Management Board Meeting

Wednesday 10th December 2025

3.00 – 5.00pm

AGENDA

On Teams

1. Welcome and apologies
2. Minutes of last meetings (September 2025), rolling actions and matters arising
3. General update (GCPHMB/2025/480)
4. An options appraisal to secure the future of the GCPH (GCPHMB/2025/481)
5. Work plan 2025-26 mid-year review report (GCPHMB/2025/482)
6. Quarterly finance report to end of October 2025 (GCPHMB/2025/483)
7. AOCB
8. Close

Date of next meeting: March 2025 (to be confirmed)

Rolling actions list (December2025)

Board meeting date	Action	Responsibility	Update
16 September 2025	Guidance sought from the Board in connection with the discussion of the Options Appraisal paper with the EMT. It was agreed to share following submission.	Dr McLean	The October and December meetings of the EMT were cancelled. The submitted options appraisal paper was shared with EMT members in early November for their awareness and information.
16 September 2025	iMatter action plan area for improvement - increased visibility and engagement of the Board with the staff team, especially during the options process. Following discussion Dr Mclean to follow up with the GCPH team how they would like this engagement.	Dr McLean	Following discussion at the October GCPH team meeting, the following points were highlighted by the team: • Regarding the options/current state of GCPH, an email from the Chair/Board as to their thoughts on the process, and its outcome once known. • Members coming along to events and engaging with GCPH outputs. • A Board member biography refresh on the GCPH website. A reminder that team members are welcome to attend Board meetings and to view the papers on our shared drive. Board General update papers are shared with the team following Board meetings.
16 September 2025	To update and further develop the options appraisal following discussion and any comments received.	Dr McLean/ Dr Crighton	Paper updated following comments and feedback received. Paper submitted to the Scottish Government on the 31st October.

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

Tuesday 16th September 2025
Hybrid in-person/online meeting

PRESENT

Dr Lesley Thomson (Chair)	Chair, NHS Greater Glasgow and Clyde
Dr Emilia Crighton	Director of Public Health, NHS Greater Glasgow and Clyde
Dr Una Graham	Deputy Medical Director Mental Health and Addiction Services, NHS Greater Glasgow and Clyde
Ms Kimberly Hose	Head of Business Intelligence & HDRC Director, Glasgow City Council
Prof Chris Pearce	Vice Principal for Research and Knowledge Translation, University of Glasgow
Mr Michael Kellet	Director of Strategy, Governance & Performance, Public Health Scotland
Dr Jennifer McLean	Interim Director, Glasgow Centre for Population Health
Prof Moira Fischbacher-Smith	Vice Chair, Vice Principal for Teaching and Learning, University of Glasgow

IN ATTENDANCE

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

			ACTION BY
805	**WELCOME AND APOLOGIES**		
	Dr Thomson gave a welcome to the group. Apologies were recorded from Dr Anita Morrison (SG), Prof Emma McIntosh (UofG), Mr Stephen Fitzpatrick (GHSCP), Ms Michelle Booth (GCC), Cllr Anne McTaggart (GCC) and Ms Fiona McGinnis (NHSGGC).		**Noted**
806	**MINUTES OF LAST MEETINGS, ROLLING ACTIONS AND MATTERS ARISING**		
	The minutes of the previous meeting (June 2025) and special meeting (August 2025) were ratified. There were no matters arising and all rolling actions were complete.		**Noted**
807	**GENERAL UPDATE**		
	Dr McLean spoke to the General Update paper [GCPHMB/2025/477] and highlighted several points. Under staffing and governance, the Special Board meeting was held, and thanks were noted to all for their time, feedback and ongoing support. Dr		

	McLean noted special thanks to Dr Bea von Wissman for her support drafting the options appraisal paper. A meeting with Scottish Government colleagues will take place on the Tuesday 23rd September. Dr McLean asked for the guidance of the Board in taking the draft Options Appraisal paper to the EMT on the 1st October for discussion. It was agreed it would not be appropriate as a discussion item at this time, but it was agreed to share a future version of the paper for information with this group. The team have settled in well to the Clarice Pears Building and Dr McLean noted her thanks to Office Manager Mr Ricky Fleming for all his hard work in ensuring the move went smoothly. Dr McLean has met with research colleagues from the School of Health and Wellbeing and Research and Innovation Services as part of the plans to establish work links with University of Glasgow. The retirement of Ms Fiona Buchanan was noted, with Ms Fiona McGinnis taking her place as NHSGGC finance contact in the interim. It was also noted that Mr Gary Dover has moved on as HSCP Board representative and Mr Stephen Fitzpatrick will be joining as an interim replacement. Thanks were noted to Fiona and Gary for their contributions and support to the Board over many years. The team iMatter action plan has been submitted to the NHS GGC and shared with the Board. One of the areas for improvement points include an increased visibility and engagement of the Board with the staff team, especially during the options process. Dr Thomson was interested in how staff would like to see that engagement with the Board. Dr McLean will follow up with the team and report back. Prof Fischbacher-Smith wondered if we should decouple the survey results from the ongoing development, and if an informal lunch before a Board meeting might help staff, as well as refreshing the member bios on the GCPH website. She also suggested meeting with Prof McIntosh, who has lead staff engagement for the University. Dr McLean also highlighted the recently submitted Public Health Scotland Strategy consultation, as well as the continuing missingness work, with a new e-learning module and concept explainer published. Other work includes our racial inequalities work and webpage and an ethnicity profile being prepared for the Glasgow HDRC, food systems work with the Glasgow City Food Plan and Cash First Partnership. The Community Wealth Building evaluation project starts on the 1st October. There have been a number of Comms activities, including events, workshops, webinars and a small number of reports including the Economies for Healthier Lives final evaluation report and the Thrive Under 5 final report with is awaiting sign off. As part of the Doors Open day and the Glasgow 850 celebrations, Ms Kelda McLean has developed an audio walking tour based on a map and timeline of public health history in Glasgow. Dr McLean noted her thanks to the GCPH team for all their hard work during this period of change. The Board thanked Dr McLean for the work she has put in preparing the paper.		**Noted** **GCPH/EMT** **Noted** **Noted** **GCPH** **Noted**
808	**<u>AN OPTIONS APPRAISAL TO SECURE THE FUTURE OF THE GCPH</u>**		
	Dr Crighton spoke to the updated version of the options appraisal paper [GCPHMB/2025/478] and passed on her apologies for the delay in sharing with Board members as we awaited input from Planning colleagues to		

	strengthen the business case. The exact date for the final submission of the appraisal is not yet set and will be agreed with SG colleagues when we meet with then on the 23rd September. Today the Board is asked for their support and agreement with recommended option as presented, as an indicative direction of travel, subject to wording and some edits from planning to bring it more in line with the Green Book approach. Prof Pearce said it would be helpful if Dr Crighton could set out what exactly has changed in this updated version of the paper based on the feedback from the Special meeting. He also doesn't feel Option 1 is distinct enough from Option 3 other than the ask for longer-term funding. Prof Fishbacher-Smith also asked specifically about clarifying the exact meaning of the risks for the partners in Option 3. Dr Crighton said feedback had been taken into account. Prof Pearce said he could not see enough of a difference from the previous version, and it still felt it was form over function. We want to make the best, strongest case we can to Scottish Government. Ms Hose also highlighted the table for Option 3 that talks about risk for the partners – they need to know what this is and what the ask is for the partners. Also, there was a lot of discussion at the special meeting about what the vision or USP is for the Centre, what it is they do that others are not doing, and she doesn't feel this has been brought out in the paper sufficiently. Mr Kellet echoed the others in not seeing enough of a difference from the previous version and not seeing the USP sufficiently articulated. Additionally, he highlighted that the Option 2 presented of GCPH being subsumed into PHS is not something that PHS wants or that he believes Scottish Government would accept. He also thought it had been agreed at the special meeting not to go with the language of Centre for Expertise as that has a very particular meaning. Dr Thomson summed up by saying given these immediate issues there is a clear need to go back and properly include these points in the paper, and to have conversations with UofG and GCC colleagues about the specifics of what they would be asked of as partners. She asked that Dr Crighton and Dr McLean take the lead on the further development of the paper and asked that Board members send any additional comments to them. The USP of the Centre should be included in the paper. Dr McLean highlighted that there had been a lot of these points included in previous drafts which had been edited for brevity.		**Noted** **Noted** **Noted** **Noted** **Noted** **Dr Crighton/ Dr McLean/ All** **Noted**
809	**<u>QUARTERLY FINANCE REPORT TO JULY 2025</u>**		
	Dr McLean presented and spoke to the paper prepared with assistance from Ms Buchanan and Ms McGinnis [GCPHMB/2025/479]. The first allocation of Scottish Government funding has been received, with the second expected in November. Various external income is also expected		

	to arrive during Q3 as shown. Spend has been in line with budget plan predictions, and there remains £100,000 unallocated at this point in the year. The finance position was noted and accepted by the Board.		**Noted**
810	**AOCB**		
	Give the further development of the options paper, it is possible that another short meeting of Board members may be required rather than signing off the options paper by email. This will be arranged if required.		**GCPH**
811	**DATE OF NEXT MEETING**		
	Wednesday 10th December 2025, 3pm		

Glasgow Centre for Population Health
Management Board Meeting
10 December 2025

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

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2025 to October 2025 detailing expenditure of £425,743.

- The planned budget for 2025-26 is comprised of the following streams of funding:

	£
• Annual SG allocation	1,000,000
• External income from partners and others	98,841
• Brought forward from prior year	27,000

Commentary on Table 1

1. The Scottish Government budget allocation is expected to be received in two tranches. £600,000 was received by the Board in the June allocation with a further £400,000 expected in November.

   Following communications with Scottish Government colleagues at the end of October in relation to the second allocation, and work to forecast our end of year position, we have confirmed the following position:

   "Following discussions with our NHS GGC Management Accountant regarding our end of year forecast position we expect to be spending close to our £1M grant award by the end of March but are also forecasting at this stage in the year a small underspend (~£50K) due to external income generated by the Centre through our contributions to externally funded projects and partnerships. We therefore request the full amount of the second payment of our grant award as outlined in our allocation letter."

2. The inflow of external income is expected to increase in the autumn period. However, it is projected that there will be a shortfall of £11,816 against the £98,841 target, due the confirmation of the costs and payment schedule for the Community Wealth Building evaluation with GCU (funded by NIHR).

3. Spend on staffing is as expected at this stage of the year with no additional unbudgeted costs or further staffing changes anticipated.

4. Project spend is minimal at this point in year however spend is expected to increase in the next months (especially in relation to E4 to E6) with only £33,259 anticipated to be unspent at year-end.

5. Activity and progress updates on the Glasgow City Food Plan (E2), the Cash First Partnership, the Neighbourhood Profiles with PHS and the Disability Welfare Reform work with the Glasgow Disability Alliance (paragraphs E4 to E6 respectively) are provided in the General Update paper.

6. £50,000 has been allocated from the contingency to contribute to the continuation of the NHS GGC Adult Health and Wellbeing survey. The survey has been running since 1999 and is an important source of longitudinal data about health behaviours and perceptions of health and wellbeing across the Glasgow population.

7. As of the end of October 2025, a contingency of £58,752 is unallocated.

8. In total there is a projected underspend of £76,664 based on current information.

Fiona McGinnis
25 November 2025

Table 1. Financial position 1st April 2025 to 31st October 2025

Financial Plan 25.26					
	Income	***£***	***Actual to Oct £***	***Forecast Out-turn £***	***Forecast Variation from Budget £***
I 1	Annual SG Allocation	1,000,000	600,000	1,000,000	-
I 2	Other Income	98,841	30,921	87,025	(11,816)
	Total Income 25/26	***1,098,841***	**630,921**	**1,087,025**	**(11,816)**
I 3	Carry Forward from previous years	***27,000***	27,000	27,000	-
	Total Available 25/26	***1,125,841***	***657,921***	***1,114,025***	***(11,816)***
	Expenditure				
	Research:				
E 1	Community wealth building - PPIE	8,190	-	3,000	5,190
E 2	Glasgow City Food Plan	111,000	2,245	111,000	-
E 3	Training and Development	5,000		2,000	3,000
E 4	Cash First Expenditure	12,500	270	12,500	-
E 5	Cdommunity Profiles - Public health Scotlan	75,000	118	75,000	-
E 6	Disability welfare reform	40,000		40,000	-
	Public Health Survey Contribution	50,000		50,000	-
	Total Research	***301,690***	***2,633***	***293,500***	***8,190***
	Communications:				
E7	Communications	23,000	1,951	9,000	14,000
	Total	***23,000***	***1,951***	***9,000***	***14,000***
					-
	Management and Administration				-
E8	Centre Management, Admin & Running Cost	20,000	3,751	12,000	8,000
E9	Accommodation Costs	70,000	34,587	70,000	-
E10	Core Staffing	655,930	382,821	652,861	3,069
	Total Management & Admin	***745,930***	***421,159***	***734,861***	***11,069***
	Total Expenditure	***1,070,620***	***425,743***	***1,037,361***	***33,259***
	Balance	***55,221***	***232,178***	***76,664***	

Glasgow Centre for Population Health
Board of Management
10 December 2025

General Update

Recommendations

Board members are asked to:

- Note this report providing an update on ongoing work and key developments since the September meeting of the Board.
- Note the mid-year work plan report highlighting activity and progress, in year developments and ongoing risks to delivery.
- Identify any developments and priorities in their own organisational contexts that are of potential significance for the Centre.

Governance and Staffing

1. *GCPH Options Appraisal paper.* Following discussion at the September Board meeting, internal review, the incorporation of feedback from Scottish Government colleagues and a further opportunity for Board members to review and offer comments, the final version of the Options Appraisal paper (GCPHMB/2025/481) was submitted to the Scottish Government on the 31st October. On submission, feedback was requested by mid-December due to implications for staff contracts. Work in preparation for the scenarios that the decision is delayed or that there is no funding to support a future GCPH has commenced with the Public Health Directorate team and HR at NHS GGC. At the time of writing, we await feedback from the Scottish Government and hope to update Board members further at the Board meeting under agenda item 4.

