



Management Board Meeting

Tuesday 18th February 2025

3.00 – 5.00pm

AGENDA

Conference Room, Olympia Building

1. Welcome and apologies
2. Minutes of last meetings (December 2024), rolling actions and matters arising
3. General update (GCPHMB/2025/469)
4. Quarterly finance update (GCPHMB/2025/470)
5. Accommodation update
6. Towards a refreshed GCPH Partnership MoU:
 - a) Further draft revision to MoU document
 - b) Scottish Government funding
7. Update on GCPH work towards becoming anti-racist organisation (GCPHMB/2025/471)
8. AOCB
9. Close

Date of next meeting: 18th June 2025 at 3pm



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

**Thursday 5th December 2024
Hybrid in-person/online meeting**

PRESENT

Dr Lesley Thomson (Chair)	Chair, NHS Greater Glasgow and Clyde
Dr Una Graham	Deputy Medical Director MH & ADRS, NHS Greater Glasgow and Clyde
Dr Anita Morrison	Co-Deputy Director, Health and Social Care Analysis Division, Scottish Government
Mr Michael Kellet	Director of Strategic Planning & Performance, Public Health Scotland
Dr Bea Von Wissman	Interim Head of Health Services & Inequalities, NHS Greater Glasgow and Clyde
Dr Pete Seaman	Deputy Director, Glasgow Centre for Population Health
Prof Laurence Moore	Director, MRC/CSO SPHSU
Prof Chris Pearce	Vice Principal for Research and Knowledge Translation, University of Glasgow
Prof Chik Collins	Director, Glasgow Centre for Population Health
Ms Michelle Booth	Head of Corporate Policy and Governance, Glasgow City Council
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow

IN ATTENDANCE

Ms Rebecca Lenagh-Snow (minute)	Programme Administrator, Glasgow Centre for Population Health
------------------------------------	---

		<u>ACTION BY</u>
778	<u>WELCOME AND APOLOGIES</u>	
	Dr Thomson gave a welcome to the group, and introductions were made. Dr Una Graham and Mr Michael Kellet were welcomed to their first meeting of the Management Board. Apologies were recorded from Prof Moira Fischbacher-Smith (Deputy Chair, University of Glasgow), Dr Jen McLean (GCPH), Dr Emilia Crighton (NHS GGC), and Cllr Anne McTaggart (GCC).	Noted
779	<u>MINUTES OF LAST MEETINGS, ROLLING ACTIONS AND MATTERS ARISING</u>	
	The minutes of the previous meetings (September 2024 and the special meeting held in November 2024) were ratified. All rolling actions had been addressed or were in progress and being reported on as part of the meeting agenda. An agreed record of the	Noted

	<p>meeting with the Scottish Government on the 14th November is appended to the General Update paper [GCPHMB/2024/466]. The edited MoU had been circulated for comment and will be discussed as part of the meeting.</p> <p>The Chair thanked everyone for the speed with which they worked and responded on the matter of the renewal of the GCPH MoU. It has been a very good example of collaborative working.</p>		Noted
780	<u>GENERAL UPDATE</u>		
	<p>Prof Collins spoke to the General Update paper [GCPHMB/2024/466]. He highlighted the meeting with Scottish Government (agreed note of meeting at Appendix 1 of the paper) and the meeting of the EMT on 19th November (draft minute at Appendix 2).</p> <p>The EMT had since mid-2023 been refreshed to work more on its originally envisaged lines. The new GCPH strategy had been presented at the November meeting and there had been a discussion about how the EMT would fulfil its role. Notes are being drafted on this discussion for circulation to EMT ahead of the next meeting.</p> <p>Prof Collins also highlighted the recently published book '<i>Social Murder? Austerity and life expectancy in the UK</i>', by Dr David Walsh and Prof Gerry McCartney. This was not a GCPH publication although it was based largely on past GCPH work, conducted while Dr Walsh had been employed. However, there had been no opportunity for GCPH input in the editing and framing of the text prior to publication.</p> <p>Dr Seaman updated on ongoing work with NHSGGC around supporting the NHS Board in its efforts to mitigate the impacts of poverty as both a driver of demand and barrier to accessing services. He confirmed that a research brief has been commissioned to a team led by Prof Andrea Williamson of the Department of General Practice and Primary Care, University of Glasgow, who has previously done work on 'missingness'. The brief will enable the researchers and GCPH to work together in translating learning with decision-makers in NHS GGC.</p> <p>Dr Morrison flagged up general national interest on missingness from Scottish Government.</p> <p>Dr Seaman also highlighted two potential collaborative projects around food research where new funding bids have been submitted. Highlighting the income generation potential of our continuing work. Dr Seaman highlighted the reported slippage in timescales for two upcoming reports – the Thrive Under 5 Year 2 Evaluation, which is now expected to be published in late January, and the Evaluation of the Sighthill Bridge, due to be finalised by the end of the year. Both delays had been a consequence of reduced capacity following the lead author being recruited to work with Clyde Metro. In mitigation, team members had stepped in to assist with the completion to revised timescale agreed with those receiving the reports.</p> <p>The Chair expressed interest in the anti-racism work (para 7) and enquired whether it would be worth canvassing where partners are in terms of this issue within their organisations. This was agreed and will be brought to the February 2025 Board meeting. Dr Graham enquired whether GCPH would be focussing any work on the growing ethnic diversity of the Glasgow population and the implications for population health and health inequalities. Ms Booth said this would be something GCC would</p>	GCPH Noted Noted Noted GCPH GCPH Noted	

	<p>collaborate with GCPH on if there is interest/capacity. Prof Collins said that this issue has been part of the discussion with PHS and is something GCPH may be working on, depending on available resource. Mr Kellet added it would be part of the Marmot Cities discussions and work.</p> <p>In relation to the HDRC (para 19), Prof Moore reported that the project has been awarded the full 5 years of NIHR funding. Prof Collins said it would be useful for GCPH to link into the finance meetings on this project.</p> <p>Prof McIntosh gave congratulations on getting to the second stage bid for the Community Wealth Building project.</p>	<p>GCPH/HDRC</p> <p>Noted</p>
781	<u>MID-YEAR REVIEW REPORT</u>	
	<p>Dr Seaman spoke to the paper [GCPHMB/2024/467] prepared with assistance from the GCPH team and led by Dr McLean. Dr Seaman informed those new to the Board of the established and accepted structure of these report; a headline summary of progress with overarching narrative, an at-a-glance report and a fuller report listing the status for each individual project.</p> <p>Key milestones included the migration to a new CMS and refresh of the GCPH website, the dissemination of the LGBTQ health report, and the reflections paper prepared for Scottish Government.</p> <p>The current financial context and staffing issues were explained, which has led to some projects showing in red on the at-a-glance report. This was through a combination of reduced capacity and decision-making around which non-priority work could be scaled back form.</p> <ul style="list-style-type: none"> - The mental health work was delayed due to Dr Martin Culshaw retiring. - New community profiles. Mr Bruce Whyte, the Programme Manager responsible for these moved on to a new role and so the decision was made to concentrate on a refresh of the data on the Understanding Glasgow website instead. His leaving also impacted the cycling and pedestrian casualties trend reporting. - Expert staff moving on also resulted in projects around housing being in red. <p>The rest of the work plan review shows that the reduced staff team had delivered substantially over the reporting period.</p> <p>Dr Seaman also highlighted the impact of reduced team capacity on participation on steering and advisory committees.</p> <p>Dr Graham said she was keen to continue with the mental health work. Dr Seaman will link up with her.</p> <p>Prof Pearce said it was good to see the amount of work done, and asked if any contracted work has fallen off delivery. Dr Seaman said any projects with financial commitment have been fulfilled.</p> <p>On the issue of committee memberships, Dr Thomson queried if, given the refreshed Board and EMT membership, it was worth looking at these to see which a GCPH member needs to be on or in the room for, and which we just need to ensure a governance member is on.</p>	<p>Noted</p> <p>Dr Graham/Dr Seaman</p> <p>Noted</p> <p>GCPH</p>

