



GCPH response to the Public Health Scotland Shaping our strategy: 2025-35 consultation

This response has been prepared by members of the Glasgow Centre for Population Health (GCPH) team. We welcome the opportunity to contribute to the PHS Shaping Our Strategy 2025–35 consultation and, given our shared ambition for more equitable population health, we look forward to strengthening our working relationship in the years ahead.

Established in 2004, GCPH is a place-based collaboration focused on tackling Glasgow's health challenges and inequalities. Funded by the Scottish Government, the Centre operates as a partnership between the University of Glasgow, Glasgow City Council, and NHS Greater Glasgow and Clyde. Our work has sought to understand the deep-rooted causes of Glasgow's poor health outcomes alongside championing more equitable access to various health determinants. We have achieved considerable impact by generating and sharing evidence across research, policy, and practice, and by working closely with policymakers, practitioners, and academics to inspire fresh thinking.

However, the wider context in which we operate has changed profoundly. Austerity, Brexit, the Covid-19 pandemic, and the cost-of-living crisis have changed the nature of the challenges faced by communities and the capacity of organisations to respond effectively. Additionally, our staffing levels have reduced significantly over the past two years. In light of this changing context, and with a view to maximising the impact of our resources, GCPH is preparing a proposal for the Scottish Government outlining our intended future purpose, value, and outputs. Accordingly, all responses in this document should be read with the caveat that GCPH's future remit is currently under review.

Consultation questions and responses:

Where do you see the greatest opportunities for collaboration between your organisation (GCPH) and PHS in delivering the vision set out in this document?

PHS is represented in our governance structures through the Management Board and Executive Management Team, and we value this strategic input. However, given the shared values and objectives of both organisations, we see strong potential for closer collaboration at project and programme levels, particularly around the priorities set out in the Population Health Framework (PHF) and the Service Renewal Framework (SRF).

Examples of current and recent joint work include:

- Supporting a PHS briefing paper on transport planning and health
- Joint work through Clyde Metro, including representation on the HIA Steering Group
- Collaboration on the *Economies for Healthier Lives* programme
- PHS leadership in updating the Glasgow City Health and Wellbeing Neighbourhood Profiles and the *Understanding Glasgow* indicator set.

Our organisations bring complementary strengths—PHS working from national to local levels, and GCPH being able to bring local learning from across Glasgow into the national conversation. Our focus on Glasgow is not confined to the Glasgow City Council area but often relates to the wider city region and the west of Scotland – a far larger population that includes a considerable proportion of the country’s deprivation. We therefore have an important role to play in sharing our insights in ways that can support national policy and practice. In particular, in recent times the GCPH has been leading progressive equalities work aimed at supporting wider understanding of the determinants of health among protected characteristics, such as Black and Minority Ethnic Groups, LGBT+ communities, disabled people and more. These developments are not geographically defined and have involved substantial Third sector and community collaboration and commitment. Whilst this work has gained traction with Scottish Government and local partners in Glasgow, there is yet to be links made with PHS to share learning, insights and identify future collaborations.

As the future direction of GCPH becomes clearer in the coming months, we are keen to ensure our programmes align with and complement PHS priorities. We would welcome opportunities for early-stage collaboration on projects, research, and events.

Ultimately, progress towards the PHF ambitions depends on sustained cross-sector partnership working. Reversing stalling life expectancy and closing the gap between the most and least deprived communities will require a united focus on prevention, underpinned by effective communication of emerging and long-standing public health intelligence. Pressure on frontline services can be regarded as a threat to public health, but we see our role -alongside PHS – in advocating effective prevention for the long-term benefit of the NHS.

Technological innovation is also becoming increasingly important in achieving these public health goals amid the current fiscal conditions and stretched frontline services. The GCPH has recently published work on the potential of Artificial Intelligence within Public Health and within Health Care systems. This work is aimed at promoting engagement and understanding nationally regarding the opportunities and risks this technology within Public Health. The GCPH is also supporting the evaluation of the Flow Navigation Centre Plus (FNC+) innovative virtual care model delivered by NHSGGC. In both instances the GCPH would welcome discussions with PHS concerning the national implications of these innovations for Public Health and in achieving the vision of the PHF.

What challenges or barriers do you foresee in achieving the ambitions set out here—either for your organisation (GCPH), or for the wider system?

We share these ambitions, as set out recently in the Population Health Framework (2025-2035).

Challenges that we foresee include the scale of the task, particularly in the current fiscal climate, supporting effective partnership working and incorporating authentic community engagement.

Given the scale of the challenge, and the current fiscal climate, we recognise the need to ensure maximum value for money, potentially operating quite differently than we have in the past. This will involve an approach that combines mitigating the worst impacts of poverty for the most vulnerable members of society alongside longer-term preventative measures; in both instances innovation is at a premium. Where necessary, we also need to strengthen our voice in advocating re-investment in policy areas where resources have been withdrawn, where we have evidence of public health impact (e.g. mental health services, active travel, and net-zero and Just Transition investment).