2. *Executive Management Team.* Following earlier discussion and the guidance of the Board, the October and December meetings of the EMT were cancelled. To ensure EMT members continued to be aware of GCPH work, progress and developments, Board General Update and other key papers, including the Options Appraisal paper, continue to be shared with EMT members. It is hoped the group can be reconvened once there is clarity on the future direction of GCPH and the EMT can return to discussions about operational priorities for the organisation.

3. *Workplan 2025-26 mid-year report.* The GCPH workplan 2025-26 mid-year report is included in the papers for this meeting (GCPHMB/2024/482). The report summarises our activity and progress during the first six months of 2025-26 (April to October) and provides an 'At a Glance' table with RAG progress ratings and a detailed matrix of key projects for the year. The report also provides a list of main GCPH outputs and engagement events since April 2025.

4. *GCPH finances.* The financial report for August to the end of October 2025(GCPHMB/2025/483) is brought to the December Board meeting for discussion and approval. In July 2025 the first allocation of the GCPH grant award for 2025-26 was received (£600K). In late October communications were received from the Scottish Government regarding the second allocation of the award and a request to indicate how much of the (£400K) allocation was required for the remainer of the financial year. Following work with our Office Manager Ricky Fleming and NHS GGC Management Accountant Fiona McGinnis to forecast our end of year position, the full amount of the allocation has been requested.

5. *Working towards becoming an anti-racist organisation*. Over the last few years GCPH has invested in working towards becoming an anti-racist organisation by building internal capacity and confidence through team development and discussion sessions, notable seminar series speakers on the issues of racism and racialisation in public health, and through work with the NHS GGC Equalities and Human Rights Team (EHRT) on the Equality Act (2010) and the Public Sector Equality Duty and Equality Impact Assessment (EQIA). More recently, we have created a new website page dedicated to bringing together our work on racialised health inequalities and a concept explainer on Racism as a determinant of health, and led by the commitment and enthusiasm of team members Mohasin Ahmed and Chris Harkins, have restarted the conversation with the team about our work towards becoming anti-racist and embedding anti-racist practice into our work planning, communications and research activities. A paper was brought to our November team meeting which updated on past activities, learning from the approach taken by our partners, external opportunities and challenges for this work, and potential next steps for GCPH (which can be shared with Board members if of interest). This paper and team meeting discussion reinforced the team's commitment to this area of work. A programme of activities to progress this work is now being developed.

Developments and partnerships

6. N*HS Greater Glasgow and Clyde – Supporting the Health Board to mitigate poverty.* GCPH has been working with the Public Heath 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 included 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. An e-learning module has also been developed which is being embedded into TURAS for NHS staff. Case studies combining evidence from lived experience and examples of interventions elsewhere are being drafted to show pragmatic opportunities for change. A concept explainer on 'missingness' has also been developed and published on the GCPH website. Presentations have been delivered with key NHSGGC stakeholders including across Public Health, Primary Care, and Mental Health and work is continuing to seek buy-in from key NHS GGC clinicians, service leaders and practitioners to consider the impact of missingness and to consider 'tests of change' of pragmatic improvements that could be made at a service level. Chloe McAdam has secured a place on ScIL (Scottish Improvement Leadership) Programme which will support the implementation and testing of a quality improvement project in NHSGGC in this area.

7. *NHS GGC Flow Navigation Centre plus (FNC+) evaluation.* As a key part of Transforming Together, the major improvement programme being taken forward by NHS GGC to transform services to deliver a sustainable, high-performing health and social care system that can meet

the demands and needs of our population, FNC+ will deliver an enhanced version of the Flow Navigation Centre, offering additional capabilities and support for managing patient flow, all powered by technology and innovation. As evaluation partner GCPH has developed an evaluation framework and is engaged in discussions with key partners about an evaluation focused on assessing the impact of FNC+ on population health and on health inequalities within NHS GGC, examining outcomes, access, and equity dimensions. With commitment from the GCPH to this area of work within existing resources and capacity, a meeting will take place in early December to discuss learn more about the delivery of FNC+, the underpinning evidence and to agree the evaluation components and research questions. Further detail on this new area of work will be brought to a future Board meeting.

8. *Disabled People, Welfare and Wellbeing: A co-produced evidence programme* (March/April 2026*).* The GCPH, in partnership with Glasgow Disability Alliance (GDA), has launched three interconnected research commissions; 1. Disability Framing Analysis, 2. Health Economic and Health Impact Modelling, and a 3. Disability Lived Experience Inquiry - to provide an urgent, coherent evidence base on the impacts of UK welfare support levels on disabled people in Glasgow and Scotland. The Framing Analysis will examine how disability is portrayed in political, media and policy discourse; the Health Economic Analysis will model the health, wellbeing and economic consequences of varying welfare support scenarios; and the Lived Experience Inquiry will capture disabled people's first-hand perspectives to contextualise and strengthen the other components. Involving disabled people directly in this inquiry is both a moral and ethical imperative and a critical driver of research quality, ensuring that evidence, interpretation and recommendations are grounded in lived reality. Together, these strands will generate a robust, co-produced understanding of how welfare policy, public narratives and lived experiences interact, culminating in integrated findings and recommendations by March 2026. All three commissions are currently out to tender, with submissions due and decisions to be made in mid-December 2025, and a public launch event hosted by GDA and involving disabled people alongside core GCPH partners will take place in April.

9. *Minimum Income and Cost of Living Research with Castlemilk Law and Advice Centre (CLMAC).* This new research will explore issues around income adequacy, minimum levels of income and the experience of living on very low incomes from households with disabled people. There is growing concern, particularly in community and charitable organisations, that increasing numbers of people, and especially disabled people, in the UK are living on incomes which are inadequate, and more are turning to local organisations for crisis support. This research will combine quantitative and qualitative methods to explore what are the income and spending patterns of different demographic groups, including those who are disabled, or living with a disabled person, compared to those low-income clients from households with no disabled people and how do the spending patterns of households with disabled people differ? It will also explore what are the priority areas of spending for people living beneath the Minimum Income Standard, how do they budget and prioritise, and are there ways in which people use support or other services to control or reduce expenditure? Participants will be recruited using the CLMAC database of clients who have had cases closed within the previous 2 years. We are currently awaiting feedback from the UofG MVLS ethics committee.

10. *LGBT+ Health and Wellbeing in Scotland: A census analysis* (February 2026). This report will represent a landmark analysis of the health and wellbeing of LGBT+ people in Scotland using the 2022 census. This report is a collaboration between the GCPH and LGBT Health and Wellbeing, building on the 2024 evidence review of health inequalities among sexual and gender minorities. The 2022 Scottish Census, for the first time, captured sexual orientation and trans status, enabling this robust national analysis. Early findings show that 1 in 8 people aged 16–24 years identify as being of a minority sexual orientation, underscoring the scale of these

issues. Through this collaborative analysis GCPH is translating this data into actionable insights, positioning LGBT+ health and wellbeing as a public health priority for Scotland.

11. *Young men and gambling harms.* Gambling harms are increasingly recognised as a public health issue, with evidence showing young men are disproportionately affected. Problem gambling is linked to severe outcomes including debt, mental health deterioration, criminality, and suicidality. UK studies indicate gambling behaviours become established by age 20, with prevalence and severity highest among young men. The review will underscore that gambling does not occur in isolation, it is embedded within a wider landscape of interrelated risks: 24/7 online gambling access, social media "flex culture", gambling-like features in gaming (loot boxes), substance misuse, and harmful norms of masculinity. These pressures are compounded by structural disadvantage; poverty, precarious employment, and stigma around mental health, which amplify vulnerability and inhibit help-seeking. This environment normalises risk-taking and addictive behaviours, making gambling appear aspirational or socially validated. Understanding this cultural context is critical for designing effective interventions. This review calls for a holistic, culturally attuned public health response that situates gambling within the realities of young men's lives, ensuring interventions are authentic, accessible, and capable of delivering meaningful change.

12. *Clyde Metro* is advancing though the stage 2 'Case for Investment' (CFI) – a 2-year process involving appraisal and assessment to determine the costs and potential impacts of the project. Several work packages will feed into the Programme Level Business Case (PBC), which will enable informed decisions to be made around route selection, phasing, funding, and implementation. This work is led by Strathclyde Partnership for Transport (SPT) with support from Glasgow City Council (GCC). Gregor Yates of GCPH is working with GCC to ensure that appropriate health considerations are embedded.

    Work package 2C involves a range of non-environmental impact assessments to account for possible social, health and economic impacts. In relation to health, a Health Impact Assessment, Place and Wellbeing Assessment, EQIA and Fairer Duty Scotland Assessment are being delivered. Each assessment follows a process of screening (to determine whether the assessment is required based on policy and evidence), scoping (to set out the methodology, stakeholder engagement requirements and detailed evidence) and full assessment (to be undertaken in 2026). In addition, a Strategic Environmental Assessment is being undertaken which incorporates a section on 'human health'. Since the last Board meeting, GCPH have supported the work in a number of ways including a new Clyde Metro webpage on the GCPH website (see Para 41), a joint Transport and Health briefing paper and presentation (see Para 26), developed a blog series proposal focused on the potential benefits of Clyde Metro to health in the region (to be agreed with SPT and GCC) and supported additional CFI work to identify data gaps and stakeholders for next phase of engagement and supported a proposal as part of Glasgow City Council's Feminist Urbanism Group, prepared a summary of key evidence on the challenges facing women and girls on public transport in the region.

13. *Glasgow Fair Food for All Partnership's delivery of Scottish Government funded Cash First project towards ending reliance on food banks.* This project has continued to apply the finding from commissioned research in the form of a Test of Change in 2 areas of Glasgow and in the provision of a range of in-person and online training and development sessions on topics highlighted in the training needs survey undertaken in the summer. A Cash First workshop took place 24th September, facilitated by the Cash First Learning partners, to bring together partners and stakeholders to discuss the Cash First work that has taken place since the project started, and plan the next steps and legacy of the project. As the project now approaches its final months of funding, the final report is being developed with partners, along with a resource bank of online

training and development resources, and support materials, to support continued delivery of cash first approaches. The Fair Food For All Partnership will continue beyond the Cash First funding period, focusing overseeing ongoing development and delivery of the food insecurity component of the Glasgow City Food Plan.

14. *Glasgow City Food Plan.* The Glasgow City Food Plan Annual Report 25/26 has been presented to the PHOG and will be published of the GCPH website once approved by them. Six of the eight food plan working groups have met so far in 25/26 and are collaborating to deliver on their agreed priorities. The Food Waste Prevention working group and the Urban Agriculture working group have not yet met due to resourcing issues. are starting to meet again after the summer break and work on their specific priorities although some are better supported by stakeholders than others. GCPH and GFPP staff (Jill Muirie and Riikka Gonzalez) lead or support all of these working groups and work closely with a small Food Plan project team (with partners from the Glasgow Community Food Network and Glasgow City HSCP) to maximise coordination. Jill Muirie continues to chair the Glasgow Food Policy Partnership which oversees the ongoing coordination of the Glasgow City Food Plan and related structures. Riikka Gonzalez, employed by Glasgow Community Food Network, and funded and hosted by GCPH, continues as the Sustainable Food Places coordinator who supports the work of the GFPP and its working groups, as well as working closely with other Sustainable Food Places across Scotland as well as national NGOs. An annual networking event is planned for the March 2026 to bring all working groups and Food Plan stakeholders together to reflect on progress to date and to discuss future priorities in the light of the forthcoming Good Food Nation legislation.

    Riikka Gonzalez has continued to lead a range of Food Plan related communications with the help of the GCPH Communications team(see Para's 22-25).In addition, through the Food Economy component of the Food Plan, the 4th edition of the Glasgow Sustainable Food Directory, funded by GCPH and developed by GFPP (Riikka Gonzalez) in partnership with Slow Food Glasgow was launched during a fully booked event on 16th November. The new edition includes 45 of Glasgow's most sustainable food shops, cafes, restaurants and bakeries who meet the new inclusion criteria including environmental sustainability, health and wider societal impact of the venues.

    Ongoing work with Adam Smith Business School, as part of the long-standing Food Plan collaboration, has included an evaluation of the longer-term effects of Glasgow's city-wide 'Full of Beans' campaign (which ran in 2024), to implement recommendations and to link our work with other relevant city/UK-wide campaigns. A campaign follow-up event took place at the University of Glasgow on the 25th November and was attended by 35 people.

15. *Good Food Nation (Scotland) Act implementation.* A small working group made up of GCPH Food Plan staff (JM and RG) has continued to meet with NHS GGC colleagues to discuss and plan for the forthcoming Good Food Nation requirements of 'Relevant Authorities' (which will include NHS Boards and local authorities). The group has been working closely with Scottish Government and Good Food Nation Living Lab colleagues. The work has paused recently awaiting the publication of the national Good Food Nation Plan which will lay out local requirements, although a short-term NHS GGC post has been established to support the development of this work and the post holder is due to start in early 2026.

16. *Update of the Understanding Glasgow neighbourhood profiles.* With the Data Consultancy team at PHS we are working to update the 56 Glasgow neighbourhood profiles, across three sector profiles (North East, North West and South) and the Glasgow City profile at both Adult and

Children and Young People levels, updating the existing profiles which were last published in 2014.
This comprehensive update will include

- Refreshing and updating the indicator data covering population, households, environment, socio-economic, education, poverty and health for each neighbourhood profile.
- Spine chart for each profile covering all the agreed indicators.
- Four trend charts (male and female life expectancy, population by age group and percentage of total population from a minority ethnic group).
- Interpretive text for each profile with similar format/content to that previously published.

It is anticipated the Adult profiles will be published in February 2026 and the Children and Young People profiles shortly thereafter.

17. *Funded projects:*

- *The National Institute of Health and Care Research (NIHR) funded Health Determinants Research Collaboration (HDRC) in Glasgow.* We continue to work with the HDRC team through two main areas of activity. Firstly, supporting the delivery of the HDRC events/short seminar series. Initial conversations have been held between the HDRC team and await a further update from the HDRC team as to their plans for these events and their focus. Secondly, we have recently published, in partnership with the HDRC, a concise profile of Glasgow City's ethnicity, alongside some important considerations in interpreting profile data (see Para 31). The profile also introduces some key evidence themes relating to ethnicity, disadvantage and health, and racialised health inequalities overall. This is an initial step in supporting the HDRC in developing a programme of work examining the role that the high levels of ethnic diversity play within the health of the population of Glasgow City. The profile was presented at the NHS GGC Minority Ethnic Health & Wellbeing survey report launch in late November.