	The mid-year review was approved as a record of the first six-months of 2024-25.		Noted
782	<u>QUARTERLY FINANCE UPDATE</u>		
	<p>Prof Collins spoke to the paper [GCPHMB/2024/468] prepared with assistance from Ms Buchanan and the NHS GGC finance team.</p> <p>The context of the emergency financial measures was outlined. Overall, Prof Collins reported the Centre is generally in line with where it is meant to be on spend.</p> <p>A slight underspend was highlighted on line 5.</p> <p>The finance update was accepted by the Board with no further comments.</p>		Noted
783	<u>TOWARDS A REFRESHED GCPH PARTNERSHIP MOU</u>		
	<p>Prof Collins introduced this paper [GCPHMB/2024/469] and the topics for discussion and the Chair invited Dr Morrison to speak about future funding.</p> <p>Dr Morrison highlighted that the draft SG budget had been announced the previous day. While there has been a welcome increase in funding in the area of Health and Social Care, significant challenges remain in arriving at a balanced budget. Further detail is being worked out and will be forthcoming. The granularity of level that includes GCPH has yet to be decided, but SG colleagues hope to confirm this as soon as possible. Dr Morrison thanked Prof Collins for the projections provided for 2025-26 through 2027-28, which SG had found helpful, and Prof Collins shared these with the Board for their information, explaining that they are based on continuing flat funding of £1.3m, but with rising external income year on year to sustain staffing and activity.</p> <p>Prof Collins then spoke to the refreshing of the MoU, highlighting the draft version which had been circulated for comment. Prof Collins explained the original MoU had been updated and edited to include current partners and to add in other contributors. Prof Fischbacher-Smith has reviewed it and is content with it from University of Glasgow's point of view.</p> <p>Prof Collins is happy to discuss this further today or outside of the meeting in correspondence with partners.</p> <p>One item he highlighted was the External Advisory Group (EAG), which hasn't been part of the Centre management for several years. Dr Thomson thought there is a danger of top heavy governance if this was revived. Ms Booth agreed with this point, and also reported that GCC was happy with the updated version of the MoU.</p> <p>Prof Collins thought there might still be ways that an EAG would be useful. He will bring some thoughts on this back to the next meeting of the Board. Dr Von Wissman thought an EAG would perhaps be better for particular strands or themes of work.</p> <p>Dr Morrison highlighted a minor point in that the difference between partners, observers etc could be clarified. Dr Thomson said we should make sure we have consistency of terms and language in the new MoU. Prof Collins indicated that he was happy to review and redraft further and to recirculate early in the new year.</p>		<p>Noted</p> <p>Noted</p> <p>Noted</p> <p>GCPH</p> <p>GCPH</p>

784	<u>ACCOMODATION UPDATE</u>		
	<p>Dr Seaman updated on progress and reported that this is looking fairly positive. There are now three lines of enquiry with GCC, UoG and NHS GGC and there have been site visits to both Caledonia House (NHS GGC) and Commonwealth House (GCC).</p> <p>The most positive line is the agreement with UoG that GCPH would be an asset to the School of Health & Wellbeing and could be housed there. The aim is to get a viewing of potential space as soon as possible, and Dr Seaman is in contact with Nicola Cameron from University Estates to arrange this.</p> <p>We are hoping to move by the end of February to give some breathing space for the physical move given the end of lease date at the end of March 2025.</p> <p>Final costings for all three are still to be received, but UoG would look to be the most advantageous.</p> <p>Dr Thomson said this was all very positive and we should just make sure all the pros and cons are laid out.</p> <p>Ms Booth highlighted that the GCC space also has some uncertainty around who would be in the space, so cost is not the only issue there.</p> <p>Dr Von Wissman asked how far the detail of any future arrangement was known at this stage? Dr Seaman said detail is being discussed, but there is a very clear outline of GCPH's needs which has been provided to the relevant partners. We hope to view a potential space at UofG next week.</p>		<p>Dr Seaman</p> <p>GCPH</p> <p>Noted</p>
785	<u>AOCB</u>		
	There was no other competent business raised.		
786	<u>DATE OF NEXT MEETING</u>		
	GCPH will canvas and confirm 2025's meeting dates.		GCPH

Rolling actions list (February 2024)

Board meeting date	Action	Responsibility	Update
5th Dec	Dr Seaman to follow up with all Board members in relation to the anti-racism work and progress with partner organisations.	Dr Seaman/All	An e-mail asking for feedback has been sent to all Board members from Dr Seaman. An update and discussion under the February Board meeting Agenda item 7. See paper GCPHMB/2025/471.
5th Dec	GCPH to link into the finance meetings for the Glasgow HDRC meeting. Prof Moore and Prof Collins to discuss further.	Prof Moore / Prof Collins	Prof Collins meet with Kimberly Hose, Head of Business Intelligence, Glasgow City Council to discuss HDRC finances and GCPH funding as part of the Collaboration. See HDRC update in the General Update (GCPHMB/2025/469) – Para 17.
5th Dec	Dr Graham and Dr Seaman to speak further about the mental health work initially proposed by Dr Culshaw.	Dr Graham / Dr Seaman	
5th Dec	Following discussion of the GCPH work plan Mid-Year report	Dr Seaman	An internal review of the Advisory/Steering Group membership and commitments of team members is underway.
5th Dec	Prof Collins to give further consideration to the establishment of an External Advisory Group (EAG) in supporting the work of GCPH.	Prof Collins	As discussed at the December Board meeting, reference to the EAG within the MoU has been detached from the formal Centre governance structures.
5th Dec	To further edit and update existing MoU wording to ensure consistency of terms and language.	Prof Collins	Edited MoU document circulated to Board members in advance of the meeting – for discussion under the February Board meeting Agenda item 6a.
5th Dec	Dr Seaman to arrange a viewing of a potential space for the team in the Clarice Pears Building at the University of Glasgow.	Dr Seaman / Prof Collins	An accommodation update will be provided under Agenda item 5. Please also see Accommodation update in the General Update (GCPHMB/2025/469) – Para 4.
5th Dec	GCPH to canvass for dates for 2025 Management Board meetings.	Ms Lenagh-Snow / Dr McLean	Thank you to Board members for responding with their availability. Board meeting dates for 2025 have now been confirmed and diary invitations sent.



