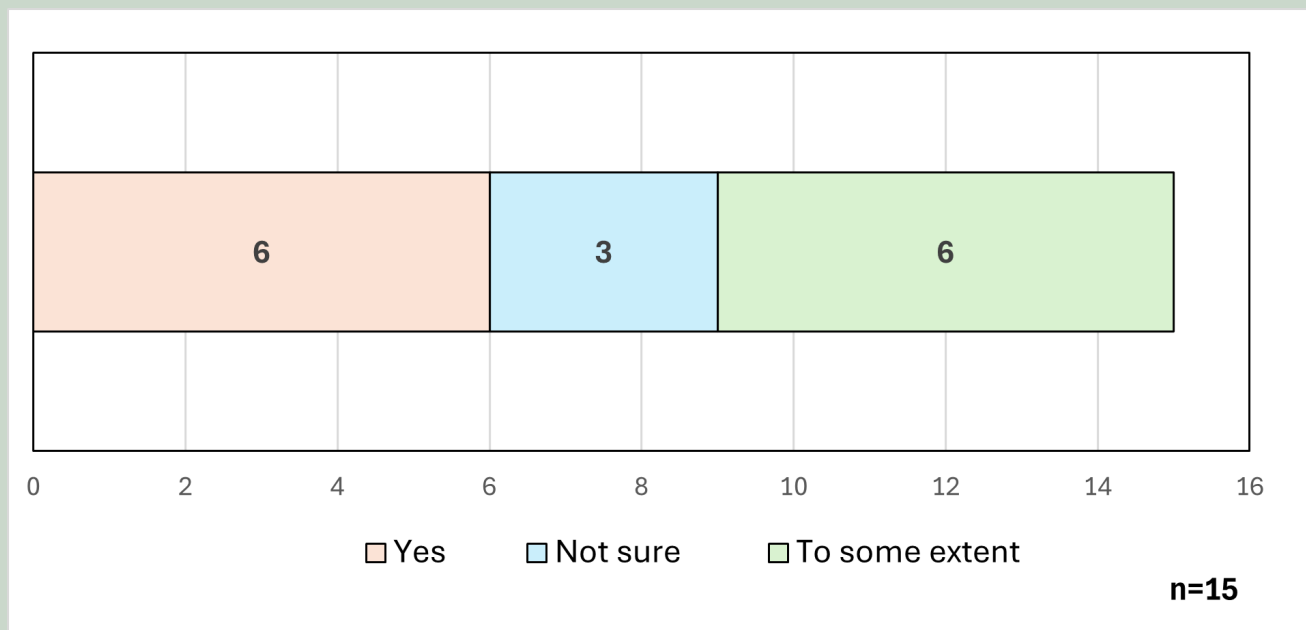


Figure 3 shows responses to the question:

Has the CHIA toolkit developed in line with your expectations?

Figure 3. CHIA toolkit has developed as expected



The following question was included to get a sense of the extent to which the team had effectively communicated progress regarding the development of the toolkit.

What is your understanding of the progress that has been made in terms of developing the CHIA tool?

Responses indicate a good level of understanding of why the tool has been developed, with responses suggesting that it incorporates a combination of evidence and feedback from stakeholders working across multiple relevant disciplines, in order to offer:

- Guidance on conducting screening workshops.
- Steps for commissioning Health Impact Assessments (HIA) if needed.
- Information on addressing health inequalities through capital investment.
- A framework to determine if a project requires a full HIA or just a scoping report.

At the time of survey, most respondents believed that the toolkit was nearly complete, with the website and training materials having been developed. Efforts will now focus on training staff and promoting the toolkit's adoption.



Responses below incorporate the key themes to emerge from responses to the following question:

What have you taken from your experience of being involved in Economies for Healthier Lives?

Collaboration and systems leadership

- Joint working between public health and economic development is crucial.
- Embedded roles (e.g., public health within economic development teams) can foster better integration and understanding.
- Leadership is critical for driving systems-level change and tackling health inequalities.

Organisational dynamics

- Understanding organisational processes and culture around the use and understanding of “evidence” is essential for embedding new practices.
- Collaboration across organisations can be challenging, but shared goals and an open approach will support better outcomes.
- Infrastructure projects should be developed in a way that accounts for how they affect people’s lives across different stages, incorporating diverse perspectives.