- *Funded project. 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. The project has been successfully funded and commenced on the 1st October 2025 (for 3 years). GCPH is leading on the Public Involvement strand of the project and will establish a Public Involvement Panel (PIP) to ensure that the voices and perspectives of those involved in local CWB implementation are able to shape and inform the project, so the evaluation is grounded in local insights and learning is relevant to local people and communities. Recruitment to the PIP is underway and it is anticipated the first meeting of the Panel will take place in February 2026.

- *Evaluation of Glasgow's community-led food markets. Evaluation of Glasgow's community-led food markets.* The collaborative research project, with University of Glasgow, funded by the UKRI Biotechnology and Biosciences Research Funding Council for 3 years from April 2025 has recruited its team and started work on research ethics committee applications. This study is aiming to establish if community-led food markets are a viable solution to improve access to affordable and nutritious food that supports meeting national dietary targets. In addition to the 2 planned markets, now agreed to be taking place in Govan (2026) and Cranhill (2027), a collaboration with a third market (in Western Common with the Courtyard Pantry) which began in August 2025 has been agreed and research approaches have been piloted there. Press interest in the project has included STV and local newspapers. GCPH Programme Manager, Jill Muirie, who is leading workstream 3 (leading the development and delivery of the market intervention) has been working with local community organisations in each of the market areas and has secured local community anchors to partner the project. She has been working to increase awareness and support from other community organisations and from local elected representatives as well as working closely with Glasgow City Council. A pilot market will be held in Govan in January 2026 with the weekly market beginning there in late April and running weekly for 6 months.

Communications outputs and activities

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

Events, seminars and presentations

19. *Cash First and Govan Community Project workshops* – series of in-person (8th October, Govan Salvation Army) and online workshops (12th & 26th November) focussing on food insecurity and people seeking asylum.

20. *Cash First, GCFN and Poverty Alliance workshops* – series of online workshops (9th October, 4th November, 3rd December) focussing on poverty, stigma, and rights in action.

21. *Fundamental Cause Theory: Implications for Action on Health Inequalities* (16th September, in person, The Studio). Joint seminar with University of Glasgow which looked at Fundamental Cause Theory (FCT) on its 30th anniversary, with Bruce Link and Jo Phelan, pre-eminent professors and founders of the theory as special guests. Following the event, we published a Concept Explainer about FCT and a blog reflecting on the event (see Para 38).

22. *NHSGGC Healthy Weight Support Across the Life Course* (23rd September, online). This GFPP webinar showcased the support and activities available from the NHSGGC clinical and community pathways and provided an insight into the difference that these supports make.

23. *Healthy, Sustainable Food in Glasgow's Universities and Colleges* (11th November, online). GFPP webinar exploring how Glasgow's universities and colleges are using sustainable procurement and menu design in their large-scale catering to affect real change in our food system.

24. *Launch of the Glasgow Sustainable Food Directory 2025* (16th November, in person, Five March). GFPP and Slow Food Glasgow event which celebrated 45 of Glasgow's most sustainable restaurants, cafés, takeaways and food shops, and the businesses and communities they support and belong to.

25. *Full of Beans 2.0* (25th November, in person, A1 the Square, University of Glasgow). Event celebrating one year of the Full of Beans campaign, with presentations, stalls, and bean-based buffet.

26. Gregor Yates (GCPH) and Alex Wilde (Glasgow City Council) gave a presentation on Transport and public health at the *'Place and Wellbeing – Integrating Transport and Public Health'* launch webinar on 6th October.

27. Chris Harkins was a speaker at the *Scottish Ethnic Minority Talent Summit and Festival* on 9th October in Edinburgh, with a presentation focussed on mental health in a multicultural work*place.* He also presented his research on the use of AI in public health and healthcare systems at the *Scottish Partnership for Palliative Care Annual Conference* on 12th November and has been invited to present on the same subject at the AI and Health Psychology Event in Dundee on 25th February 2026.

28. On 22nd October, Mohasin Ahmed gave a presentation to the Patient and Public Involvement Reading Group at Strathclyde University. On the 23rd October, along with Jennifer McLean, she presented at the launch of the CommonHealth Assets Toolkit at Queen's University in Belfast. Finally, Mohasin was also a speaker at '*On The Body, an interdisciplinary conference on race and racism in medicine and the humanities'* at University of Dundee on 7th November.

29. On 25th November, Mohasin Ahmed and Chris Harkins presented at the *NHS GGC Minority Ethnic Health & Wellbeing survey report launch*, which focused on their Glasgow City Ethnicity Profile work.

Publications

30. *Thrive Under 5 Final Evaluation* (by Gregor Yates, with Jill Muirie). This report was due to be published in September, along with a summary report, and a context update. However, following discussion and working in partnership with NHS GGC further amendments are required before publication.

31. *Glasgow ethnicity profile* (Chris Harkins and Mohasin Ahmed for HDRC). Chris and Mohasin have produced a very concise ethnicity profile for the City to support the HDRC racialised inequalities group as it seeks to establish a programme of work examining the complex interplay of ethnicity, socioeconomic disadvantage and health within Glasgow City. An amended version of this profile (without HDRC specific recommendations) was published on our website in October. It was accompanied by an infographic detailing key facts from the report.

32. *850 years of change: A timeline of Glasgow's health history from 1175 to 2025* (Kelda McLean) Beginning in the year 1175AD (the year that King William I of Scotland issues a charter granting Glasgow the status of a burgh) and ending in 2025 (the city's 850th anniversary), the timeline presents many of the key events that have helped shape the city and its people's health over

time. The final draft has now been approved, and design will commence shortly for a publication in December.

33. *CommonHealth Assets new journal article:* Helen Mason, Nicola Irvine, Sarkis Manoukian, Jack Rendall, Cam Donaldson, Artur Steiner, Michael J. Roy, Jennifer McLean, Michael P. Kelly, Marcello Bertotti, Karen Galway, Rachel Baker. Economic evaluation of participation in community led organisations for individuals living in disadvantaged areas in the UK. *Social Science and Medicine* **Volume 389, January 2026, 118761**. https://doi.org/10.1016/j.socscimed.2025.118761

Media

34. Can food markets help tackle Glasgow's obesity crisis? - BBC News (BBC News, 22nd September, about the research partnership between UofG, GCPH, GFPP, GCC, GCFN and GSA).

35. Major study to assess public health benefits of Community Wealth Building – The NEN – North Edinburgh News (North Edinburgh News, 19th September, about the launch of the CoWBELLS project).

36. Dundee Primary Pupils Bring Street Songs to the Internet | Charity Today News (Charity Today, 22nd Sep) and Big Noise programme credited with helping pupils achieve career dreams - TFN (Third Force News, 7th October), both mention our evaluation of Sistema.

Digital

37. In October, we marked *Black History Month* with a powerful blog series exploring the historical and contemporary links between racism and public health in Scotland. The series reflects on the legacy of slavery and colonialism, and the enduring impact of structural racism on health outcomes. It explores the past, present and future of Black health in Scotland, and features voices from across academia and lived experience, highlighting the urgent need for anti-racist approaches in healthcare, policy, and practice.

    - Black History Month 2025: what can be learned from Glasgow's 850th anniversary? (Mohasin Ahmed, 1st October)

    - Black health in Scotland: time to close the gap (Mohasin Ahmed, 14th October)

    - Black History Month 2025: CRER's manifesto for an anti-racist Scotland (Lucien Staddon-Foster, CRER, 22nd October)

    - The injustices of social health determinants: how these are shaped and can be addressed (Paula Terris-Pennycott and Dustin Hosseini, University of Cumbria, 28th October)

    - When giving birth becomes a risk: a Black woman's story (Melanie Allen-Clarke, paramedic student at University of Cumbria, 30th October)

38. *Thirty years on: reflecting on Fundamental Cause Theory and its implications for action* (Mhairi Mackenzie, Ruairidh Smith and David Baruffati, 5th November). In this blog, the authors reflect on our joint seminar with University of Glasgow, exploring the key discussion points set out by

the presenters, and giving an overview of the workshop on mobilising people and resources to mitigate and undo health inequalities in the Scottish context.

39. *Concept explainers*. We published four new Concept Explainers between September and November:
    - 'Problem gambling'
    - 'Poverty as a public health emergency' (published during Challenge Poverty Week and our most shared to date)
    - 'Racism as a determinant of health'
    - 'Digital exclusion'.

40. *E-updates* – There has been one e-update since the last Board meeting, published in October.

41. *Website* – Since October, we have added three new project pages to the GCPH website, one on the Community Wealth Building Evaluation Learning Lessons from Scotland (CoWBELLS) project, one on our racial inequalities work, and one on the Clyde Metro project. We are also working on updating our Aims and Objectives page to reflect our work on becoming an anti-racist organisation and will add a new page in the About us section on 'Our commitment to anti-racism'.

42. *Social media* – As well as our usual continued posting and engagement on our social media platforms, we took part in the Challenge Poverty Week campaign at the start of October. This included posting two to three daily posts on each platform, re-sharing work relevant to the daily themes, as well as specifically designed visuals such as designed quotes, small 'Did You Know?' visuals (below), infographics, and event recording. On LinkedIn, post impressions increased by 166.7% that week, we gained 23 followers and had 8.3% more visitors on our page. On Twitter/X, CPW posts resulted in 126 engagements/clicks.

GCPH
November 2025

An options appraisal to secure the future of the Glasgow Centre for Population Health

Executive summary

Operating as a city-wide partnership for more than two decades, the Glasgow Centre for Population Health (GCPH) is a pioneering place-based collaboration focused on better understanding and addressing the causes of the city's poor health outcomes, including unacceptable levels of health inequality.

To secure Scottish Government funding beyond April 2026, an options appraisal, scoping the future of GCPH is required, with an emphasis on alignment with the Scottish Government's reform agenda. To support the development of the options appraisal, a Hackathon event took place with senior representatives from NHS GGC, Public Health Scotland, University of Glasgow, Glasgow City Council, HSCP Chief Officers and members of the GCPH team.

This proposal sets out the background and approach to the options appraisal, the arrangements and contributions underpinning the current GCPH Partnership, clearly articulates the Case for Change for the GCPH, defining the proposed future state, value and strategic importance, outlines the three options considered (status quo; absorption; renewed GCPH partnership), provides costs of each and proposes a recommended option for continuing Scottish Government support and investment.

Following feedback and extensive deliberations, the **recommended option is a future GCPH which renews the existing GCPH Partnership with a clear alignment and a refocused aim to the reform agenda in Scotland**, specifically bringing skills and expertise to the evaluation of the impact of reform implemented under the interdependent Service Renewal and Population Health Frameworks on population health and inequalities, and supporting policy development delivery and work of local and national importance. Building on the previous work of GCPH that reaches beyond the Glasgow City Region, the refocused GCPH will generate insights from reform to support scaling up of impactful innovation as an enabler of national and subnational population-based planning.

To meet the ambitions of a future GCPH as outlined in this paper, the recommended option requests an indication of a multi-year funding commitment to support the necessity for longer-term funding given the challenging and complex nature of inequalities, to ensure the sustainability and impact of the organisation and its learning, and to enable strategic planning in line with the Population Health Framework.

A renewed, refocused and enhanced GCPH Partnership, will build on the successes of the past while offering the opportunity to strengthen and deliver the proposed rationale and purpose of GCPH in dedicated support and alignment with the Population Health Framework, NHS reform and transformation, and partner priorities.

1. Introduction

This paper sets out the current Glasgow Centre for Population Health Partnership (GCPH) operating arrangements and agreements, outlines the Case for Change and options appraisal process and recommendations based on significant partner engagement, taking full account and consideration of the costs, benefits and trade-offs of alternative options for the future of the GCPH.

2. Current agreement of GCPH partners

The Glasgow Centre for Population Health (GCPH) was established in April 2004 as a pioneering place-based collaboration of three key Glasgow city partners, namely the University of Glasgow, Glasgow City Council and NHS Greater Glasgow and Clyde, and the Scottish Government, focused on equitable population health improvement.

Since establishment, a five-year Partnership Memorandum of Understanding (MoU) has underpinned each phase of the Centre's work and set out the (continuing) agreement among the partners and the Scottish Government regarding the Centre's purpose, resourcing and governance arrangements. Through the MoU, and in line with the Terms of Reference for the GCPH Board, the partners commit to:

i. Working together and contributing on an equitable and sustained basis, giving strategic and practical support to the development and activities of the Centre.
ii. Participating actively in the Centre's activities and its governance processes (GCPH Board and EMT).
iii. Providing leadership, resources and expertise to support the Centre's work.
iv. Acting as advocates and champions for the Centre.
v. Responding to the outputs and findings of the Centre, bringing their organisational weight and commitment to supporting the Centre's work.

To date, individual partner and funder (summarised) commitments include:

1. NHS GREATER GLASGOW AND CLYDE
    - Employment of core GCPH staff, and fulfilment of associated employer and governance responsibilities (GCPH Board chaired by the Chair of the NHS GGC Board).
    - Funding and line management of the GCPH Director post.
    - Management accounting, HR and recruitment services and support.
2. GLASGOW CITY COUNCIL
    - Underwriting of the costs of office accommodation, if required.
    - Funding/co-funding of priority programmes delivered by GCPH, and secondment of GCPH specialists to embed public health expertise in Council activities.
3. UNIVERSITY OF GLASGOW
    - Accommodation of GCPH on the University Campus at a non-commercial rate and provision of IT support.
    - Awards of honorary academic status as appropriate to GCPH staff.
4. SCOTTISH GOVERNMENT
    - Provision of core grant award funding since 2004.
    - Provides strategic oversight of the annual GCPH work plan, offering national guidance and facilitating connections to strengthen the Centre's activities and enhance its learning impact.

During 2024/25 extensive discussions and negotiations with partners and the Scottish Government took place to agree the future strategic vision and ambition for the GCPH. An agreed future role and purpose was reached with partners in March 2025, and in June 2025, GCPH was awarded one year funding, via NHS GGC, to support the delivery of the 2025/26 work plan. No signed MoU is currently in place.

3. Options Appraisal process

To secure funding beyond April 2026, the GCPH is required by the Scottish Government to deliver an options appraisal of the future of GCPH, in line with the principles of Green Book, with an emphasis on alignment with the Scottish Government's reform agenda.