**Glasgow Centre for Population Health
Management Board meeting
18 February 2025**

General Update

Recommendations

Management Board members are asked to:

- Note this report providing an update on ongoing work and key developments since the December meeting of the 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. *Feedback from the Scottish Government, January 2025, regarding future funding.* Following the Scottish Government budget announcement in early December 2024, the GCPH December 2024 Board meeting, and the verbal confirmation from Dr Morrison that there would be funding for GCPH 2025-2026 from the Scottish Government, further communications have been received in relation to the level of funding to be provided. Confirmation has been received at this stage that the Scottish Government will provide at least the equivalent level of funding in 2025-26 that was provided in 2024-25 (£800k) (see Para 3). Further consideration is being given by Scottish Government colleagues as to the funding beyond this minimum level to support the implementation of the strategy agreed in the latter part of 2024 and the associated workforce. We hope to receive further advice in advance of the Board meeting and will provide an update when available. With thanks to Dr Morrison and Scottish Government colleagues for their ongoing support and investment.
2. *Management Board meeting dates 2025.* Following canvassing for dates and Board member availability, we are pleased to confirm that Board meeting dates for 2025 have been confirmed and diary invitations sent to all. Meetings will take place on the 18th June, 16th September and the 10th December 2025. Thank you for your support in identifying these dates.
3. *Finances.* NHS GGC recently received a letter 'confirming the Board Allocation of £800,000 from Scottish Government to NHS Greater Glasgow and Clyde, which was processed in December 2024, for funding the Glasgow Centre for Population Health for

the financial year 2024/25. Based on this, the quarterly GCPH budget position (October to the end of January 2025) has been prepared for the February Board meeting (GCPHMB/2025/470) including a projection for the end of the year.

4. *Accommodation.* Alongside all partners confirming their support for GCPH in the new MoU period, they each also offered possible accommodation for the team, if required. Visits have been made to GCC at Commonwealth House, NHS GGC at Caledonian House and the Clarice Pears Building at University of Glasgow. Costs have been received for accommodation in Caledonia House and the Clarice Pears Building, with a significant difference in costs noted between these two options (in favour of the University). We continue to liaise with GCC and await costs for accommodation in Commonwealth House. We have also been informed by the University of Glasgow that the lease for our accommodation in the Olympia Building is in place until the end of June 2025, not the end of March 2025 as previously understood. At the time of writing, we have informed NHS GGC that we will not be proceeding with the Caledonia House option. We have a well-advanced understanding with the University of Glasgow regarding the Clarice Pears Building option.
5. *Executive Management Team.* The next meeting of the EMT will take place on the 19th February. The meeting agenda will allow discussions to continue about the role and purpose of the EMT in the refreshed MoU period. Further EMT meetings have been scheduled for the 30th April, 28th July, 1st October and the 1st December 2025.
6. *January Team meeting.* At our monthly team meeting in January, and following our usual business agenda, we were joined by Mike Burns, Programme Director of the Child Poverty Programme, Glasgow City Council. Mike spoke to us about public service reform, through the example of the Child Poverty Programme, ahead of discussing implications for GCPH's work in future. Mike shared his experiences of working within social work for nearly 40 years and the changes that GCC are driving forward through the recognition that 'family wellbeing' is the most important infrastructure to shape future generational outcomes for the city. He described the move towards being anti-poverty, trauma-informed and strengths-based in how the Council aims to work. Mike argued that the knowledge to lead change already exists within the system and outlined the need for a different model of leadership, for cultural change, and for deliberate action to define prevention and to identify implementation challenges. There was also discussion relating to the need for a city-wide civic response and a clear narrative, or social contract, as a collective city focused on addressing child and family poverty and the benefits that will be felt by all by tackling this issue. Mike called for evidence and research that drives changes, rather than describes the problem and population, and that can be used as leverage for action. Mike agreed to return to a future meeting to continue the dialogue. It was agreed that that session had provided stimulus and ideas for consideration as we start to think about our work plan for 2025-26.
7. *Staffing.* Dr Katharine Timpson, Public Health Research Specialist, has been successful in applying for the post of Research Associate within the Centre for Lifecourse Equity, University of Strathclyde. At time of writing, we are agreeing a leave date on the basis of tasks to be completed. After a year in a fixed-term post as Digital Communications Officer, Rory MacLean will leave GCPH in mid-February to take up a post as a Paramedic on the Isle of Bute. We thank both Katharine and Rory for their contributions during their time with us and send best wishes to them both for the future.

8. *Perspective on future staffing*, Following the confirmation of initial funding for 2025-26, and in anticipation of further funding for the year and for the years to follow, we have started to consider the required skill sets for GCPH team members in our work to support partners, including how the work of the team can bring a population health perspective in supporting the use of available resources to support better health outcomes for our citizens and communities. This process will involve assessing the broad skill sets we will increasingly require to support change with our partners impacting the wider system of health determination, alongside required team capacity in data-led observatory function. Roles within Communications and Administration are being considered to achieve best value from our current staffing resource.

Developments and partnerships

9. *Political engagement*. Following the 2024 UK parliamentary elections and our previous meetings with MP Patricia Ferguson (Glasgow West) and MP Martin Rhodes (Glasgow North), we hosted a further meeting with MP John Grady (Glasgow East) and three members of his parliamentary team in early January. Prof Collins, accompanied by Rory MacLean, spoke about the work and priorities of GCPH, giving examples, and heard about the priority areas for Mr Grady and his team. An outcome of the meeting was the offer by GCPH to convene further topic focused discussions for Mr Grady's team, with the possibility to extend the invitation to other parliamentary researchers. This is now being progressed by GCPH.
10. *Clyde Metro* initially emerged as a key recommendation from Transport Scotland's national Strategic Transport Projects Review 2 (STPR2) and is a 'nationally important spatial priority' in Scotland's National Planning Framework 4. It is a multi-billion-pound long-term investment programme which aims to deliver a fully integrated mass transit public transport system. Glasgow City Council, acting as a representative for Glasgow City Region, is supporting SPT to deliver the Case for Investment. This includes several workstreams that will ensure that the considerations of multiple stakeholders and users are accounted for. The Glasgow City Council team will be focusing on the wider transformational programme opportunities for Clyde Metro, ensuring alignment with existing plans, priorities and community ambitions for the region.

To support this stage of work, an embedded public health specialist – seconded from GCPH – will ensure that the case for investment incorporates robust public health evidence. This role is developmental and responsive to the changing priorities of the programme, but broadly involves:

- Assessment of existing evidence, partnerships and networks regarding public health and transport in Scotland and the Glasgow City Region.
- Assessing relevant Public Health, Transport and Place plans and strategies covering the City Region to ensure alignment and compatibility with Metro proposals from a public health perspective.
- Assessment of network options in relation to health services and other spatial determinants of health.
- Development of an integrated work plan regarding health and transport by benchmarking and best practice studies in comparable cities with developed integrated transport.
- Development of guidelines to optimise transformation of GCR in regard to improving use of public transport, taking into account all relevant components to public health.
- User of the CHIA toolkit to support the delivery of HIA.