Toolkit and practical application

- The CHIA toolkit provides resources to integrate health and equity considerations into capital projects.
- It enables teams to generate evidence to support recommendations and highlight the holistic benefits of public investment.
- Some expressed hope for more functionality, such as monetising health benefits for business cases.

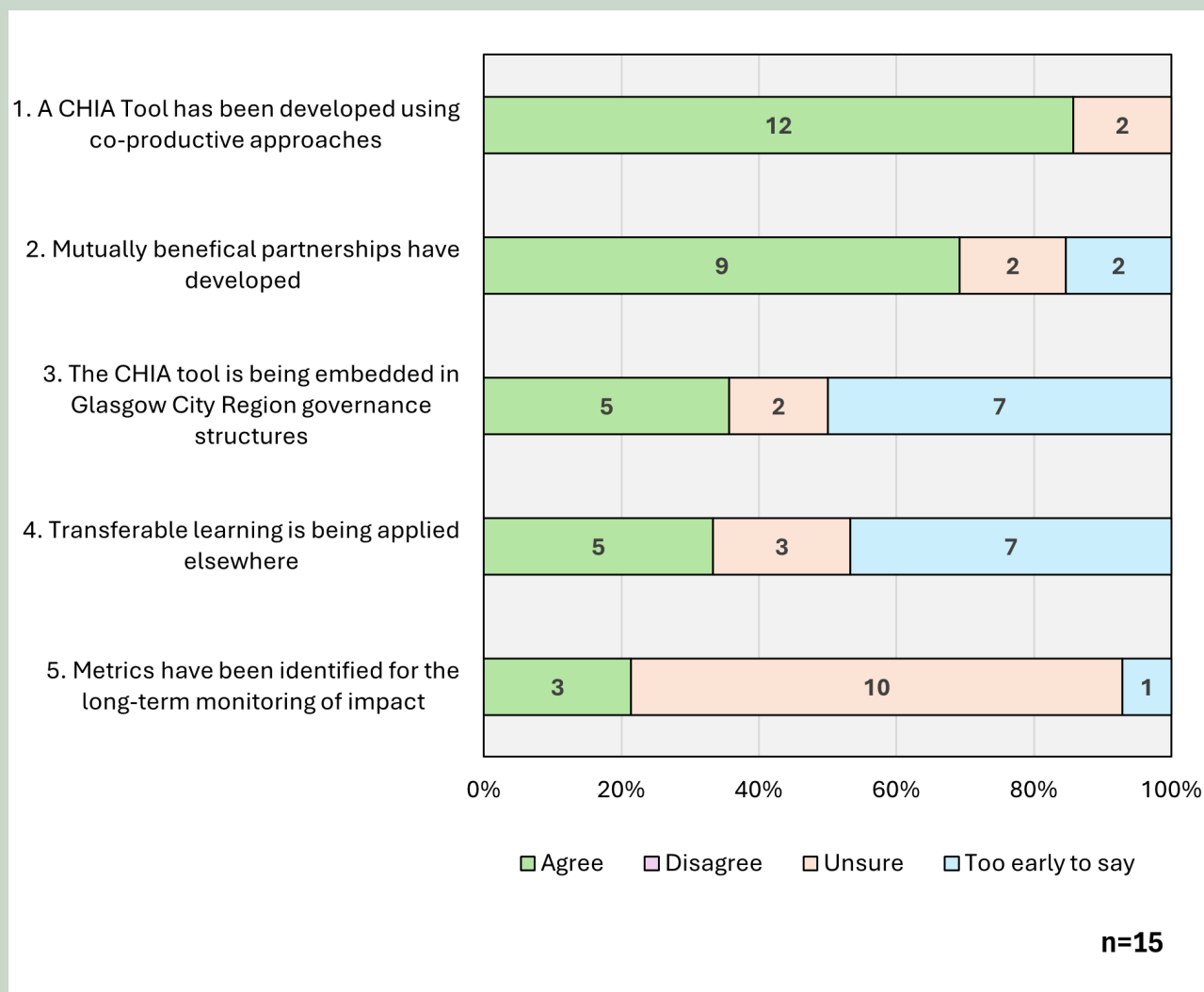
Personal reflections

- Users have found it valuable to view capital projects through a health inequality lens, gaining insights into determinants of health and public decision-making processes.
- While the toolkit concept is well-received, its practical benefits will be clearer after implementation.
- The experience has fostered professional learning and networking, particularly with groups like the Champions Network and the Economies for Healthier Lives team.