To support full core partner and wider stakeholder engagement in co-producing the future direction for GCPH, a Hackathon (a highly collaborative, output-focused workshop) took place on Wednesday 6th August with senior representatives from NHS GGC, Public Health Scotland, University of Glasgow, Glasgow City Council, HSCP Chief Officers and members of the GCPH team. Reponses to a pre-event survey were used to inform the discussion in support of the options appraisal.

Through this process, the focus has been on identifying the best model to ensure GCPH is an organisation which is both locally and national relevant, resilient and sustainable for the future. With a strong track record in place-based research, whole-system working, policy translation, and supporting health equity, a GCPH for the future will continue to make a distinctive contribution to achieving better and more equal health. GCPH will align closely with partner priorities for enabling the Scottish Government population health policy ambitions.

4. Case for change

Context: Scotland, and Glasgow in particular, continues to experience some of the starkest health inequalities in Western Europe. The persistence – and in some cases worsening – of these inequalities and declining population health overall, have intensified the need for transformative public health responses. This public service transformation demands renewed, place-based, evidence-led action. GCPH has to date played a vital role in understanding and addressing Glasgow's poor health outcomes and inequalities and identifying solutions. However, the changes in the external environment has necessitated a renewed strategic vision and delivery model to remain relevant and impactful.

Vision**:** Through long-standing expertise in working at the interface of local and national policy, research and practice, a future GCPH, subject to funding and capacity, will be positioned to deliver high-impact, locally grounded and nationally relevant, strategically applied innovative research. Evaluation of investments and action to improve population health outcomes in line with the reform agenda will support policy development and subnational and national delivery, with a focus on converting and translating learning and evidence to support implementation readiness and scalable practice change.

Local, subnational and national value: Building on long-term successful multi-disciplinary collaborations and ways of working which permeate beyond Glasgow, the reorientation of GCPH in line with the reform agenda, will enable the organisation to further maximise its local, subnational and national value and benefit by generating place-based insights and learning that are transferable and

applicable across contexts which can inform broader policy delivery, development and practice. Through population health focused research and evaluation, knowledge exchange and translation, and ongoing partnerships, GCPH can continue to shape, support and connect with national (policy and analytical) frameworks by demonstrating what works locally and why, and how to scale up impactful innovation. This is already evident in the significant contribution of insights generated by GCPH to the evidence base supporting and underpinning the Population Health Framework - a framework with a clear commitment to learning and evaluation. Through strong trusted partnerships with community partners, interventions can be tested within real-world settings, producing timely actionable insights and evidence that can inform national decision-making, support reform, and enhance equity across the country.

***Strategic alignment*:** Clear contribution and focus on the alignment and realisation of the priorities of the Population Health and Service Renewal Frameworks, the national reform priorities and initiatives, and work of city partners. Working with partners and across the boundaries of research, policy and service delivery, GCPH plays a unique role in translating research into local practice, supporting partners to fulfil statutory obligations, evaluating and measuring progress, refining service transformation, and understanding the impact and the attribution of outcomes (Appendix 1). This includes aligning GCPH to build the capacity for the national analytical efforts. By integrating the expertise available within the system with the goals of service reform, GCPH will support the Population Health Framework analytical framework and plan, and their focus on prevention, equity and long-term impact. The evaluation of scalable NHS transformation models (most immediately the Flow Navigation Centre Plus) will inform the Equitable Health and Care pillar of the Population Health Framework, and is interlinked with the development of subnational and national population-based planning approaches under the Service Renewal Framework.

Through the generation of trusted, actionable local research, data and insights and recommendations across sectors and wider civil society, and with capacity to communicate authoritatively across a wide audience, strengthening collective accountability for improved health outcomes, GCPH will be able to make a vital contribution to national reform ambitions and towards a system that prioritises prevention and addresses the wider determinants of health (Appendix 1).

GCPH also plays an important role within the Scottish public health landscape as an effective convenor and facilitator between its partners and across services, systems and communities. Drawing on the Centre's experience in supporting cross-sector collaboration and maximising opportunities for shared learning, GCPH creates environments that promote systems-thinking and collective problem-solving. Through the expertise and capabilities of the team, the Centre supports whole-system working and provides collaborative leadership to enable meaningful and sustained change.

However, its current capacity and staffing constrain its ability to achieve impact and respond flexibly.

Economic case: GCPH has for the last decade operated under an annualised funding arrangement from the Scottish Government (supplemented by external income generation) with no long-term beyond year commitment, limiting its ability for strategic planning and recruitment of staff, which has directly affected its capacity and limited its agility to meet partner expectations and generate impact, as well as affecting staff morale. Without a sustainable funding model for the future and indication of a multi-year commitment, GCPH risks further diminishing its capacity, impact and influence. With the security of funding GCPH would be well placed to play a distinctive role and valuable contribution to achieving the national reform and partner priorities, as described throughout this paper. All GCPH posts and Centre accommodation and running costs are currently covered by the annual Scottish Government grant award to GCPH, with the exception of the GCPH Director post which is funded by NHS GGC.

***Consequences of inaction*:** At a time of momentum and investment in population health and public service reform in Glasgow and Scotland, the loss of GCPH's unique role and identity from the public health landscape in Scotland will have a significant impact on partners and partnerships. This will be

visible through a loss of specialist skills, knowledge, voice and capacity to support public health reform and partner priorities and areas of work. This will also be felt through the loss of Glasgow-specific intelligence and depth of understanding of local trends and transferable insights, the loss of long-term trusted relationships with local communities and organisations and the connectivity this generates for whole-system working (as described above), alongside missed opportunities for local and national learning and policy influence, and a reputational risk to the Scottish Government and members of the Partnership. Operating as a city-wide partnership for over 20 years, GCPH has harnessed the combined expertise and commitment of its partners to accelerate progress toward better and fairer health outcomes, delivering impact beyond individual contributions.

Opportunity for action: At a time of momentum and investment for population health and public service reform in Glasgow and Scotland, there is an urgency particularly with NHS GGC to drive forward service renewal underpinned by the analytical capability, systems-thinking and independence inherent in GCPH's reputation and legacy. This can best be realised within a GCPH that has the organisational configuration alignment and financial security capable of responding to this new context and policy landscape.

5. Assessment – appraisal of options

The Hackathon enabled stakeholder discussion of a long list options to ensure all relevant perspectives were taken into account (Appendix 2). Consideration of a broad generation of potential options for the future of GCPH was undertaken, including role and function, leadership, resources and capacity.

Following long list consideration, a short list of the following three options has been fully appraised and key characteristics and considerations of each presented in summary below.

Appendix 3 presents a detailed consideration of the strengths, weaknesses and risks of each option, and Appendix 4 assesses each option in relation to a set of organisational and delivery principles discussed at the Hackathon.

Option 1: *Status quo*

Option 2: *Absorption*

Option 3: *Enhanced GCPH Partnership in alignment with the reform agenda*

Option 1: *Status quo*

- GCPH as a research and development facility, at arms-length to key partners.
- Identity, existing operational model and independent governance (provided by the GCPH Board) continues.
- Annualised core funding from the Scottish Government, with contributions from each partner organisations underpinned by a five-year MoU (Section 2). Additional income generated through research activities with external partners.
- An annual budget approved by the GCPH Board and funder.
- Core specialist research, communications and administration teams with an agreed annual delivery plan. Focus on working with partners to support change to improve health and reduce inequality.
- Limited delivery of the outcomes as stated in the Case for Change. Partial fulfilment of option appraisal principles.

- Ongoing financial uncertainty/instability and reduced capacity, ability, agility and impact.

Option 2: *Absorption*

- GCPH staff team, expertise and capacity absorbed into a partner organisation.
- Continuation of GCPH Partnership unlikely leading to loss of strategic guidance and independence which have been hallmarks of the brand.
- Governance and strategic leadership aligned with the structures of the partner organisation.
- Continued delivery of GCPH commitments subject to agreement and constrained by partner's core deliverables against their funding. Reduced capacity for local learning and translation.
- Unable to deliver the outcomes as stated in the Case for Change. Limited fulfilment of options appraisal principles.
- Absorption/financial burden of GCPH staff costs within partner budget from April 2026. No staffing expansion.

Option 3: *Enhanced GCPH Partnership in alignment with the reform agenda*

- Enhanced and renewed organisational focus aligned with the Population Health and Service Renewal Frameworks, prioritising the evaluation of population health outcomes and health inequalities. Equipped to address emerging policy questions and challenges.
- NHS GGC as lead partner within a refocused and unified GCPH Partnership, with ongoing support and commitment from core partners.
- Preserves the GCPH identity and existing operational structure, including independent governance through the GCPH Board, with strategic and operational contributions from city partners.
- Operational delivery and infrastructure strengthened by corporate capabilities of NHS GGC, an organisation with a proven commitment to the ethos of the GCPH Partnership. Includes strategic support from the NHS GGC Board, enhanced communications, closer integration with Service Renewal Framework, and direct contributions to the implementation of the Population Health Framework.
- Maintains GCPH brand with enhanced local and national relevance in line with reform agenda.
- Commitment to core grant funding from the Scottish Government is requested with an indication of a multi-year arrangement (see Section 6). No additional financial contributions required of partners beyond current commitments (as outlined in Section 2).
- Income generated through collaborative funding bids with partners aligned with organisational priorities, strengthening core funding arrangement and optimising the value of Scottish Government investment.
- Core specialist staff team with ability to draw flexibly on the expertise and capacity of partners to meet requirements.
- Full delivery and fulfilment of the outcomes as stated in the Case for Change and options appraisal principles respectively.

Dissolution

In the event that no suitable alternative future option or commitment to a new funding model can be agreed and secured respectively, the GCPH team and Partnership would be dissolved. As employees of NHS GCC, GCPH staff would then enter a formal consultation and redeployment process, in accordance with the terms and conditions of their employment contracts, commencing January 2026.

Through this options appraisal, and a clear articulation of the Case for Change alongside an assessment of each option's strengths, weaknesses, and risks, Option 3 – an enhanced and renewed GCPH Partnership aligned with the reform agenda – is recommended for future funding. The discussions with the GCPH Board and wider stakeholders, at the Hackathon and beyond, have clarified the desired future role and structure of GCPH, highlighting its continued value at both local, subnational and national level. Building on two decades of success, the evolving public health policy landscape in Scotland calls for GCPH's contribution to be sustained through a strengthened city-wide Partnership.

Sustaining GCPH as a special collaborative Partnership between NHS Greater Glasgow and Clyde, the University of Glasgow, Glasgow City Council, and the Scottish Government – alongside other local and national stakeholders – presents a significant opportunity to maintain a collective focus on improving population health and addressing health inequalities. This Partnership enables shared analysis of challenges, coordinated action, and the strategic use of resources to support research-led, whole-system change.

Support for this recommended option will ensure the GCPH Partnership remains well positioned to support the energising of shared purpose among those with influence over system change at both city and national levels. This is reflected in the continued commitment of the core partners to securing and sustaining the Partnership's future.

6. Costs and financial sustainability

Table 1 overleaf presents initial scoping of costings against the three options.

As outlined in Section 2 NHS GGC is currently the lead contributing partner providing both financial and non-financial contributions.

The GCPH Director post is funded by NHS GGC, all other staff posts and Centre accommodation and running costs are currently covered by the annual Scottish Government grant award. Non-financial contributions are made by the other City partners. In 2025/26 income from Scottish Government grant award went to the University of Glasgow (accommodation) and Public Health Scotland (analytical support).

From a financial sustainability perspective, Option 3 is recommended as it offers greater long-term viability and includes plans to expand the staff team, ensuring sufficient capacity and expertise to deliver a high-impact work plan aligned with partner priorities and the national agenda on prevention and health inequalities**.**

Table 1. Breakdown of costs by option

Option	Financial breakdown
Option 1: *Status quo* ***(Principles: 5/6)*** **Initial Proposed Cost: £896,397**	**Capital costs** • Accommodation expenditure - **£57.6K per year (paid to University of Glasgow)** **Recurrent staff costs: £652,399** (8.7FTE) (current staff costs continued into 2026/27) **Expansion requirements for *minimum* viable staffing** (in addition to current staff) (2x Band 8A Public Health Programme Managers, 2x Band 7 Senior Public Health Research Specialists) **£276,398** **Non-recurrent expenditure** • Programme expenditure - **£120K** • Communication expenditure - **£10K** • Centre Management expenditure - **£7K** **Non-recurrent income** • Research funding income generation - **£200K** (enhancing core grant funding)
Option 2: *Absorption* ***(Principles: 2/6)*** **Initial Proposed Costings: £652,399**	**Capital costs** • Absorbed by partner organisation (to be negotiated) **Recurrent staff costs**: **£652,399** (8.7FTE) (current staff costs continued into 2026/27) **Non-recurrent expenditure** (costs absorbed with discretion/to be negotiated) • Programme expenditure - NIL • Communication expenditure - NIL • Centre Management expenditure - NIL
Option 3: *Enhanced GCPH Partnership in alignment with the reform agenda* ***(Principles: 6/6)*** **Initial Proposed Costings: £979,347**	**Capital costs** • Accommodation costs – assumed NIL partner contribution (to be negotiated) **Recurrent costs staff - £652,399** (8.7FTE) (current staff costs continued into 2026/27) **Expansion requirements for *minimum* viable staffing** (in addition to current staff) (2x Band 8A Public Health Programme Managers, 2x Band 7 Senior Public Health Research Specialists) - **£276,398** **Topic expert flexible funding - £123,550** (2x Band 7) plus **Prof/Consultant time - £40K** **Non-recurrent expenditure** • Programme delivery expenditure - **£120K** • Communication expenditure - **£10K** • Centre Management expenditure - **£7K** **Non-recurrent income** • Research funding income generation - **£250K** (enhancing core grant funding)

7. Recommendation

There was strong consensus at the Hackathon that preserving GCPH's distinct identity and independence is essential, while also enhancing its long-term sustainability and strengthening its role in applied research and knowledge translation to support the implementation of the Population Health Framework and the wider reform agenda.