- Using the above, involvement in community engagement or stakeholder engagement activities when and where required to improve awareness of Clyde Metro and establish link with stakeholders and community groups.
 - Involvement in procurement exercises, contract evaluations and performance issues.
 - Presenting at Clyde Metro related workshops, events, training sessions in line with the needs of the overall programme.
11. *NHS Greater Glasgow and Clyde – Supporting the Health Board to mitigate poverty.* GCPH has been working with the Public Health Directorate at NHSGGC to help translate the role of poverty as both a cause of health inequality and as a key determinant of health need, and further, as a barrier to accessing the health care and treatment that is required. We have commissioned Professor Andrea Williamson's team at Department of General Practice and Primary Care, University of Glasgow, who are currently leaders in research on understanding the causes and impact of 'missingness' or 'the repeated tendency not to take up offers of care' on a person and their life chances'. The brief includes the team showcasing evidenced examples of ways to address missingness within a range of contexts – in accessible formats designed to enable change in policy and practice. To this end, the commissioning team (GCPH and Public Health Directorate NHSGGC) is establishing engagement with clinical contacts, particularly those in secondary care related to the leading disease burdens as highlighted within the Scottish Burden of Disease study (particularly drug use, depression, ischaemic heart disease). A process of briefing key leads in these disease treatment domains is underway ahead of a research sharing and interpretation meeting scheduled for the end of March 2025.
12. *GCPH activities to mark Glasgow's 850th anniversary.* Glasgow City Council's Glasgow 850 aims to create a yearlong inclusive, citywide, programme of events and activities that reflect on how the city has transformed, particularly over the last fifty years, and how we can inspire accelerated change, for a better, sustainable, future, over the next fifty years (also see Para 36). Throughout 2025, GCPH will contribute by:
- Reflecting on GCPH's past work and highlighting important learning 'From the archive'. We have begun by re-publishing one of GCPH's first ever publications - [Pioneering the Health of the City: A historical town trail through the heart of Glasgow](#). Launched in 2005, this booklet gives a detailed overview of Glasgow's health history, based on a walking trail through the 'historic backbone' of Glasgow.
 - Planning an audio walking tour to accompany the Pioneering the Health of the City publication.
 - Working on a health history timeline for Glasgow.
 - Co-hosting a film screening event in March 'Housing and Health: A Journey Through Film' in collaboration with [National Library of Scotland's Moving Image and Sound Archive](#) and [media co-op](#) (also see Para 25).
 - Inviting contributions to blogs on the Glasgow 850 themes, relating to Glasgow's past, present and future.
13. *Planetary Health: A collaboration involving University of Glasgow and University of Sydney.* Since November 2024, researchers and leads from the two Universities have been exploring the potential shape and form of a programme of work, developed collaboratively, that could underpin a continuing international partnership and attract

funding for globally innovative work in the area of Planetary Health. Cross project team calls took place on 11th December 2024 and 4th February 2025. Pete Seaman, GCPH, and Professor Corinne Caillaud, University of Sydney, are designated co-leads on the development of a theme on *Eco-anxiety* being developed as one of the key pillars of the work. Other pillars include *Accountable Institutions*, *Economies in service of people and the planet*; *Sustainability frameworks for bridging local and global practices*; *Indigenous and Historical Knowledge and Biodiversity*. The involvement of GCPH can fulfil a continuing interest in mental health demand, particularly as experienced with younger age groups, and responses to increased demand foregrounding community and participatory interventions.

14. *Glasgow Fair Food for All Partnership's delivery of Scottish Government funded Cash First project towards ending reliance on food banks.* Further learning sessions were delivered, with support from GCPH communications team, to help increase understanding and awareness amongst frontline professionals in the public and community sectors of how to signpost and support clients in maximising uptake of eligible benefits. The most recent session, in January, was on Dignity in Practice, supported by the Govan Project and its lived experience panel. These sessions have been very well received, both in terms of the numbers of participants and in terms of feedback. Work has continued with the Glasgow Community Food Network to develop cash first case studies to help improve understanding about the context within which community organisations are working to support people in crisis and also to establish a lived experience panel. The Centre for Civic Innovation at Glasgow City Council has been commissioned to identify, collate and analyse data and evidence in Glasgow on food insecurity with the aim of generating further information that will be useful in informing the Cash First project delivery in 2025/26.
15. *Glasgow City Food Plan working groups.* The Catering and Food Procurement working group of the Glasgow City Food Plan has been re-established under the leadership of Jayne Jones from NHS GGC and is meeting regularly with good attendance from across sectors in Glasgow, with plans developing for joint activity in 2025-26. The Fair Food For All Partnership leads the food insecurity theme of the Food Plan which is currently focusing primarily on the Glasgow Cash First project, being led by GCPH. The Community Food Working Group, leading the community theme, and the Urban Agriculture working group were re-established (after a year long pause due to lack of resources in the community sector) at an event that was led and hosted by the Glasgow Community Food Network in November, supported by GCPH colleagues Jill Muirie and Riikka Gonzalez. The Food Economy and Communications working groups continue, led by Riikka, and the Food Waste Reduction and Children and Young People's working groups continue to be led by Jill Muirie.
16. *Good Food Nation (Scotland) Act implementation.* Discussions have started with NHS GGC and GCC on incorporating the Good Food Nation Plan requirements into the existing Glasgow City Food Plan structure at both local authority and health board levels. Plans are developing for a workshop in early 2025-26, with key stakeholders from across NHS GGC and the associated local authorities, to start to build relationships and map current practice. On other food systems work, In January, Jill Muirie was a speaker and contributed to a NESTA/Public Health Scotland organised event on Planning and Food Systems which aimed to begin to explore the levers that exist to improve the food environments around schools. Jill Muirie also accepted an invitation to meet with a team from the Department of Work and Pensions' Poverty, Housing and Disadvantage

Directorate during their evidence gathering visit from London as part of their scoping work to inform future UK-wide policy.