Figure 4 shows the extent to which respondents felt that the project's five objectives have been met. It should be noted that these objectives were not all intended to be met within the timescales set for the project. It is clear from the responses that most project stakeholders believe that objectives 1 and 2 have been met, or at least that progress has been made against them. For the remaining three objectives there is a lack of certainty, particularly for outcome 5, which will be crucial to the roll-out of the toolkit.

Figure 4. Progress against project objectives



Open-ended comments relating to this question were mainly offered in relation to objective 3, as follows.

- Groundwork for embedding the toolkit into regular practices is underway, but training for practitioners is essential for uptake and successful implementation.
- Greater support and leadership from the PMO and buy-in from local authorities at the highest level (e.g., Chief Executives) are critical.

- Embedding it into governance structures will ensure sustainability and integration into “business as usual”.
- There is potential value in making Health Impact Assessments (HIAs) a mandatory component of infrastructure project business cases, as seen in Wales.
- Ongoing leadership and support are required to build a learning network for continuous improvement and to ensure that early project-stage health considerations are prioritised, especially in regions with significant health disparities.



Additional general comments were:

- The toolkit is an important addition to impact assessments but must overcome challenges like urgency in projects where health impacts may be overlooked.
- It's too early to determine the toolkit's effectiveness in live projects or its reception by intended audiences.



An additional question was included to get feedback to support the delivery of objective 5, as follows:

What advice can you offer around how to effectively monitor the toolkit's use and impact?

Tracking usage and engagement

- Record frequency of toolkit usage, the types of projects it's applied to, and any instances where teams could not use it due to resource or capacity constraints.
- Automatically track online toolkit access and usage data where possible.

Feedback and impact assessment

- Gather testimonials from users on how the toolkit influenced decision-making or project implementation.
- Use a mix of qualitative feedback (e.g., user experiences and challenges) and quantitative data (e.g., number of HIAs conducted, action plans created, and completed).

Showcasing success

- Start with pilot projects in each council to showcase benefits and promote broader uptake.
- Incorporate monitoring into GCR City Deal benefit tracking and collect evidence of health benefits realised through projects.

Developing a framework for monitoring

- Work with Public Health Scotland to establish guidance for monitoring health benefits and building a robust evidence base.
- Include metrics such as health impacts, healthy life expectancy, local employment, and the percentage of completed actions in action plans.

Engagement and policy integration

- Maintain ongoing engagement with both users and potential users to refine the toolkit and encourage adoption.
- Advocate for embedding the toolkit into policy frameworks, which could help mandate its use and facilitate systematic monitoring.

Long-term monitoring goals

Ensure regular evaluation over time, led by an identified team, to assess:

- toolkit adoption rates
- the diversity of projects (by size and sector) using the toolki
- tangible examples of toolkit influence on investment decisions
- overall benefits to **health equity** and decision-making practices



6.5 Workshop feedback

Towards the end of year three, the project held a 'CHIA training needs assessment' workshop. Participant feedback indicates that:

- It was a useful session, well-structured and of appropriate duration.
- It was informative: a useful introduction to health inequalities and the determinants of health for economic development practitioners who did not have in-depth knowledge or awareness of this.

Participants also reflected that HIA, impact assessments more generally, and health inequalities taken together present a complex, and potentially overwhelming, volume of information. They found the public health input helpful and future users of the CHIA would welcome greater public health support in undertaking HIAs/ CHIA workshops, at least initially.

In relation to implementing the CHIA process:

- Around half of the respondents felt able to go away and try to undertake a CHIA workshop using the information from the session and the resources available on the CHIA website.
- A small number suggested that it would be difficult to lead an HIA without further public health support.

Feedback on each element of the session is summarised below.