Following feedback and through the extensive deliberations of this options appraisal process, **the recommended option is a future GCPH which renews the existing GCPH Partnership with a clear alignment and a refocused aim to the reform agenda in Scotland**, specifically bringing skills and expertise to the evaluation of the impact of reform implemented under the interdependent Service Renewal and Population Health Frameworks on population health and inequalities. Operating with a specialist core team and the ability to flexibly and responsively bring together additional expertise from partner organisations for specific funded programmes of work will support the delivery of work of local and national importance.

An enhanced, renewed and refocused GCPH Partnership will build on the successes of the past while offering the opportunity to strengthen and deliver the proposed rationale and purpose of GCPH agreed by stakeholders and to achieve the high level objectives and public health contributions presented in Appendix 1, in dedicated support and alignment with the Population Health Framework, Service Renewal Framework, NHS transformation, and partner priorities.

This renewed Partnership will support the effective implementation, development, and translation of evidence by delivering high-quality research and evaluation tailored to both local and national policy needs and supporting the generation of insights to support scaling up of impactful innovation as an enabler of national and subnational population-based planning. It will also bring together streamlined expertise grounded in local application to inform decision-making, with a strong emphasis on prevention and advancing equitable improvements in population health.

Given the urgency to demonstrate cost-effectiveness of any interventions, arising from the current resource-constrained national context, health economic expertise has been identified as an immediate priority for the flexible augmentation facilitated through this approach. For example, in the evaluation of scalable service transformation (Flow Navigation Centre Plus in Glasgow), health economic evidence will enable a comprehensive assessment of cost-benefit and cost-effectiveness analyses and value for money to inform resource allocation and support sustainability and scalability decisions.

Given that GCPH is already a legal entity of NHS GGC, part of the Public Health Directorate and operationally supported by HR and financial management services, a strengthened operational and corporate relationship with NHS GGC as the lead partner, working with statutory, academic and community partners across the Glasgow City Region, is proposed.

As presented in this proposal, this option and future positioning would place GCPH as a keystone organisation that is instrumental to realising the Scottish Government policy ambitions of the reform agenda, through local implementation and nationally relevant evidence, learning, and insights.

31 October 2025

Appendix 1. GCPH high level outcomes and essential contributions to the public health system

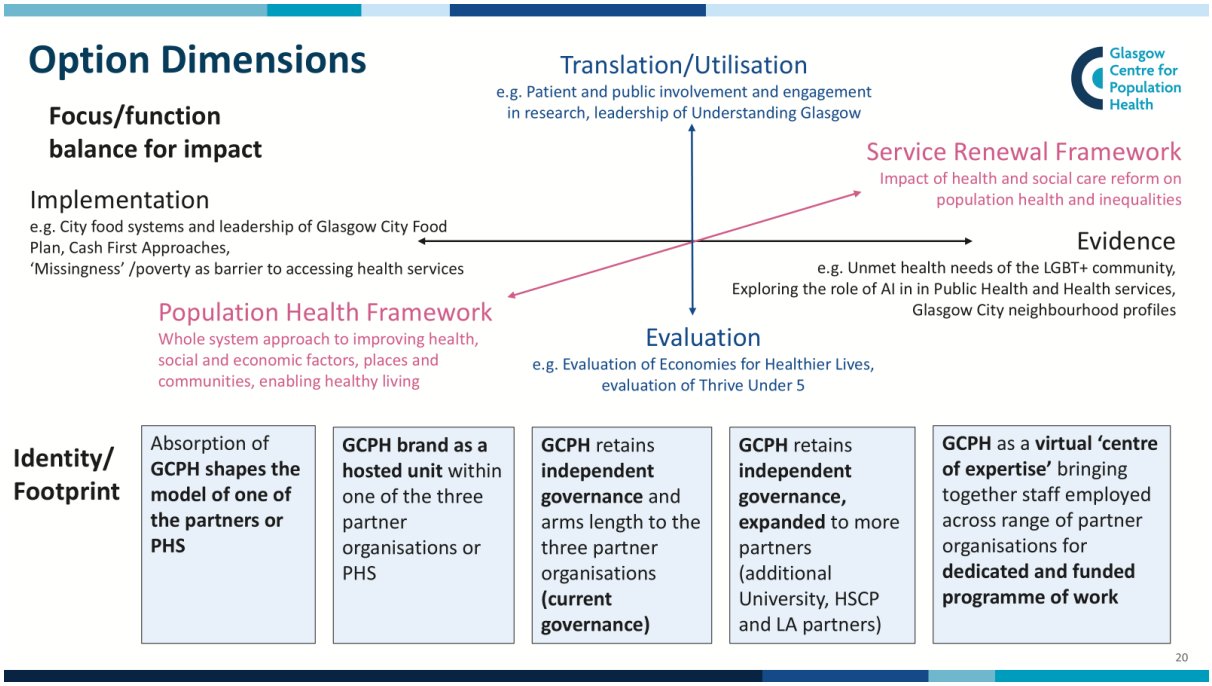
Workstream	Activities
Leading *local implementation* of key policies	Supporting local partners to fulfil statutory obligations, including: • local implementation of the Good Food Nation Act requirements through leadership of the Glasgow Food Policy Partnership.
Leading *local evaluation* of key initiatives	Leading the development, evaluation and application of promising investments and action to improve population health outcomes with partners in service delivery and in communities, including: • lead evaluator in the formulation, design and delivery of the evaluation of FNC+ assessing the service's effectiveness, efficiency and impact on population health and health inequalities. • evaluation partners in the evaluation of Community Food markets in Glasgow (with UofG) and the evaluation of Community Wealth Building in Scotland (with GCU and UofG).
Enabling *local impact* for population health and reductions in inequalities, in a resource-constraint context	Delivering highly relevant credible evidence to inform decision making on key aspects of population health in Glasgow. Supporting partners in implementation through the relevant knowledge which shapes and informs local action and policy change, including: • the multi-agency Glasgow Health Determinants Research Collaboration with GCC and UofG (development of an Ethnicity Profile for Glasgow, events support for the delivery of learning seminars). • evidence of the health and health inequalities impact of Clyde Metro, the Glasgow City Region mass transit public transport system (supporting the Case for Investment by offering evidence-based expertise on the health and equalities implications). • ongoing co-ordination and implementation of the Glasgow City Food Plan, pursuing change in the city food system. Supporting partners (including community sector partners) through provision of local population strategic-level needs assessments to inform service planning in line with the expectations of the Service Renewal Framework.
Working at *local level with national relevance and translation* (complementing PHS' national to local working)	Through the delivery of impact-driven activities and an effective communications strategy to inform and influence action to improve population health. Ensure that place-based insights from local realities in Glasgow generate transferable learning that contributes to the national evidence base required iterative development of the Population Health and Service Renewal Frameworks, including: • addressing missingness: leading research focused on the impact of poverty in shaping demand and access to health services and knowledge translation activity to understand how to implement action to mitigate the role of poverty-based factors in producing unequal access to health services • generate transferable insights from local evaluations (e.g. FNC+) to inform future healthcare services planning and collaboration among partner agencies to improve population health and reduce health inequalities and ensuring alignment with the transformation and reform agenda and goals. Generation of evidence-based recommendations for action which can be delivered by partners and other stakeholders to impact at system level.

Appendix 2: Long list options appraisal

Consideration of an initial, broad generation of potential options for the future of GCPH was undertaken, taking account of themes from the pre-event survey on core role and function, leadership and skills, resources and capacity.

Long list options proposed were:

- Absorption of GCPH into a partner organisation or PHS
- GCPH brand as a unit within one of the three partner organisations or PHS
- GCPH retains independent governance and arm's length to the three partner organisations (current governance model)
- GCPH retains independent governance, expanded to more partners (additional academic, HSCP and LA partners)
- GCPH as a 'Centre of Expertise' with a spine integrated into the lead partner organisation and bringing together additional staff employed across range of organisations for specific, dedicated and funded programmes of work.



Appendix 3. Options 1-3: Strengths, weaknesses and risks

Option	Strengths	Weaknesses	Risks
<u>Option 1</u>: *Status quo*	• City-wide Partnership underpinned by a Memorandum of Understanding. • Trusted identity and brand, credible and productive part of the public health landscape in Scotland. • Independent governance function ensuring neutrality and flexibility. • Independent external income generation activities enhancing core funding arrangements. • Core specialist team, with emphasis on impact-driven activity and translation. • Focus on the social determinants of health. • Strong track record on meaningful community engagement and involvement. • Legal entity of NHS GGC with HR and financial management support. • Located in the School of Health and Wellbeing at UofG – co-location fostering opportunities for collaboration.	• Annualised funding. • Restrictions on ability to recruit due to NHS GGC financial efficiency savings. • Reduced employee morale due to ongoing uncertainty. • Diminished organisational agility due to reduced capacity.	• Lack of financial security and risk of collapse due to non-recurrent funding. • Reputational risk of diminishing staff size and capacity with negative impacts on external image and outputs and ability to work with partners. • Further risk of staff loss due to ongoing uncertainty. • Risk of lack of ongoing partner commitment and contribution.
<u>Option 2</u>: *Absorption*	• Partner organisation benefits from the public health skills and expertise – research, evaluation and communications – of the GCPH team. • Access to new talent. • Enables existing work commitments to be continued (with discretion/agreement), with further work aligned to the relevant organisation's delivery plan. • Potential opportunities for collaboration.	• Loss of well-established Glasgow city-wide Partnership and public health resource. • Loss of distinctive and recognised branding/identity. • Dissolution of GCPH governance arrangement. • Absorption of GCPH staff cost within core partner budgets from April 2026. • Loss/dilution of trusted, credible and independent source of local Glasgow focus and intelligence.	• Reputational risk of discontinuing specific investment in population health. • Requires willingness of a partner organisation. • Financial risk in absorption of GCPH salary costs. • Reduced capacity for the implementation and development of PHF/SRF • Suitable posts and new contractual arrangements identified for GCPH staff.

<u>Option 3</u>: *Enhanced GCPH Partnership in alignment with the reform agenda*	• Preserves GCPH Partnership with ongoing support and commitment from core partners. • Maintenance of independent governance structures and arrangements, ensuring neutrality and flexibility. • Maintenance of distinctive branding and continued local and national investment in population health. • Proven track record of NHS GGC as main Partnership contributor, with continued assurance of support from NHS GGC Board. Chair of NHS GGC Board also Chair of GCPH Board. • Strengthened operational delivery and infrastructure through NHS GGC's corporate capabilities. Organisation and core team strengthened through NHS GGC with amplification of communications, and connection to developments for service transformation. • Core team enhanced by topic specific capacity from partners ensuring optimal use of expertise and skills of partners, and maximising the opportunities for synergies. • Renewed organisational focus aligned with the Population Health and Service Renewal Frameworks, prioritising the evaluation of population health outcomes and health inequalities. • Highly flexible and responsive approach and renewed focus and alignment with partner priorities and national reform priorities. • Facilitative role in support of whole-system working. • Embedded communication function ensuring the translation and utilisation of evidence for learning, implementation and practice change. • Focus on Glasgow with local, subnational and national transferable learning and knowledge exchange– generating insights and learning that is transferable and applicable across contexts. • Located in the School of Health and Wellbeing at UofG – co-location fostering opportunities for collaboration.	• Multi-year funding to enable recruitment and impactful programme delivery. • Requires agreement of partners to sustain their contribution to renewed Partnership. • Flexible staffing model beyond the core staff dependent on relevant capacity being available, and may contribute to casualisation of workforce.	• Risk of any discontinuation of funding carried by NHS GGC as the employing and lead partner. • Requires support of partners for renewed Partnership. • Requires support of Scottish Government of renewed vision for continued funding beyond 2025/26.

Appendix 4. Consideration of options by principle, with an overall indication of alignment.

Principle	Option 1	Option 2	Options 3
There is expectation that the trusted GCPH brand and reputation, and city-wide Partnership focused on population health equity will not be undermined or dissolved.	✓	X	✓
Organisational adjacencies strengthen the likelihood of close orientation and drive of the proposed option with the ambitions of the *Service Renewal Framework* which focuses on transforming how health and social care is planned, designed and delivered locally and nationally.	X	*	✓
Organisational adjacencies strengthen the likelihood of close orientation and drive of the proposed option to the priorities of the cross sector *Population Health Framework* focused on primary prevention and the social and economic determinants of health.	✓	*	✓
Organisational adjacencies strengthen the likelihood of close orientation and drive of the proposed option *impacting on population health and supporting NHS transformation* by supporting prevention-focused strategies, generating and translating evidence to inform local and national policies and action and evaluating new models of care.	✓	*	✓
The *geographical footprint* of GCPH attention/focus (Glasgow City, Greater Glasgow & Clyde, Glasgow City Region) with the translation of learning for Scotland (local, subnational and national), will continue to be core to GCPH.	✓	✓	✓
The option has capability to business plan on multi-year basis to ensure retention and recruitment of required *research excellence and innovation* in practice with the work of policymakers and service providers, which can generate impactful research and foster innovation for better health outcomes, more effective public services and strengthen processes for better and more equal health	X	✓	✓
Overall alignment with principles	**5/6**	**2/6**	**6/6**

*dependent on host organisation

Work plan 2025-26: Mid-year report

This report provides an update on progress for the first six months of 2025-26 (April to the end of October 2025) against the 2025-26 GCPH workplan (GCPHMB/2024/474). As well as providing updates across individual projects, it highlights how the work is progressing to meet GCPH's purpose and focus alongside risks and challenges to delivery.

Introduction

The Glasgow Centre for Population Health (GCPH) was established to understand the evolving patterns of population health and health inequalities in Glasgow and Scotland, and to work with partners to identify responses and solutions. The Centre achieves its purpose through delivery of trusted evidence and practical support for partners working towards creating better and more equal health.

During 2025-26, GCPH continues to be funded by the Scottish Government as a partnership between NHS Greater Glasgow and Clyde (NHS GGC), the University of Glasgow (UofG) and Glasgow City Council (GCC). A requirement of this funding was that GCPH undertook an options appraisal to determine the future of GCPH beyond April 2026. To inform the options appraisal process, and with significant support from the Public Health Directorate at NHS GCC and the GCPH Board, the options appraisal paper was submitted to the Scottish Government at the end of October 2025.

This mid-year report outlines the work that has been undertaken and will continue to be delivered by the Centre during 2025-26 during this transitional period for the organisation. It takes account of the wider organisational operating context of significant changes and reductions in both staffing and funding.