17. *Funded projects:*

- *The National Institute of Health and Care Research (NIHR) funded development year for the Glasgow Health Determinants Research Collaboration (HDRC)* has successfully concluded and there has been a formal announcement of NIHR funding for the next 5 years (totalling £5m). GCPH has been represented during the development year by Deputy Director, Pete Seaman. Going forward, Pete's time allocation will be supported by additional GCPH staff time. The HDRC is aligning its activity strongly with the Child Poverty Programme dimension of Glasgow City Council's work. Opportunities for linking and supporting other investments in the city that can impact health are also being developed, as is the positioning in relation to strategic groups to ensure cross-system working and shaping of plans. Connection and learning from Aberdeen HDRC has also taken place. Discussions are continuing to further clarify the specific GCPH contributions to the HDRC workstreams, with contributions expected to evolve over the five-year programme of work and be linked to collaborative applications for related funding.
- *Submitted bid.* Jill Muirie, on behalf of GCPH led a collaborative bid with Glasgow University and Glasgow City Council, as part of the Scottish Collaboration on Food research programme for funding *to evaluate the progress and impact made with GCC's Food System Development Fund (2023-24)*. The application was submitted to Funding Opportunities: Scotland Beyond Net Zero in August 2024. *Outcome: unsuccessful.*
- *Submitted bid.* A collaborative bid with Glasgow Community Markets was submitted to the Regional Food Fund/Scotland Food & Drink. Jill Muirie, on behalf of GCPH, led the preparation of the bid which was submitted by the Glasgow Community Markets CIC with GCPH named as a collaborator. The deadline was Friday 30th August and was for £5k to kickstart the market. *Outcome: unsuccessful.*
- *Submitted bid. Community Wealth Building evaluation: Learning lessons from Scotland* in response to the NIHR call for bids for Interventions to Deliver Inclusive Economies. This is being led by Dr Micaela Mazzei, Reader in Social Economy, and Prof Neil Craig, Professor of Public Health Economics, at Glasgow Caledonian University, together with Dr Jennifer McLean and Mohasin Ahmed of GCPH and colleagues from the University of Glasgow and the University of Lancaster. It aims to evaluate the health and health inequalities impacts of creating a more inclusive economy through Community Wealth Building (CWB). A 'sustainable, inclusive economy' is one of six national public health priorities in Scotland and the Scottish Government is developing CWB legislation during the current parliamentary term (2021-26). However, evidence on the health impacts of CWB is sparse. To inform further national roll out in Scotland, this project will evaluate the impact of CWB on population health, health inequalities and inclusive economy outcomes in Scotland and explore how CWB has been implemented in different areas to understand what aspects have worked, for whom, in what circumstances. GCPH will lead on the Public Involvement strand of the project. Following consideration, the bid has been shortlisted and was assessed for scientific quality, feasibility and value for money at the October Funding Committee. A Stage 2 proposal was submitted in early

January 2025. Initial positive general feedback, especially regarding the importance of the topic, the strengths of the team and the overall approach we are proposing, alongside a number of areas for clarification, was received in late January, with a response from the team submitted by the 5th February 2025 deadline.

- *Submitted Stage 1 bid. The health impact of addressing unmanageable debt: Realist evaluation of financial advice in non-health community settings (REINVENT).* The bid is being led by Prof Olga Biosca, Professor of Economics, and Dr Neil McHugh, Reader in Public Health Economics, at the Yunus Centre for Social Business and Health, Glasgow Caledonian University, together with Dr Jennifer McLean and Mohasin Ahmed of GCPH and colleagues from the University of East London, the University of Northumbria and the University of South Wales. Evidence shows that problem debt negatively impacts on health. Free financial advice can help people with problem debt. Existing research suggests advice services can improve people's mental health and wellbeing, but we do not know why these impacts occur and how to maximise them. This research aims to find out if, how, for whom, and in what circumstances financial advice interventions can improve the health and wellbeing of people struggling with debt. If successful, GCPH will lead on the Public Involvement strand of the project. The Stage 1 proposal was submitted in mid-December, and we await feedback.

Communications outputs and activities

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

Events, seminars and presentations

19. At the end of November, the Glasgow Food Policy Partnership organised the webinar [Delivering Healthy School Meals in Glasgow](#), which looked at the important role school meals play in children's and young people's mental and physical wellbeing, along with their academic attainment. This included inputs from Glasgow City Council's school catering team and Soil Association's Food for Life Served Here team (31 attendees).
20. On 22nd November, Riikka Gonzalez (GFPP) attended the Glasgow Community Food Network's event relaunching the *Community Food City Food Plan* Working Group and took part in the *Urban Agriculture* Working Group discussions. She also manned a stand for Glasgow Food Policy Partnership on the 23rd January at the Adam Smith Business School [Sustainability event](#) for the University of Glasgow, and gave a talk to University of Glasgow MSc Nutrition students about the Glasgow City Food Plan/Nutrition policy in Glasgow on the 3rd February.
21. In late November, the Cash First project hosted a [webinar](#) aimed at people working with refugees and asylum seekers experiencing food insecurity (82 attendees). On the 15th January, Cash First and Fair Food for All organised "Dignity in Practice: Food for All", a tailor-made webinar designed and delivered by people with lived experience of the asylum process to staff and volunteers engaged in community food services in Glasgow (37 attendees - it was asked that there be no recording of the webinar). Finally, on 12th February, Cash First is hosting [Unlocking local resources in Glasgow: A guide to ALISS](#)

which will focus on the online platform ALISS and its work in supporting communities across Glasgow. The webinar will explore how ALISS works, its key features, and will also offer valuable insights into how ALISS can help improve service delivery, empower communities, and enhance collaboration across sectors.

22. In December, Chris Harkins (GCPH) and Rebecca Hofman (LGBTHW) presented the findings of their scoping review '[Examining the social determinants of LGBT+ health and wellbeing: A scoping review of evidence, unmet health needs and policy implications](#)' at the Health and Social Care directorate (70 attendees), and at the Mental Health Directorate (35 attendees). Chris will also give a presentation to the LGBT+ Cross Party Group hosted by the Scottish Parliament, on the 26th February. It will be chaired by Jamie Greene (MSP) and Maggie Chapman (MSP).
23. In late November, GCPH Director, Chik Collins, delivered teaching sessions for University of Glasgow honours level nursing students and for Masters students in Health at the University of the Faroe Islands.
24. On the 17th December, Comms colleagues Carol Frame and Berengere Chabanis, along with GCPH Public Health Research Specialist Katharine Timpson, manned a GCPH stall at the City Chambers for the CHIA (Capital Investment Health Impact Assessment) Celebration Event. Organised by Glasgow City Region, the event gathered around 90 people from across the city region and nationally, including third sector organisations, local authorities, Scottish Government and the Health Foundation. This was an opportunity to showcase some of our publications and research, in particular the Year 1 and 2 Economies for Healthier Lives evaluation reports.
25. On 19th March, we will co-host a specially curated screening exploring the impact of housing conditions on people's lives in Glasgow: [Housing and Health in Glasgow: A Journey Through Film](#). Co-programmed by the National Library of Scotland, GCPH and media co-op, this event coincides with Glasgow's 850th anniversary celebrations, and will feature archival and contemporary films, ranging from the 1940s to recent time. The event will be chaired by media co-op Director Lucinda Broadbent and will be followed by a discussion with panellists Gloria Dawson (Living Rent campaign), Chik Collins (GCPH), and Johnny Roger (Professor of Urban Literature at Glasgow School of Art).

Publications

26. *Evaluation of the Sighthill Bridge*. Further to previous updates, the evaluation report was finalised by Jennifer McLean in mid-December and submitted to the Glasgow City Region Programme Management Office.
27. The journal article [Is Government Policy a Barrier or Facilitator to the Work of Place-Based Community-led Nonprofits?](#) was published in December in Nonprofit Policy Forum. Jennifer McLean is one of the co-authors.
28. *A Year Full of Beans* (Riikka Gonzalez). Last year, Glasgow Food Policy Partnership commissioned an evaluation of the city-wide Full of Beans campaign, which ran from January to September 2024. Its aim was to promote the multiple benefits of beans to an audience of chefs, caterers, school pupils, community organisations and the general public, and it involved a series of educational events in partnership with local and global organisations. The [evaluation report](#) was published by GFPP in early January – on World Beans Day – and was accompanied by [A Year Full of Beans](#), a short publication

written for the GCPH website by Riikka Gonzalez, which summarises the learning collected during the campaign. In addition, work has started, in collaboration with Slow Food Glasgow, on the 4th version of Glasgow Sustainable Food Directory: <https://slowfoodglasgow.co.uk/Glasgow-Sustainable-Food-Directory>.