Session 1 – Introduction to health and health inequalities

- Presentations were informative and pitched at the right level to give a necessary and useful lead into hearing about the HIA process, health determinants and health inequalities in the context of capital investment.
- A short explanation of where the CHIA sits within the City Deal business case timeline as the business case develops from 'Strategic' through to 'Outline' and 'Final' would be useful.

Session 2 – Introduction to HIA and the CHIA resource

- The 'Intro to HIA' slides contain enough information to be of use after the session as a quick point of reference and a clear reminder of what a HIA does, what it's not and the various steps in the process.

Session 3 – CHIA workshop

- It was really helpful to take part in the mini workshop exercise.
- It was a lot to take in and the prospect of undertaking a screening workshop is still slightly daunting but much less so than prior to the training session.
- The presentation offered clear and practical guidance.
- The information in the slides is a helpful post-session resource.
- The facilitators' knowledge of HIA and the practical advice offered from their wealth of experience and knowledge was very helpful.

Session 4 – Next steps after the workshop

- Useful session and slides also a useful post-session tool.
- The information was well considered and will be a helpful aid in preparing and using the workshop report and managing the steps after the workshop.

Session 5 – Additional support

- Useful, but with the wealth of information available, it would be useful to include a short summary of key information sources to help prioritise.



7. Discussion and recommendations

7.1 Discussion

The development and adoption of the CHIA toolkit is a successful outcome from a challenging multi-disciplinary project. The resource is the product of an iterative and systematic process over the three-year period, underpinned by evidence and the advice of stakeholders within a complex impact assessment landscape. Achieving this reflects the patience and diligence of the Project Lead and Core Team, which has built on previous work to produce a comprehensive and functional toolkit. This should be celebrated and built on.

As with previous evaluations, strong commitment and stakeholder buy-in were essential. The level of capacity and resource needed to co-develop innovative outputs – particularly in a complex, multi-stakeholder environment aiming for systems change – is often significantly underestimated. While it may not always be feasible to have contingency plans in place, having additional support available when needed proved critical to the success of the Economies for Healthier Lives project in the Glasgow City Region.

Meaningfully incorporating community voice into a developmental process – especially when the subject matter is relatively niche – can present significant challenges. It is essential to establish clarity early on around the purpose of community input, the initial approach to engagement, and how participation will be sustained over time. These elements must be co-designed with communities from the outset and regularly revisited to ensure relevance, inclusivity, and mutual benefit. Despite these challenges, the inclusion of a Community Panel brought value to the project and those involved. Importantly, changes were made to ensure that members were able to participate in Core Team meetings and could comment on the development of the tool. In addition, their input fed directly into section three of the online resource “*Learn about impacts on health, equity and communities*”, which offers guidance on how to effectively engage communities through capital spend projects.

It is clear from stakeholder responses that most have learned from the experience and now have a better understanding of the relationship between health and economic development, as well as the processes which shape the day-to-day practice across both disciplines (e.g., business case development). Responses here also show general confidence that the Core Team have met the projects’ first two achievable outcomes *1. A CHIA toolkit has been developed using co-productive approaches*, and *2. Mutually beneficial partnerships have developed*.

However, it is notable that the remaining three outcomes established at the start of the project (see below) will only be fully achieved beyond the project's agreed timescales.

3. *The CHIA toolkit is embedded in GCR governance structures.*

4. *Transferable learning is being applied elsewhere.*

5. *Metrics identified for long-term monitoring of impact.*

While the post-project embedding phase (December 2024 to May 2025) has supported some progress toward these goals, additional planning and resources will be required to fully realise them. A key priority should be the development of robust metrics to guide the toolkit's roll-out. This must include resourcing the routine collection and sharing of data, as well as ensuring that insights from implementation are used to regularly update and improve the toolkit.