Within this operating context, during 2025-26 our purpose continues to be: *Working to support partners to achieve improved and more equal population health outcomes, through identifying actions and responses, and supporting the development and delivery of these with our partners.* We work to achieve this through:

- Delivery of highly credible evidence on key aspects of population health in Glasgow and Scotland.
- Development and evaluation of responses with partners in service delivery and in communities.
- A highly effective communications strategy, maintaining and developing, where possible, our networks and adapting outputs accordingly.

In 2025-26, our work is focused on:

- Understanding and mitigating the health impacts of ongoing financial austerity and the cost-of-living crisis, particularly the impacts on the most vulnerable populations

    - for example, work on food systems, and on disability welfare policy and minimum income standards.

- Ongoing alignment with the work of our key partners, especially in NHS GGC, GCC, and the University of Glasgow
    - for example, work as part of the Glasgow Health Determinants Research Collaboration, with NHS GGC on 'missingness' and the evaluation of Flow Navigation Centre Plus (FNC+), and with University of Glasgow on the GALLANT project and the evaluation of community food markets.

- Supporting the creation of connected, inclusive and empowered communities and places
    - through our work on the Glasgow City Food Plan work and Cash First Partnership, our contributions to the GCC/GCR Clyde Metro, and through ongoing collaboration with Glasgow Caledonian University and other academic institutions on community assets, embedding lived experience and community wealth building.

We will continue to work in this way in the period between now and the end of the year.

The structure of this work plan

This report is presented in four sections. Section 1 summarises our activity, progress and organisational changes and challenges during the first six months of 2025-26. Section 2 presents an 'At a Glance' table with RAG progress rating and Section 3 presents a detailed matrix of key projects for the year with mid-year progress updates. Section 4 lists main GCPH outputs and engagement events from April to the end of October 2025.

Section 1. Mid-year 2025-26: activity, progress and change

As highlighted in the 2024–25 End of Year Work Plan Report (GCPHMB/2025/473) and reiterated in the 2025–26 work plan (GCPHMB/2025/474), the past 18 months have been characterised by sustained uncertainty and organisational challenges. In light of these circumstances and ongoing resource and staffing constraints, this mid-year report for 2025–26 (covering April to October 2025) reports on the positive delivery of an agreed number of projects (Sections 2-4).

Overall, the report demonstrates that the team has continued to work hard, with agility, responsiveness and a renewed focus to progress the 2025-26 work plan. While a very small number of projects have experienced minor delays at mid-year due to internal capacity and external factors (rated amber at mid-year), the report also introduces several new areas of work initiated during the first half of the year. These include in response to partner priorities (e.g., evaluation of FNC+), opportunities to build on previous research (such as the LGBT+ census review, gambling harms, and minimum income standards for disabled people), and successfully funded research bids (including the evaluation of community markets). No projects are rated as red at mid-year. The Communications team (see update below and Section 4) has continued to maintain the visibility, relevance, and impact of outputs, actively encouraging contributions from across the organisation.

The first six months of 2025–26 have marked a period of significant organisational change and transition for GCPH. In May and June, former Deputy Director Pete Seaman and Director Chik Collins stepped down respectively, and Jennifer McLean assumed the role of Interim

Director until the end of March 2026, a change that was positively received by the team. In July, the Centre relocated from the Olympia Building at Bridgeton Cross to the Clarice Pears Building within the University of Glasgow's School of Health and Wellbeing. The team has successfully adapted to their new environment, benefiting from enhanced facilities and emerging opportunities for collaboration and engagement.

The options appraisal process and preparation of the associated paper represented a major undertaking during the first half of the year. Through regular updates and team discussions, staff actively contributed to the development of the paper, which seeks to secure the future of a renewed GCPH Partnership beyond April 2026, aligned with Scotland's reform agenda. It is hoped that, following consideration by the Scottish Government, sufficient and sustainable resources will be allocated to support this refreshed organisational purpose, enabling delivery of an impactful work plan and ensuring stability for the team.

The team has reaffirmed its commitment to anti-racism by re-starting and re-energising progress towards embedding anti-racist principles into our work and are currently working to build an Anti-Racism Action Plan for 2026, which includes aims to embed internal Equality Impact Assessments (EQIA) within our practice. There is also now a webpage on racialised health inequalities on the GCPH website to highlight our ongoing work in this area. In addition, team members have undertaken training on artificial intelligence, explored the application of Copilot, and established internal guidelines to govern AI usage. These initiatives, driven by team members, underscore a deliberate effort to strengthen organisational foundations in preparation for GCPH's future direction.

At the time of reporting, the team is demonstrating high levels of commitment, energy, and engagement across their respective areas of work and collective efforts to secure the Centre's future. This dedication merits recognition and appreciation. Evidence of this commitment includes reported high levels of staff morale, good and improving job satisfaction, minimal absence rates, no further staff departures, and a flexible, responsive approach where possible to emerging priorities and partner requests, as well as positive conversations and outcomes documented within mid-year performance reviews.

Communications mid-year update

Our communications function involves strategic and responsive use of a range of media to further build our profile, ensure the most appropriate and maximum exposure for our work in pursuit of impact, and to support other organisations and agencies to respond to the relevant challenges.

Section 4 presents a detailed overview of the outputs, events and activities published and delivered by GCPH in the first half of 2025-26.

Between April and October 2025, we published four reports and contributed to the joint Public Health Scotland and Improvement Service report *Place and wellbeing: Integrating land use planning*, through our contribution to and involvement in the GCC Clyde Metro project. Our evaluation of Thrive under 5, which was due to be published in September, has been delayed and is currently being amended. In addition to these reports, Communication Officer Kelda McLean has also been working, throughout the year, on a Glasgow health timeline which looks at key public health moments in the last 850 years, and which will be published in December.

We also supported the organisation and delivery of eight Cash First events, two Glasgow Food Policy Partnership events, and jointly organised the *Fundamental Cause Theory: Implications for Action on Health Inequalities* seminar with University of Glasgow colleagues. We were also due to collaborate with HDRC Glasgow on a launch event and subsequent seminars, but these have been put on hold by HDRC colleagues and will be revisited in early 2026.

The first six months of this financial year have been very busy in regard to our digital work, with 12 new blogs, including two blog series, one about Pride and LGBT+ health, and another for Black History Month exploring the past, present and future of Black health. We also published seven concept explainers, three e-updates, a video about AI in healthcare, and an audio walking tour for Doors Open Day Festival (September 25), based on an earlier GCPH historical walking tour and map.

The GCPH website now has three new project pages detailing some of our current work on racial inequalities, Clyde Metro and Community Wealth Building. We also updated all the overview pages and infographics of the Glasgow Indicators section on Understanding Glasgow.

Finally, we have continued to grow our LinkedIn and Bluesky profiles with regular posts and engagement and successfully took part in the Challenge Poverty Week campaign with a series of daily posts, visuals, quotes, recordings and infographics.

Governance update

During the first half of 2025–26, the Centre's work continues to be strengthened by our governance arrangements and the continued commitment of our partners. This support has been evident in their active participation at Board meetings, engagement in the August 2025 Hackathon, and constructive involvement in discussions and negotiations that shaped the options appraisal paper.

Due to capacity constraints and the ongoing options appraisal process, the Executive Management Team (EMT) has not convened during the first half of 2025–26. Throughout this period, EMT members continued to receive Board General Update papers and key documents, including the work plan and options appraisal paper, to maintain oversight of progress and developments. It is hoped that, following the conclusion of the options appraisal process, the EMT will reconvene to resume collaborative discussions and provide strategic guidance on the organisation's operational priorities.

The GCPH Board continues to be chaired by Dr Lesley Thomson KC. The partner representative membership of the Board has also changed following the retirement of a number of Board colleagues and internal re-organisation by partners. The work, support and commitment of the Board have enabled GCPH to function and make progress during the options appraisal process and in navigating ongoing operational challenges. Moving forward and in-line with our internal working towards becoming an anti-racist organisation, a priority for the Boards' consideration during 2026/27 regards the diversity of Board membership.

Mid-year risks to delivery

The team's work during the first half of 2025–26 has progressed well despite several factors, including significant uncertainty regarding the organisation's future, changes in leadership, the ongoing options appraisal process, and continued restrictions on recruitment and staff replacement.

While the team has maintained a degree of stability during the interim period awaiting the outcome of the options appraisal, there remain significant risks to successful delivery of the work plan in the second half of the year. These include:

- Further loss of staff if team members choose to leave due to ongoing uncertainty or alternative opportunities, particularly within the already stretched research aspect of

the organisation (Public Health Programme Managers and Public Health Research Specialists).

- Additional staff absences among the limited personnel available, which would place further pressure on programme delivery.
- Reduced engagement and support if partner organisations become less willing to collaborate in light of GCPH's constrained capacity and uncertain future.

GCPH
November 2025

Section 2. Work plan 2025-26: Mid-year report 'At a Glance' table

Area of Focus	Projects	Mid-year RAG status
Young people	Long-term, life-course evaluation of Sistema Scotland (with Audit Scotland)	
	Review of evidence to support young men in the prevention and recovery from gambling harms	
Poverty as a barrier to health services access	To develop responses which mitigate the impact of poverty and missingness from services (with NHS GGC)	
Understanding Glasgow	Website migration, re-development, maintenance and updating	
	Updated and refreshed adult and children and young people neighbourhood profiles (with PHS)	
Sustainable food	Glasgow Food Policy Partnership: Leadership and development of Glasgow City Food Plan	
	Evaluation of community food markets (with UofG) (UKRI funded)	
	Cash First Partnership to reduce the need for foodbanks (Scottish Government funded)	
	Evaluation of Thrive Under 5 (on behalf of NHS GGC)	
Promoting community-based participation	Community approaches that mobilise people as assets (contribution to NIHR funded Common Health Assets): Patient and Public Involvement lead	
Disability rights	Disability welfare cuts: examining population health and NHS service impacts (with GDA and academic partners)	
	Minimum income and cost of living for disabled people (with Castlemilk Law and Money Advice Centre)	
Glasgow Health Determinants Research Collaboration	Communications support to delivery of learning seminar series (with GCC, Glasgow City HSCP and UofG) (NIHR funded)	
	Development of a profile of Glasgow City's ethnicity	
Service transformation	Evaluation of Flow Navigation Centre Plus (FNC+) (with NHS GGC)	
	Potential of AI in public health and healthcare services – report and internal GCPH guidance	
Public and active transport	Public health support to the integrated mass transit public transport system Clyde Metro (with GCC Clyde Metro team)	
	Transport and health briefing paper (with PHS)	
Equalities and racialisation in Public Health	Learning to support GCPH to become an anti-racist organisation	
	Equalities organisational development and internal EQIA systems	
	LGBT+ census data analysis (with LGBT+ Health and Wellbeing)	
Climate adaptation and resilience	Systemic approaches to economic, health inequalities and climate resilience – contribution to GALLANT community collaboration workstream (with UofG)	
Health and inclusive economy	Evaluation partner in Health Foundation's Economies for Healthier Lives funded project (with GCR PMO)	
	Interventions to support inclusive economies: Evaluation of community wealth building in Scotland (with GCU, UofG, University of Lancaster) (NIHR funded) – Public Involvement lead	

Section 2. GCPH work plan 2025-26: Matrix of key projects with mid-year update (October 2025)

GCPH Programme delivery					
Specific activities for 2025-26	**Description and timescales**	**Priority for 25-26 (high/med /low)**	**Deliverables for 2025-26 GCPH lead and partners**	**Pathways to anticipated impact**	**Mid-year status (Oct 2025) with RAG rating**
Glasgow Health Determinants Research Collaboration	Contribution to city-wide network of aligned interest through development of HDRC learning network **Timescales:** Four events over 2025-26	High	Berengere Chabanis, GCPH Comm's team • Develop brief for the learning network in collaboration with work stream 3. • Support delivery of the seminar series in collaboration with HDRC partners.	Supporting public sector reform in Glasgow aiming to achieve impacts on social determinants of health through: • Sharing and promoting examples of good practice in relation to evidenced-based innovation in addressing the determinants of health. • Raising the HDRC profile, building networks of shared interest.	AMBER • Initial meetings held with HDRC team, now awaiting outcome of HDRC decisions as to focus and timings of events.
	Contribution to development of evidence and action on racialised health inequalities in Glasgow **Timescales:** By end of March 2026	High	Chris Harkins, Mohasin Ahmed • Development of ethnicity profile for Glasgow, drawing on available City-wide data and evidence	• Enhanced understanding of Glasgow City's ethnicity profile incorporating a range of evidence sources and insights, including highlighting the limitations of official statistics in quantifying some minority groups. • Improved understanding of impact of racialisation on population health in Glasgow, with possible resourcing implications for the city.	GREEN • Published October 2025 (see Section 4) • Presented at the NHS GGC Minority ethnic survey report launch (November 25) • Awaiting further opportunities to engage with HDRC colleagues and to agree next steps.
Food systems	*Glasgow City Food Plan (GCFP)***:** Leadership and development and linking this with the local Good	High	Jill Muirie, Riikka Gonzalez With Glasgow Food Policy Partnership partners (e.g.	• Working through the established structures of the GCFP to further build	GREEN

	Food Nation Plan development. *Glasgow Food Policy Partnership (GFPP)*: Chairing and Co-Ordination linking this work with the UK-wide Sustainable Food Places network. **Timescales:** ongoing (year 5 of 10) **Note:** Not externally funded.		GCFN, GCC, HSCP, NHS GGC, Chamber of Commerce) - 23 partners in all.	understanding and commitment, including senior buy-in from key partners. • Collaboration, leading development, coordination and coherence across the work of all stakeholders improving Glasgow's food system, and the rest of Scotland. • Improved support for third sector and community organisations also the private sector working to address food insecurity and improve opportunities to access affordable nutritious and sustainably produced food. • Collaboration with academic partners to ensure that up-to-date evidence informs the Plan and that the Plan is regularly and robustly reviewed.	• Although resources remain limited for this work, GCPH continue to support the coordination of the GCFN, through a dedicated postholder employed through GCFN. • 6 of 8 Food Plan multiagency working groups are meeting regularly and there is active engagement with national networks. • Despite limited funding, active support for community sector partners continues across all themes of the Food Plan. • 4th edition of the Sustainable Food Directory was published (Nov 25), engaging over 60 stakeholders from local food producers and outlets/restaurants. • Regular and active engagement with academic colleagues, notably though SCAF