29. *Thrive Under 5 Year 2 Evaluation: Piloting approaches to support child healthy weight in three Glasgow neighbourhoods* (Gregor Yates, Jill Muirie). This report, authored by Gregor Yates, was due to be published late last year. However, with Gregor's secondment starting in early December and some late comments and changes requested by stakeholders, the report has been delayed. Jill Muirie is currently working on the changes, with a view to getting a new version to the communications team for proofing and design in February.
30. *The potential of Artificial Intelligence (AI) within public health in Scotland – a discussion paper* (Chris Harkins). This concise paper is designed to stimulate engagement and conversation concerning the potential and future uses of AI within public health in Scotland. The paper is being written in order to be accessible to a range of stakeholders and assumes no prior knowledge of AI or its application in public health or healthcare systems. The paper will consider key practical, ethical and moral considerations in AI's potential use in Scotland's Public Health landscape, as well as potential risks and challenges.
31. *Economies for Healthier Lives – Year 3 evaluation* (Gregor Yates, Val McNeice). This report summarises the progress and key learning from year three of the Glasgow City Region (GCR) Economies for Healthier Lives project, one of five Health Foundation funded projects across the UK. Each partnership aims to promote health and reduce inequalities by strengthening the relationship between economic development and health. We are expecting to receive the final version of the report in February, for a publication in late February/early March.
32. *Our Voices – Community Impact in Action* (Mohasin Ahmed, Jennifer McLean). The CommonHealth Assets Lived Experience Panel worked in collaboration with Magic Torch to illustrate the five Programme Theories developed from the project's research findings. These theories (1. *Self-Worth, Empowerment, Confidence*; 2. *Purpose, Productivity and Social Connection*; 3. *Healthy Living, Improving Physical and Mental Health*; 4. *Space and Inclusion*; 5. *Social interaction, Inspiration and Self-esteem*) have been illustrated in five short comic stories, and will be published as a booklet (both digitally and in print). We also aim to produce a short video about the comics.
33. *LEP final evaluation report* (Mohasin Ahmed, Jennifer McLean). Following completion of the CommonHealth Assets research project and the Patient and Public Involvement and Engagement (PPIE) aspect led by GCPH over the last three years, this report presents learning and insight as to the impact of the Lived Experience Panel – on the individual members of the Panel who engaged with us, on the project researcher, and on the research project as a whole. The report also discusses the place, role and value of PPIE in public health research. It is anticipated that the report will be published in early March.

Media

34. [Muoversi in bici o a piedi allunga la vita - Cicloturismo](#) ("Moving by bike or on foot extends your life"), Cicloturismo, 12th Jan. This article mentions our research on active travel and the BMJ journal article published last year.

Digital

35. *Understanding Glasgow*. The team at Public Health Scotland have been updating website pages and sections with the newest data, including from last year's Census publications. This work has been split into three priority groups. The first group, which was finished ahead of schedule in December 2024, included: child poverty priority groups, ethnicity, children's population estimates and adult voting patterns in the 2024 UK general election. The second group is ongoing and is due to be completed in March 2025. It includes most of the children's learning section indicators, as well as adult participation in culture and sports, and adults' views of their local areas. The final group will begin once that is complete, and includes several children's health indicators, as well as population estimates for adults and commuting trends. In the meantime, the team at GCPH continue to monitor emerging data and have completed updates to pages and changes to the structure of sections internally.
36. *Glasgow 850*. As seen in the Development and Partnerships section, we have planned a series of activities to mark the 850th anniversary of Glasgow. In late January, we re-published the booklet [Pioneering the Health of the City: A historical town trail through the heart of Glasgow](#), which was first printed in 2005 and had never been digitised. It gives a detailed overview of Glasgow's health history, based on a walking trail through the 'historic backbone' of Glasgow. It looks at old and new housing, environmental pollution, clean water and sewage, education, food, access to medical treatments and green space, which have been the foundations for the health and wellbeing of the city's residents. It also shows examples of the challenges that faced the growing community and how people devised innovative and imaginative solutions to these urban problems. Other activities planned include the creation of a health timeline, a series of blogs and an audio tour (also see Para 12).
37. Before leaving GCPH in late February, Rory MacLean will be working on a series of videos to accompany different projects and publication launches. This will include the Thrive Under 5 report launch with Siobhan Boyle (NHS GGC), a video guide to playing the Glasgow Game, and a digital and narrated version of the CLA LEP Magic Torch comic (also see Para 32).
38. In January we also published our latest [Concept Explainer](#), which looked at Social Prescribing, as well as our [first e-update](#) of the year.
39. GCPH joined Bluesky late last year and now has nearly 800 followers. We aim to spend some time to continue growing our presence on this platform in the coming months.

GCPH
February 2025



**Glasgow Centre for Population Health
Management Board Meeting
18 February 2025**

Budget position: 1st April 2024 to 31st January 2025

Recommendations

The Management Board is asked to note:

- The Centre’s financial position for the period April 2024 to January 2025 detailing expenditure of £1,075,465.
- The planned budget for 2024-25 originally comprised of the following streams of funding:

	£
• Annual SG allocation	1,300,000
• External income from partners and others	286,473
• Brought forward from prior year	240,109

However, a combination of uncertainty about the longer-term finances of GCPH, and issues with navigating the vacancy approval process at NHS GGC, as previously brought to the Board’s attention, created a situation where GCPH was unable to fill a number of vacancies, leading to a projected underspend.

Furthermore, in the context of emergency financial measures announced by Scottish Government in mid-August, the GCPH Centre Leadership was asked to take reasonable steps to minimise spend over the remainder of 2024-25. This resulted in a decision, previously communicated at the September 2024 Board meeting, to no longer attempt to recruit staff for the remainder of the financial year.

In line with this request by Scottish Government, a revised budget plan for 2024-25 was prepared, noting potential for further reduction in funding should contingency funds remain uncommitted. The Budget plan was subsequently approved at the September 2024 Board meeting (GCPHMB/2024/463).

Following recent communication with the Scottish Government and a further review of contingency funding GCPH has received an allocation of £800,000 for 2024-25 – an overall reduction of £500,000 on the 2023-24 allocation.

Brought forward funds are secured.

The final revision to the budget is as follows:

	£
• Annual SG allocation	800,000
• External income from partners and others	286,473
• Brought forward from prior year	240,109

Commentary on Table 1

1. Available budget is reduced by £500,000 from the original expectations due to Scottish Government spending controls. £800,000 allocation has now been received.
2. Contingency funds are reduced from £314,558 to £26,964 in final revised budget plan.
3. Forecast spend on staffing (E10) is now considerably less than the previously funded profile. Had all staff remained in post the costs would be circa £1.4 million. There is a small variation in relation to in year costs due to the pay award being confirmed at a higher level of uplift than was anticipated. The final quarter of the year will see a further small reduction in the pay bill due to further leavers.
4. Work related to the upgrade and migration of the Understanding Glasgow website is now complete (E7), utilising funds set aside in 2024-25 for this purpose.
5. A marginal increase in project spend (E1 – E6) is forecast at £211,113, with a discrete line related to the Cash First project now included at E6.
6. Income from external partners (inclusive of the Cash First grant noted above) is likely to exceed the original assumptions.
7. Board members are requested to note that forecast spend remains on track to be managed within the envelope of funds available in 2024-25.