Reversing current trends of stalling life expectancy and the persistent gap between the most and least deprived communities will only be achieved through effective partnership working across all sectors. This will require effective communication about emerging public health intelligence and continuing to advocate the importance of prevention. Your strategy document clearly states that your ambitions will be achieved through partnership and the power of your people, and we would add the contribution and expertise of those working across the public health landscape in Scotland. We also believe that there is a huge role for PHS to play in shaping organisational knowledge and practice around the social determinants of health – in particular around influencing local authorities and other partners, including community partners, to consider the impacts of their investment on health and health inequalities.

We also endorse the huge value that communities themselves can bring in this area. Indeed, without their input, through effective and authentic community engagement, the impacts of our interventions are unlikely to be optimised. Communities have the insight, wisdom and understanding of what works locally. Communities of identity such as those of protected characteristics also have specific circumstances, needs and aspirations which our two organisations must be acutely cognisant of.

Thinking about PHS's national role where do you think we can add value and contribute more effectively to your (GCPH's) work?

As Scotland's primary Public Health organisation, we see PHS as our main source of guidance on public health intelligence. The national role and ambitions resulting from this consultation and formulation of the new strategy need to be communicated fully, so this national role is fully realised through complementary effective local level partnership working.

The GCPH will continue to provide leadership and expertise on the social determinants of health, working with partners to ensure that health and health inequalities considerations are embedded across policy and practice. We have recently committed to supporting the delivery of training to capital investment staff across local authorities on the social determinants of health and the key health challenges for the Glasgow City Region. This is part of the roll out of the CHIA toolkit, which we see as a vital resource for embedding health in practice across member authorities. To meet this obligation, we will be reliant on PHS resources and insights.

We welcome the publication of the PHF and the SRF and see both as vital in the challenge to improve health and reduce health inequalities. In particular we consider

the continued focus on the social determinants of health to be vital and encourage PHS to continue to provide leadership for action, working with senior leaders across the public sector. This will require robust and high quality public health intelligence which is accessible and relevant to localities, and PHS's provision high quality surveillance, analysis and reporting of public health data will be vital.

Another important role of PHS is leadership on national public health programmes, projects or interventions that apply nationally and help reduce duplication of effort across localities. A specific example includes the publication, launch, leadership and roll out of the Eating Out Eating Well Framework. This has been anticipated for some time and could be an important component of the Good Food Nation plans.

Looking ahead, how can PHS continue to develop and strengthen how we work and collaborate with others?

In developing a new PHS strategy there are opportunities to improve the clarity and transparency of PHS's scope, roles, workplan and workforce. Examples include through improvements to the website, contact details and the availability of an organogram that describes the different divisions and roles within PHS. At present it is hard to know who to contact to explore collaboration opportunities.

We agree that PHS has an important public health leadership role and feel that this will be vital in the successful implementation of the PHF and the preventive aspects of the SRF. We would like to see leadership from PHS in building understanding of, and support for, the PHF with public sector leaders across local authorities and health boards, and in developing the capacity and capabilities that will be required across the public sector to deliver the PHF. Unless local authorities understand the relevance of PHF to their work, and how it can help them deliver on other priorities, they are unlikely to recognise themselves as key stakeholders in its delivery.

Linked to supporting skills development is the leadership role that PHS holds in supporting and developing public health specialists. We would like to see PHS continue to work with the UKPHR to build training and strong support systems for the current and future public health specialist workforce.

As the host of what was ISD and the previous ScotPHO resources, PHS plays an important role in the provision of data to enable identification, monitoring and analysis of public health trends and issues both nationally and locally. There is immense value in this provision, and we feel it is vital that provision of robust, accessible public health data at different levels of granularity, as well as the championing of the need for continuing investment in robust public health data collection, is a core part of PHS's future role.

We recognise the important role that PHS plays in leading healthcare-focused public health and feel that an important role, going forward, will be to support evaluation, particularly with regard to assessing impacts on inequalities. While we consider a focus on the social determinants of health to be vital if we are to improve health and reduce health inequalities, if Scotland's long term aims of reducing inequalities in life expectancy

are to be realised it is also vital that changes to service delivery do not adversely affect more vulnerable populations. PHS 's healthcare-focused public health specialists should include supporting primary and secondary health care services with the SRF, enabling the shift from acute to primary and community-based care, and feeding timely policy lessons back to SG so that modifications to policy or implementation can be adopted promptly.

How can PHS best stay connected with you and your team (GCPH) as we move from formulating to delivering our strategy

While PHS representation on our governance structures provides a valuable channel for communication, we would welcome more regular updates on PHS priorities, progress, and opportunities for collaboration. Strengthening two-way communication—through networks such as the Public Health and Sustainable Transport Learning Network, and others—will help ensure alignment and maximise collective impact.

Authentic collaboration between the GCPH and PHS on future projects in itself further amplifies connections and channels of communication, dissemination and influence; this would be welcomed.