	Good Food Nation (Scotland) Act implementation support for NHS GGC **Timescales:** TBC but expect national guidance in October 2025 with local plans (for NHS Boards and local authorities) by Oct 26) **Note**: no external funding indicated (yet)	High	Jill Muirie, Riikka Gonzalez With NHS GGC and NHS GGC local authorities	• Deliver stakeholder GFN information/mapping day in collaboration with NHS GGC (May 25) • Support peer learning with NHS GGC local authorities and common approaches to local GFN food plans and public consultations (to avoid duplication)	GREEN • The mapping day was delivered successfully with participants from across all local authority areas. • Further networking and learning opportunities are in development to be delivered after the national GFN plan is published (Dec 25).
	Evaluation of community food markets in Glasgow. Lead for Market Implementation Workstream **Timescales:** 3 year project from 01/04/25 to 31/03/28 **Note**: committed and research funded by UKRI (excluding market implementation funding)	High	Jill Muirie With UofG, GCC, Glasgow Community Food Markets CIC, GCFN	• Working with funders build appropriate resourcing for market implementation. • Coordination and coherence of workstreams in research programme. • Establishment and maintenance of the markets in collaboration with local community organisations • Effective collaboration with stakeholders to assess impact of markets and effective communication of learning to wider audiences.	GREEN • Research team has been employed, meets regular and ethics approval is underway • Community partners have been agreed both intervention areas and a pilot area. Stakeholder engagement is under way with the first intervention market to be delivered in May 2026.
	Thrive Under 5	High	Gregor Yates, Jill Muirie With NHS GGC	• Publication and dissemination of report. • By building relationships with organisations involved,	AMBER • Report and various associated output

	Supporting children under the age of five in achieving a healthy weight **Timescales:** March to September 2025		Evaluation report on efficacy and sustainability of healthy weight project.	commitment to learning and good quality and robust evaluation.	have been developed and completed and shared with NHS GGC. • Further amendments have been suggested to align with requirements to use document to support future funding bids. • Work continues to amend and finalise the evaluation report in partnership with NHS GGC.
	Cash First Partnership to end the need for foodbanks **Timescales:** funded until January 2026 **Note**: committed and funded by SG 'Cash First' Programme	High	Jill Muirie, Faiza Hansraj-Jackson With GCFP Fair Food for All Partnership (part of the GCFP delivery structure) (incl. HSCP, GCC, Trussell Trust, IFAN)	• Improved understanding of emergency food demand and support services in Glasgow. • Frontline staff in the city understand poverty, incorporating the broader issues of destitution and food insecurity, and are confident in the referral pathways to advice and cash first support. • Strengthened relationships with and between partners working on emergency food aid, financial inclusion and welfare advice. • Peer learning across all Cash First projects • Linking delivery of this project to the wider food	GREEN • The Fair Food For All partnership has continued to meet regularly to support this project. • Commissioned work has help improve understanding of emergency food services in Glasgow. • A wide range of learning and networking events have taken place to increase knowledge, relationships to

				system change as part of GCFP implementation.	build a shared approach to addressing food insecurity. • The final report is in development with the project due to end on 31/01/26.
Disability Welfare Policy	*Population health and NHS service demand impacts* **Timescales:** Delivery by end of March 2026	High	Chris Harkins With GDA and academic partners (tbc) Three project components: • Framing Analysis – investigating how disabled people are portrayed across the political spectrum, in the media and policy debates. • Health Economic and Health Impact Analysis – modelling the effects of different levels of welfare support for disabled people on health and wellbeing outcomes. • Lived Experience Inquiry –to capture and amplify disabled people's voices regarding the realities of welfare support and proposed reforms. • Dissemination of anticipated 4 reports and a range of briefings, concept explainers and social media. • In person launch event in April/May 2026.	• Drawing on best practice and challenging the UK's current ideological framing of disability, the study will produce robust, co-produced recommendations that reflect disabled people's realities. • This research is ethically imperative, focussing on the voices of disabled people - those most affected by varying levels of welfare support and reform, while recognising their rights and expertise. • The framing analysis will directly challenge deficit-based narratives, while the health and economic analysis will evidence the costs of welfare cuts and benefits of adequate support. • Nationally, bespoke presentation sessions with Scottish Government will be arranged	GREEN • Commissioning of all 3 project components underway.

Supporting NHS GGC to understand and respond to poverty as a driver of demand	*Addressing poverty-related causes of 'missingness' in health care.* A rapid review of the evidence including grey literature on poverty as a driver of reduced access to healthcare and its resultant impact. Showcasing of best practice examples of ways to address this within a range of contexts. **Timescale:** September/October 2025 – extended until December 2025	High	Chloe McAdam With NHS GGC, UofG A rapid review of the evidence including grey literature on poverty as a driver of reduced access to healthcare and its resultant impact – June 2025 • Research team will devise presentation resources to deliver at NHS GGC stakeholder events. • Face to face presentations to four senior management teams within NHS GGC as part of the routine business of these teams. • Materials that can be utilised on an ongoing basis by NHS GGC and other stakeholders.	• Improved understanding by relevant stakeholders of ways to reduce impacts of poverty on access to health care. • As commissioned with NHS GGC involvement, the findings will have an access point in senior leadership peer group. • Resultant actions will be developed with decision-makers in NHS GGC and therefore with a stronger degree of ownership.	GREEN • Slides and e-learning resource developed by UofG for engaging NHS staff and leaders on topic. • Presentations delivered to 3 senior teams /leaders in NHS GGC. Further sessions to be delivered . • Three case stories combining research evidence and lived experience demonstrating impact of missingness and approaches to support change drafted (Dec 25). • 'Action Cards' showing examples of effective approaches to support access for those who are 'missing' in preparation (to be finalised by end of Dec 25), • Successful application for Scottish Improvement

					Leader (ScIL) Programme support for CMcA to test the implementation of findings of this project in NHS GGC in 2026.
Capital Health Impact Assessment public health training delivery	*Assisting Health Impact Assessment of Glasgow City Region capital investments.* **Timescales:** May 2025	High	Gregor Yates, Chloe McAdam With GCR PMO Initial training session to 30 planners in GCR to explore how their decisions can impact the wider determinants of health.	• Improved appreciation of potential health impacts of upcoming capital investments, leading to more beneficial impacts.	GREEN • Initial session delivered in May 2025. • Request to deliver a further session in 2025 – awaiting confirmation of date.
Clyde Metro	Clyde Metro will be a fully integrated mass transit public transport system operating throughout the Glasgow City Region. This work will involve supporting the current Case for Investment (CFI) work by offering evidence-based expertise on the health and equalities implications of the proposed development. **Timescales**: ongoing until mid-2027	High	Gregor Yates With GCC Clyde Metro team. • Ensuring that up-to-date health data and relevant policy across the City Region feeds into the Stage 2 CFI. • Generating advocacy for Clyde Metro with relevant stakeholders across public health. • Supporting the Glasgow City Council Clyde Metro team with developments which require public health input. • Bringing all health-related aspects of Clyde Metro into a coherent programme of work.	• A robust evidence base on the relationship between health and mass transit for the Glasgow City Region. • Alignment with relevant strategy, plans and policies for health in the city region. • CFI commissioned outputs informed by robust evidence and good practice relating to health, wellbeing and inequalities for Clyde Metro. • Specific route or network options being informed by data and evidence on health and inequalities. • As part of a transformational approach, health will be a widely understood and recognised consideration alongside other policy areas.	GREEN • Range of Impact Assessments relating to health undertaken by consultants. GCPH have supported by providing public health perspective, evidence and information in relation to health data, policy and good-practice. • Member of the Health Impact Assessment (HIA) Steering Group. • Developing a framework to bring all work completed

					around health under one umbrella. • Attended weekly meetings with the GCC Clyde Metro team. • Advocacy for Clyde Metro through presentations and published written outputs. • Supporting the development of wider work which progresses understanding and collaboration between public health and the transport sector. • Supported wider research being undertaken through Clyde Metro which advances understanding of the key challenges relating to transport in the GCR, including GALLANT research.
CommonHealth Assets	Knowledge translation and utilisation - evidence into practice. **Timescales:** until end of March 2026	Medium	Jennifer McLean, Mohasin Ahmed With GCU and UK academic and community partners	• Robust evidence and important learning about the impact of community-led organisations (CLOs) on health. • By working with UK academics, practitioners and CLOs this research will	GREEN • Ongoing active dissemination and knowledge exchange activities, particularly in relation the PPIE.

			• Publication of CHA Lived Experience academic journal article • Publication of final LEP evaluation report and supporting resources • Contribution to further academic outputs. Co-authors on economic evaluation and programme theories journal articles. • Conference and meeting inputs	provide evidence as to how CLOs impact on health and wellbeing, providing insights by what mechanisms these changes take place, for who and in what context – thus influencing funders in their decision making. • Dissemination will influence support for investment in and efficacy of CLOs. • Support translation into community level impact.	• LEP final evaluation plan and blog published. • LEP journal article published by BMC Research Involvement & Engagement. • 14 tailored CLO project briefings in preparation. • Presentations to: - PPIE Reading Group (Strathclyde University) - CHA Toolkit Launch (Queens University Belfast) - 'On the body': (University of Dundee) • Co-author on further project academic papers - economic analysis (published by SSM), organisational theories (submitted), programme theories (in preparation).
Generation of innovative and fundable research questions and	*Evaluation of Community Wealth Building: Learning lessons from Scotland*	High	Mohasin Ahmed, Jennifer McLean,	• An assessment of CWB and its implementation in Scotland and its overall impact of CWB on health,	GREEN

collaborations aligned to impact	**Timescales:** October 2025 – September 2028		With GCU and UK academic and community partners • GCPH to lead PPIE via a Public Involvement Panel (PIP) • Establishment of PIP with representation across 6 LA's involved • Delivery of 2 in person PIP meetings in Year 1 • Development of evaluation plan.	income and work in local areas • Integrated PPIE will ensure a clear community voice within the project, influencing methodological approaches, relevance and applicability of learning.	• Project officially commenced on 1st October. • GCPH leading PPIE and currently recruiting project Public Involvement Panel and Study Steering Committee. Planning towards first PIP meeting in February 2026. • Attendance at Project Management meetings. • New project page and CWB concept explainer on GCPH website.
	Systemic approaches to economic, health inequalities and climate resilience – GALLANT - *Glasgow as a Living Lab Accelerating Novel Transformation* **Timescales:** Ongoing.	Medium	Jill Muirie With UofG. • Chair of the Community Collaboration workstream - Facilitating community collaboration research that incorporates local knowledge and community input.	• Taking a whole-systems approach GALLANT will use Glasgow as a living lab to trial new sustainable solutions throughout the city. • While addressing the city's key environmental challenges, the programme will consider the co-benefits and trade-offs for public health, wellbeing, and the economy.	GREEN • GCPH has continued to chair the steering group for this workstream working closely with the UofG research team.
Sistema Scotland evaluation	Sistema Scotland is a national charity working to improve lives and strengthen communities through music and nurturing relationships.	Low	Chris Harkins With Audit Scotland Audit Scotland are leading on an assessment of Big Noise	• The evaluation has several national partners who will support and disseminate the findings as well as local partners in six geographies across Scotland.	GREEN • Limited specific undertakings within the 2025-26.

	Continued provision of supervision and support for the ongoing fieldwork and evaluation of Big Noise Scotland. **Timescales**: Ongoing.		impacts at community-level. GCPH will support final report writing and will be a co-author on the report, to be published on GCPH website. .	• The evaluation also has international interest and will be shared within existing networks.	• Further quantitative outcomes analysis, such as those published in 2022 will be scoped out and progressed in 2026/27
Leveraging additional resources in collaboration with partners	New and emerging initiatives/collaborations	High	• Revised bid to the NHS GGC endowment fund to support the work of the Glasgow City Food Plan. • Collaborative bid to NIHR on LGBT Health and Wellbeing. • Collaborative bid with HDRC partners for work on racialisation in Glasgow.	• Various pathways to impact, depending on the precise initiative/collaboration.	RED This bid was not successful. However, a post has been funded within NHSGGC to provide support in meeting NHSGGC's Good Food Nation legal requirements over the coming year. AMBER Grant applications will open in March 2026 and GCPH and LGBT Health and Wellbeing will submit bid at that juncture. AMBER Awaiting further clarification from HDRC partners.
GCPH Communications function					
Specific activities for 2025-26	**Description and timescales**	**Priority 25-26**	**Deliverables for 25-26 GCPH lead and partners**	**Pathways to anticipated impact**	**Mid-year status (Oct 2025) with RAG rating**
Communications	**Publications and print media**	High	• Robustly proofed, edited and designed publications • Targeted dissemination plan for each output.	• Broad range of high-quality, relevant, accessible and memorable outputs. • Quality of publications maintained with consistency	GREEN See section 4 for details.