Fiona Buchanan
5 February 2025

Table 1. Financial position 1st April 2024 to 31st January 2025

Revised Financial Plan 24.25					
	<u>Income</u>	£	Actual to January £	Forecast Out- turn £	Forecast Variation from Budget £
I 1	Annual SG Allocation	800,000	800,000	800,000	-
I 2	Other Income	286,473	198,372	303,006	16,533
	Total Income 24/25	1,086,473	998,372	1,103,006	16,533
I 3	Carry Forward from previous years	240,109	240,109	240,109	-
	Total Available 24/25	1,326,582	1,238,481	1,343,115	16,533
	<u>Expenditure</u>				
	Research:				
E 1	Team 1 - Evidence for action	55,000	41,333	64,000	(9,000)
E 2	Team 2 - Evidence for action	49,000	8,059	34,000	15,000
E 3	Glasgow City Food Plan	35,000	52,898	52,898	(17,898)
E 4	Training and Development	5,000	3,080	5,000	-
E 5	Axiom research & consultancy	17,215	17,215	17,215	-
E6	Cash First Expenditure		-	38,000	(38,000)
	Total Research	161,215	122,585	211,113	(49,898)
	Communications:				
E7	Communications (including website proje	40,000	17,582	23,000	17,000
	Total	40,000	17,582	23,000	17,000
					-
	Management and Administration				-
E8	Centre Management, Admin & Running Co	25,000	12,740	15,000	10,000
E9	Accommodation Costs	130,000	113,808	130,000	-
E10	Core Staffing	943,403	808,750	951,150	(7,747)
	Total Management & Admin	1,098,403	935,298	1,096,150	2,253
	Total Expenditure	1,299,618	1,075,465	1,330,263	(30,645)
	Balance	26,964	163,016	12,852	(14,112)



**Glasgow Centre for Population Health
Management Board Meeting
18 February 2025**

Update on GCPH work towards becoming anti-racist organisation

1. This paper provides an update on progress of GCPH work to make an understanding of anti-racist practices and knowledge central to our organisation, and to the planning and delivery of our functions. This purpose of the paper is to:
 - Update on activity in the area of racialised inequality.
 - Highlight some potential next steps ahead of continuing discussion with the team to consider the most appropriate actions for the Centre and its systems of governance, given our size and resource.

Background

2. The Centre in the composition of its work plan, team and governance structures has historically not reflected the composition of the city. In response, we recruited a Senior Public Research Specialist on a fixed-term post to explore ways in which an understanding of structural racism as a determinant of health inequalities could be incorporated into the Centre's work plan and operations. The resultant Board paper (GCPHMB/2021/417) set out a course for GCPH in terms of mainstreaming anti-racist principles and practice. A Board paper (GCPHMB/2023/448) provided an update as of September 2023.

Progress since September 2023

3. In the September 2023 update to the Board, we highlighted progress in the area of wider engagement and in bringing to the fore the issue of racism and racialisation in public health. This included hosting seminars from prominent speakers including Prof Kevin Fenton, Prof David Williams and Angela Saini Saini (Science journalist and author of '*Superior: The Return of Race Science*'). The strong attendance and engagement at these events indicated their value to the wider public health community and the subsequent adoption of the Everyday Discrimination Scale within the NHS GGC Health and Wellbeing Survey highlighted progress in monitoring all forms of discrimination in routine data.
4. Since September 2023, we have focused on our internal capacity to show cross team leadership in relation to structural racism's role in the production and reproduction of health inequality. This commenced through engagement with the NHS GGC Equality and Human Rights Team (EHRT) to deliver in-person training to the GCPH team on the

Equality Act (2010) and the Public Sector Equality Duty and Equality Impact Assessment (EQIA).

5. We also committed to seeking external support to help us explore how GCPH can further work toward becoming an anti-racist organisation. This was to include consideration of our work planning and delivery of that work, and reflection on our policies and procedures such as recruitment and procurement.
6. To this end, in March 2024, we began a series of full team discussions focussed on the four components considered essential to fostering common understanding of anti-racist principles and practice (a - d below). These sessions were commissioned to and facilitated by Gillian Neish and comprised of five 90-minute sessions. Five sessions have been held with the team to date, and we plan to complete the training with concluding sessions early in 2025-26.

a) Raising 'baseline' racial literacy

This outcome recognised that there would be varying degrees of awareness across the team and importantly, varying degrees of confidence in discussing issues of racism and racialisation openly. Early sessions focussed on creating a psychologically safe space to support discussion through the establishment of common ground rules and guidance and practice on constructive challenge. The latter elements of training also responded to a team request for support in responding to challenge when outside the organisation, particularly around investment in addressing structural racism.

b) Promoting understanding of racism as a determinant of population health

This outcome was created to facilitate our work planning reflecting the range of social and health inequalities endured by minority ethnic groups as a key determinant of health. This is grounded in an understanding of the societal mechanisms that perpetuate inequalities including institutional racism and cultural racism as the 'causes of the causes' that intersect with other demographic characteristics and are played out through intermediate socio-economic social determinants, including poor quality employment, low quality overcrowded housing, educational barriers and diminished access to healthcare and other services.

c) Individual and organisational reflection, growth and culture change

Through facilitation, the team has been supported in an exploration of the implicit biases and the ways institutions and individuals have unwittingly been part of systems and structures which perpetuate racial inequalities. The team has also been supported in the process of unlearning views and behaviours which are deeply ingrained within collective consciousness. This process may be one of the key steps for the team moving from being passively non-racist towards being actively and deliberately anti-racist.

d) Moving forward: embedding anti-racist principles and practice

Our discussion and deliberation have led to the consideration of practical ways of embedding racially inclusive and anti-racist practice within the process of public health research. This includes reflecting on how research is prioritised, which methods are

adopted, how community engagement is secured, and the ways in which (and places in which) findings are communicated and presented.