7.2 Recommendations

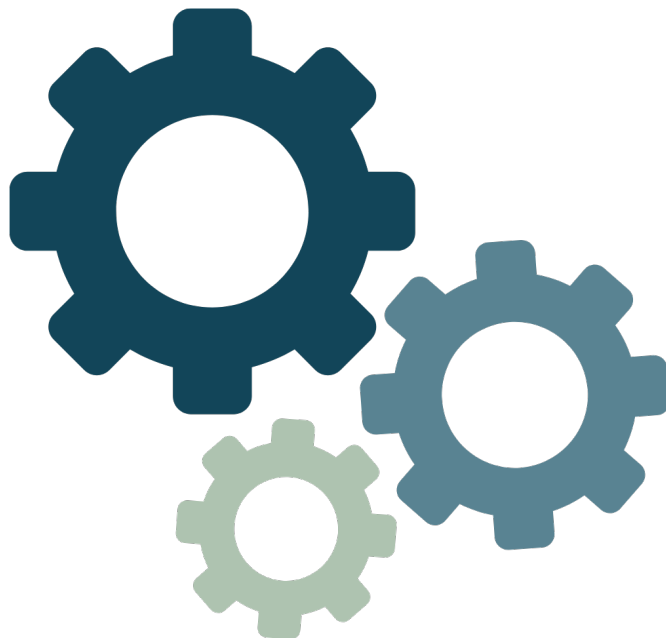
The following recommendations are intended to serve two purposes:

1. To offer transferable learning to support similar projects which incorporate collaborative working and community involvement.
2. To support the continued development of the project.

- Due consideration should be given to how to capture learning on the remaining outcomes (3, 4, and 5) which are focused on the implementation and embedding of the toolkit.
- Continuing to evaluate the project beyond the current timescales will be important to understand medium and longer-term impacts, as well as to capture learning across each member authority from a variety of projects and policies. Ideally, an independent evaluation should be undertaken in two years' time to assess progress against the remaining outcomes, to determine how widely used the toolkit is, and to provide learning that can improve the resource.
- Ongoing public health capacity to support the work will be important, given the 'systems change' ambition of the work; economic development departments cannot make best use of the toolkit without the relevant public health input. This needs to be identified and sustained.

■ In light of the identified challenges regarding the Community Panel and learning from this process, the GCR should take into account the following questions as a way of considering how to ensure good practice on community engagement in the future:

1. How will the learning from this project shape how relevant future GCR projects and policies can meaningfully involve communities and sustain ongoing relationships with relevant community organisations?
2. What processes are in place/are needed to capture information on how the toolkit is influencing community engagement practice across the GCR?
3. How will emerging learning on community engagement support the continued development of the toolkit?



Appendix

Theory of Change

Inputs	Activities	Outputs	Project outcomes	Programme outcomes	Long-term outcomes
<ul style="list-style-type: none"> • Multi-agency project team. • Operational Group and Strategic Group. • Health Foundation funding and support. • Renaisi support. • Expertise and leadership in relevant subject areas. • Access to relevant structures and decision-making. • PHS evidence map. 	<ul style="list-style-type: none"> • Project planning using evidence-informed approach. • Four-stage approach: <ol style="list-style-type: none"> 1. Reviewing existing practice. 2. Applying learning to development of CHIIA tool. 3. Refining tool and supporting its use. 4. Dissemination of project learning. • Meaningful input from community organisations and members. • Iterative evaluation approach. 	<ul style="list-style-type: none"> • Synthesis of learning into evaluation reports. • Pilot project synthesis reports. • CHIIA tool with guidance for use and evaluation embedded in GCR structures. • Transferable learning that can be applied elsewhere. 	<p>Outcome 1: CHIIA tool developed using co-productive approaches.</p> <p>Outcome 2: Mutually beneficial partnerships have developed.</p> <p>Outcome 3: CHIIA tool embedded in GCR governance structures.</p> <p>Outcome 4: Transferable learning is being applied elsewhere.</p> <p>Outcome 5: Metrics identified for long-term monitoring of impact.</p>	<p>Improved capacity and capability of economic development and public health professionals to take joint action.</p> <p>Understanding of how to translate evidence base into practical action.</p> <p>Learning from the programme is used to inform and change practice.</p> <p>Support the development of metrics to monitor the health impacts of economic development interventions.</p>	<p>GCR capital spend projects are routinely delivered in a way that maximises population health and ensures that inequalities are not exacerbated.</p> <p>Learning is applied to capital spend projects elsewhere.</p>



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