Our baseline awareness and readiness

7. Questionnaires were circulated to the team in advance of the sessions described above to assess baseline awareness and readiness. This also enabled the facilitator to pitch the training to the level of readiness. Key findings from the completion of the questionnaire were:
 - There was strong buy-in to the idea of GCPH becoming an anti-racist organisation with 70% and 30% respectively strongly agreeing or agreeing they have a role to play.
 - In terms of the wider system GCPH operated in being seen to be structurally racist, 45% and 35% respectively, either strongly agreed or tended to agree.
 - There was high degree of confidence across the team in understanding racism as a fundamental determinant of health. Forty-five percent strongly agreed they had an understanding and 55% tended to agree. This compared with 25% strongly disagreeing and 30% tending to disagree that the wider public health system had a good understanding.
 - There was less confidence in speaking about racism and its impacts openly and confidently, with 45% strongly disagreeing or tending to disagree about feeling confident, and 20% not sure.
 - There was also less confidence in how to respond to incidences of racism in either GCPH or the wider system.
8. After discussion with the facilitator, the training was shaped by recognition that there were high levels of confidence in understanding the role of racism as a determinant of population health. Key resources owned by GCPH such as a video recording of Prof David Williams GCPH seminar '*How racism shapes our health*' and the COVID-19 micro briefing '*The disproportionate impacts of the COVID-19 pandemic on Black and minority ethnic groups*' were and remain available to the team, providing a strong background to racialisation as a social determinant of health.
9. The film '*A Class Divided*' was viewed and discussed in an early session, which acted as a provocation for discussing the role of power dynamics between dominant and non-dominant communities in creating prejudice and discrimination.
10. The training recognised however that deep reflection could at times be uncomfortable and as such an initial step was to co-produce ground rules around engagement, psychological safety, and challenging each other with respect and assertiveness. Role playing was employed to allow the team to practice responding to challenges around the investment in understanding structural racism and developing anti-racist practice.
11. The guided discussion across the sessions led to the following prioritisation of action going forward:
 - We should clearly **identify our role in addressing racial inequality and identify the skills we have or need**. GCPH has an important agenda setting role in relation

to racism as a public health issue. Public Health as a scientific endeavour means we are measured in how we present data. Although not a campaigning organisation, we can lend our weight to inequality messages particularly those that align with our role, purpose and values moving forwards.

- We should decide **what skills we have, what are required, and who we need to recruit/commission/collaborate with** – perhaps through embedded posts or secondments.
- The development of anti-racist practice across the organisation to take account of personal, cultural and structural barriers that we can address (within the limits of the current system). For example, the potential to move towards more tangible targets (e.g. recruitment).
- Working strategically with partners – **organisational mapping of key contacts** and their roles/work. Potential role in Marmot cities identified.
- **Mainstreaming the use of EQIA** for GCPH work planning and project development.
- **The role of the Board** – there is a spectrum of approaches to diversifying governance and discussion would be welcome.
- To make **a visible outward facing declaration** that GCPH is working towards becoming an anti-racist organisation (and having a public facing account of this journey ready if we have any requests for further details) and to proactively flag up in our websites and in our future reports data which may contain inadequate coding or representation of race and ethnicity and thereby underestimates levels of racialised health inequalities and disparities.

Other activities – recruitment

12. GCPH has considered its role in recruitment and taking action to promote a wider visibility and candidacy for GCPH roles. In 2021 we worked with Radiant and Brighter, a social enterprise that links employment opportunity to Minority Ethnic communities and we took advice on wording and images used in recruitment materials and where best to advertise to reach a more diverse population. To enhance candidacy for traditionally marginalised groups, we were encouraged to hold pre-application information sessions with all interested candidates.

Communications

13. Our Communications function has also considered how it can respond to racialised inequalities. As well making a conscious effort to increase representation in images on websites and publications, events such as Black History Month were used to curate content. During Black History Month (BHM) 2023 we showcased the development of the West of Scotland Regional Equality Council [WSREC](#) in 2024, [Health in Mind and Intercultural Youth Scotland](#), and we continued to provide a platform to highlight the work of community organisations that are working closely with Black and racialised communities in Scotland. A [blog](#) was also published focussed on the work of Media Education's Thrive Advisory Group, which uses creative filmmaking, user-led research and community leadership to explore possible barriers in accessing mental health and wellbeing services in Edinburgh.

Learning from partner activity

14. The following section outlines key developments within some of our partners in this space, as a guide to identifying and orientating our distinctive approach as well as learning from examples of good practice.

Anti-racism plans: Scottish Government Guidance and NHSGGC approach

15. This document summarises the Health Board's proposed action in response to the Cabinet Secretary for Health setting out the expectation that all Boards develop and implement anti-racism plans. Its key areas of focus are:

- Leadership and Accountability. Making an explicit, visible commitment to anti-racism led by senior leadership, and developing a plan for sustained engagement with staff. Key work streams developed on diversifying executive and non-executive boards and inclusive succession planning principles. Visible anti-racism and executive mentoring for senior staff, diversifying decision-making spaces. Cultural competence training for leaders.
- Data and evidence. Improving levels of completeness and accuracy.
- Workforce, culture and wellbeing. Focus on recruitment, retention and progression to improve workforce diversity, particularly at senior level. To include data-led, targeted training support for recruiting managers. Dedicated leadership programme for BME staff has been in place since 2022. Celebration of Black History Month. Improved reporting of incidence related to racism, discrimination, bullying and harassment. Meaningful involvement of minority ethnic staff in development and evaluation of anti-racist plans.
- Equality-focused service delivery, completion of EQIAs in the development of services. Establish mechanism for collaboration with the third sector and faith groups and ME staff to improve cultural barriers and address barriers to access.

University of Glasgow: Understanding racism, transforming University cultures report and action plan.

16. The purpose of this document is to produce practical steps to tackle racism and racial harassment on campus and to address racial inequality. It is informed by a survey of 500 students, including 20 in-depths interviews. It revealed that half of students had experienced harassment, as well as a reluctance to report harassment and a gap in degree attainment. A lack of ethnic minority representation on key decision bodies was highlighted. The organizational response included:

- Establishing an ethnic minority staff network.
- The co-creation of an anti-racist campaign with staff and students.
- 'Decolonising the curriculum' community of practice.
- Global Majority Network including invited speakers.
- Anti-racist and cultural awareness training made available for staff.

Discussion

17. We are currently at a pause point in our anti racist training. Any progress we will have made in considering the impact of structural racism will not be confirmed until the second stage of the internal questionnaire on racial awareness. It must also be noted that we are now a smaller team than at baseline, a fact that can affect comparability at the two time points. We will incorporate insights from the second wave questionnaire into the development of further training. However, the attention given to structural racism as a determinant of health inequalities has shown a marked increase in the Centre's focus and outputs in recent years. As we enter a period of work planning for 2025-26, this consideration will continue to shape work plans that reflect the broad range of the interesting determinants of health underpinned by the collective reflection the training has supported.
18. Comparison with two of our partners developments shows we are broadly aligned with the development of workforce culture which should continue to lead to diversity being a more a prominent consideration in future work plan development alongside the use of EQIAs. However, an area that remains for attention is in relation to governance structures. Moving into the new Partnership period offers the opportunity to reflect on the balance required between diversity within a partner's decision-making structures and more locally within GCPH. However, we are aware that our governance structure reflects the composition of senior management peer groups of partner organisations and indeed the wider workforce.
19. As we consider the shape of the concluding stages of the anti-racism training it is imperative that a set of objectives are agreed with the team for the next period of work planning guided by the team-created list provided above (Para 11). Particular attention from the Centre leadership can be given to ensuring continued progress on key operational aspects (reflecting on how we approach recruitment, representation in Communications) complemented with team-wide incorporation of an understanding of racialised forms of inequality and their causes in our programmes of delivery. Supported by both EQIA but also prioritisation through engagement with this collective process. We welcome comment on the development of GCPH's continuing approach to adopting anti-racist practice.

GCPH
February 2025