			• Ongoing development of 'house' style including increased use of design and imagery.	in tone, messaging and style. • Targeted dissemination ensures outputs reach and engage intended audiences. • Others sharing and using our publications. • Deeper and more strategic comms alliances and coalitions through increased collaborative communications via dissemination plans. • Engagement of broader range of perspectives through more accessible and inclusive comms.	• 4 reports with targeted dissemination plans. • All publications proofed and designed.
	Event development and delivery	High	• Topic-specific and targeted workshops and events. • Knowledge exchange/knowledge translation events focussed on the interpretation of evidence. • Series of four events in collaboration with HDRC. • Increased use of UofG facilities and other partner venues as more cost-effective way to host events.	• Well planned, organised and executed events run smoothly, are documented, and have visual outputs and/or event reports when appropriate. • Engagement of new audiences (via external orgs events and conferences). • Bringing public health and inequalities expertise together with knowledge from other disciplines, sectors and topics enables the sharing of different perspectives to yield new insights. • Co-produced recommendations grounded in reality.	GREEN See Section 4 for details. • Supported the organisation and delivery of 11 events • All webinars now edited and subtitled in house • HDRC events currently on hold and will be revisited in early 2026
	Digital media and engagement	High	• Maintenance and update of both websites, focusing on	• Publishing articles, reports, and documentation. Sharing	GREEN

			accessibility and visual engagement. • Development of new digital outputs including videos, graphics and associated mixed media. • Glasgow 850 content (blogs, health timeline, audio tour). • Production of six e-updates per year. • Growth of our social media platforms, with a specific focus on Bluesky and LinkedIn.	educational materials and resources. • Enhancing visual communication and engagement by creating infographics and using a variety of images. • Leveraging multimedia for storytelling and understanding, by sharing video experiences and expert accounts. • Ensuring content stays within a specific brand and visual identity in social media posts and website outputs. • Reaching intended audience direct to their inbox (e-update and targeted emails). • Broad interactions across social platforms with relevant change makers.	See Section 4 for details. • 3 new project pages • 12 new blogs • 7 concept explainers • 1 infographic • 3 e-updates • 1 video • Glasgow 850: 1 audio tour, timeline due to be published in December • Continued social media engagement & posts, including campaign for Challenge Poverty Week.
	Understanding Glasgow: the Glasgow indicators project. **Timescales**: Ongoing	Medium	• Maintenance and ongoing updating of the Understanding Glasgow website, particularly focused on updating the site with recent relevant census data. • Updated associated infographics.	• Provision and active promotion of a set of credible and relevant public health indicators in an accessible format in one place. • Providing public health intelligence supports understanding of population health and its determinants, in local areas	GREEN • All overview pages and infographics in the Glasgow Indicators section updated. • Now working on doing the same for the Children Indicators.
	Glasgow neighbourhood health and wellbeing profiles	High	Jennifer McLean, Berengere Chabanis, Chloe McAdam With PHS	• A wide demand for this type of public health intelligence among planners, policymakers, third sector groups community groups	GREEN • Development of new set updated neighbourhood

	Timescales: September 2025 to March 2026		• Development of a new and updated set of adult and children and young people neighbourhood profiles for Glasgow City - across the 3 sectors and the 57 Glasgow City small geography neighbourhoods.	and the public. To provide organisations and communities with up-to-date and locally relevant public health intelligence, highlighting health and social inequalities • To provide local level information for targeting resources and priority setting.	profiles across 57 Glasgow communities – adult and C&YP – progressing well. • Indicators agreed drawing on available national level data sources. • Anticipated Adult profiles published in early 2026, C&YP published in March 2026.
New work for 2025/26 (since June 2025)					
Specific activities for 2025-26	**Description and timescales**	**Priority 25-26**	**Deliverables for 25-26 GCPH lead and partners**	**Pathways to anticipated impact**	**Mid-year status (Oct 2025) with RAG rating**
Service transformation	*Assessing the impact of Flow Navigation Centre Plus (FNC+) on population health and on health inequalities within NHS GGC, examining outcomes, access, and equity dimensions.*	High	Chris Harkins, Jill Muirie, Chloe McAdam, Jennifer McLean With Public Health Directorate, NHS GGC Lead evaluator in the formulation, design and delivery of the evaluation of FNC+ assessing the service's effectiveness, efficiency and impact on population health and health inequalities. • Development of evaluation framework in partnership with NHS GGC colleagues • Agreement of logic model and key evaluation questions - 5 key areas: o Process evaluation	• Generate transferable insights from FNC+ to inform future healthcare services planning and collaboration among partner agencies to improve population health and reduce health inequalities and ensuring alignment with the transformation and reform agenda and goals. • Aligns with the ambitions of Services Renewal Framework by exemplifying its core goals of sustainable, integrated, and person-centred care • The evaluation of FNC+ is key for strategic, clinical, and policy-driven reasons, including:	GREEN • Existing capacity across GCPH being reprioritised to allocate to support progression and development of evaluation framework • Engagement with new NHS GGC Interface Care Division to gather intelligence to provide contextual understanding and positioning of evaluation and aims and objective of service.

			○ Health and services outcome tracking ○ Equity monitoring metrics ○ Feedback from FNC+ patients and underserved groups ○ Economic cost-benefit analysis • Considertion of research ethics approval	○ assessing impact on patient outcomes ○ ensuring equity and accessibility ○ measuring system efficiency ○ supporting clinical innovation and integration across services ○ informing policy and opportunities for scalability ○ generating research and learning.	• Meeting in preparation to bring together key stakeholders to agree evaluation framework and to manage expectations (Dec 25). • Steering Group Terms of Reference and membership being agreed. • Attendance at weekly Interface Data and Intelligence Group meetings. • Staffing, capacity and resource to be dedicated to development of a logic model and evaluation plan on outcome of Options Appraisal.
LGBT+ health and wellbeing	LGBT+ census data analysis **Timescales:** March 2026	Medium	Chris Harkins, Mohasin Ahmed With LGBT Health and Wellbeing Report with working title of "LGBT+ Health and Wellbeing in Scotland: A landmark census analysis of 5.43 million people".	• The overarching aim of this study is to harness the newly available sexual orientation and trans status data from the 2022 Scottish Census to generate the first national-level descriptive profile of LGBT+ health and wellbeing in Scotland. • The study seeks to extend and operationalise the themes identified in the 2024 GCPH publication:	GREEN • The analysis of Census data is ongoing, report drafting underway. • No risks to delivery timescales have been identified.

				Examining the Social Determinants of LGBT+ Health and Wellbeing, translating its conceptual insights into population-level evidence. • The report will build upon existing networks relating to LGBT+ health established with 2024 report; primarily within the Scottish Government and NHSGGC; Public Health Directorate, and Equalities and Human Rights team.	
Gambling harms	A rapid review of evidence to support young men in the prevention and recovery from gambling harms. **Timescales**: Feb/March 2026	Medium	Chris Harkins With Gambling Harms charity (tbc) and academic partner. “.	• A range of emergent evidence and expert perspectives support that that young men warrant particular focus and consideration as a priority group for reducing and preventing problem gambling and gambling harms. • To enhance effectiveness, interventions must be grounded in an understanding of the wider social and cultural environment in which young men live and how they navigate modern life and their psychological and emotional development. This requires acknowledging how gambling is reinforced by and intersects with other pressures and vulnerabilities.	GREEN • At present the rapid review of evidence is ongoing as is the report drafting. • No risks to delivery timescales have been identified.

				• This report will serve as a catalyst to forge new connections and networks within the field of problem gambling which has emerged as a contemporary public health concern.	

Section 4. GCPH outputs, events and communications activities - April to October 2025

Events

Cash First events

- *Cash First training and awareness raising for community organisations*, 27th June: in-person workshop, Kinning Park Complex. 46 registered / 35 attended.
- *Glasgow Helps, and NHSGGC's crisis support in hospitals*, 2nd September: webinar chaired by Faiza Hansraj-Jackson, with presentations by Cara-Marie Connolly (Glasgow Helps) and Gillian Harvey (NHSGGC). 62 registered / 34 attended / 16 views.
- *What is Community Guiders Training and how can it be used?*, 11th September: webinar chaired by Faiza Hansraj-Jackson, with a presentation by Ross Middlemiss (Faith in the Community Dundee). 55 registered / 23 attended / 32 views.
- *Creating an enabling environment for Cash First*, 24th September: in-person workshop, Kinning Park Complex (10 attendees).
- *Food insecurity and people seeking asylum workshops,* 8th October: in-person workshop with Govan Community Project, Govan Salvation Army (5 attendees).
- *Poverty awareness and stigma,* 9th October: in-person workshop with Poverty Alliance and GCFN (13 attendees).

Glasgow Food Policy Partnership events

- *Sustainable Food Directory training event,* 13th May: in-person event funded by GCPH, with Slow Food Glasgow (Civic House).
- *NHSGGC Healthy Weight Support Across the Life Course*, 23rd September: webinar chaired by Lorna Hamilton (Health Improvement), with presentations by Mairi McLachlan (Health Improvement breastfeeding support), Kirsty Haggerty (HENRY), Siobhan Boyle, Alex Durie, Margaret Roberts and Lucy Sewell (Thrive Under 5), Lorna McDougall (Weigh to Go), Claire O'Kane (Health Improvement weight management service), and Carol Beckwith (Community Food Framework). 99 registered / 69 attended / 33 views.

Other events

- *Fundamental Cause Theory: Implications for Action on Health Inequalities,*16th September: in-person joint seminar with University of Glasgow looking at Fundamental Cause Theory (FCT) on its 30th anniversary (The Studio). 49 registered / 41 attended.

Publications

Reports

- *The potential of AI within Public Health and healthcare systems* (Chris Harkins, April 25). Explores the transformative potential of AI in Scotland's Public Health and healthcare systems, highlighting both opportunities and critical considerations.
- *Place and wellbeing: integrating land use planning* (Joint Improvement Service and Public Health Scotland publication, October 25) GCPH contributed to this publication for the Clyde Metro case study, as part of a short-life working group established through the Place and Wellbeing Collaborative.
- *Economies for Healthier Lives – Year 3 evaluation* (Gregor Yates, Val McNeice, June 25). 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.
- *LEP final evaluation report* (Mohasin Ahmed, Jennifer McLean, July 2025). Presents learning and insight as to the impact of the Lived Experience Panel on the individual members of the Panel, on the project researchers, and on the research project as a whole. The report also discusses the place, role and value of PPIE in public health research.
- *Glasgow ethnicity profile* (Chris Harkins and Mohasin Ahmed, October 25). Research undertaken on behalf of HDRC Glasgow to support their racialised inequalities group as it seeks to establish a programme

of work examining the complex interplay of ethnicity, socioeconomic disadvantage and health within Glasgow City.

- *Thrive Under 5 Final Evaluation* (by Gregor Yates, with Jill Muirie). The designed report was due to be published in September but has been delayed following receiving further requested changes from partners. It is currently being amended and will require a new proof and re-design. Publication date TBC.

Journal article and consultation response

- David Walsh, Gerry McCartney, Ruth Dundas et al. Excess mortality in England and Scotland in 2022: The long shadow of austerity and the return to an unacceptable pre-pandemic baseline *(May 25).MedRxiv.* Academic paper with GCPH is listed as a funder.
- Mohasin Ahmed, Jennifer McLean, Cam Donaldson, Michael J. Roy, Rachel Baker. Creating the conditions for meaningful and effective PPIE in community-based public health research: learning from a UK-wide lived experience panel (July 25). *BMC Research Involvement and Engagement* (2025) 11:85.
- *GCPH response - PHS Shaping our strategy 2025-35 consultation* (August 25).

Media

- Exclusive coverage about Chris Harkins' report *The potential of Artificial Intelligence (AI) within Public Health and healthcare systems* – AI could transform NHS but must be 'used with caution' | The Herald (The Herald, 23d Apr). Also covered on the University of Glasgow website (23rd Apr), Digit News (23rd Apr) and Glasgow City of Science and Innovation (24th April).
- Former GCPH Director Chik Collins is quoted in The birthplace of universal credit where one in three are out of work (The iPaper, 28th April).
- Launch of a research partnership between UofG, GCPH, GFPP, GCC, GCFN and GSA – Poor diet in Glasgow low income areas to be addressed. The Herald (The Herald, 7th August). Also on UofG website, GCPH website and Glasgow Times.
- Can food markets help tackle Glasgow's obesity crisis? - BBC News (BBC News, 22nd September)
- Launch of the Community Wealth Building Evaluation: Learning Lessons for Scotland (CoWBELLS) project – Major study to assess public health benefits of Community Wealth Building – The NEN – North Edinburgh News (North Edinburgh News, 19th September)
- Several mentions of our evaluation of Sistema's big Noise project:
  - Historic Dundee Craft Donates to Music and Social Project | Charity Today News (Charity Today, 9th April)
  - Young people from Big Noise Torry perform on stage with RSNO | Charity Today News (Charity Today, 19th May)
  - Exam support for school pupils as learners prepare to take SQA assessments | Charity Today News (Charity Today, 23rd May)
  - Big Noise Govanhill celebrates another year of life-changing work with special concert | Charity Today News (Charity Today, 11th June)
  - Secretary of State for Scotland visits pioneering music and social change programme | Charity Today News (Charity Today, 24th June)
  - Dundee Primary Pupils Bring Street Songs to the Internet | Charity Today News (Charity Today, 22nd September)
  - Big Noise programme credited with helping pupils achieve career dreams - TFN (Third Force News, 7th October)

Digital

Blogs and news

- The potential of Artificial Intelligence within Public Health and healthcare systems (Chris Harkins, 24th April) Blog summarising the findings of the paper of the same name.
- Pride blog series by Mohasin Ahmed:
  - LGBT+ Pride: where does the UK stand, 53 years on? (18th June)
  - No one left behind in the fight for LGBT+ equality (25th June)

  - Community Not a Commodity: Examining the relationship between LGBT+ Pride and alcohol (16th July)
- Creating the conditions for meaningful and effective PPIE – Learning from the CHA LEP (Mohasin Ahmed, 30th July)
- Research partnership to tackle dietary inequalities in Glasgow (News item, 7th August)
- Major study to assess public health benefits of Community Wealth Building (News, item, 4th September)
- Blog series for Black History Month
  - Black History Month 2025: what can be learned from Glasgow's 850th anniversary? (Mohasin Ahmed, 1st October)
  - Black health in Scotland: time to close the gap (Mohasin Ahmed, 14th October)
  - Black History Month 2025: CRER's manifesto for an anti-racist Scotland (Lucien Staddon-Foster, CRER, 22nd October)
  - The injustices of social health determinants: how these are shaped and can be addressed (Paula Terris-Pennycott and Dustin Hosseini, University of Cumbria, 28th October)
  - When giving birth becomes a risk: a Black woman's story (Melanie Allen-Clarke, paramedic student at University of Cumbria, 30th October)

Concept explainers

- Concept Explainer: Community Wealth Building (April 25)
- Concept Explainer: Intersectionality (June 25)
- Concept Explainer: Missingness (August 25)
- Concept explainer: Fundamental Cause Theory (September 25)
- Concept explainer: Problem gambling (September 25)
- Concept explainer: Poverty as a public health emergency (October 25)
- Concept explainer: Racism as a determinant of health (October 25)

Website

- New Racialised health inequalities project page
- New Community Wealth Building Evaluation Learning Lessons from Scotland project page
- New Clyde Metro project page
- Glasgow City ethnicity profile key facts infographic
- Updated infographics on all Glasgow Indicators overview pages

E-updates

- June e-update
- August e-update
- October e-update

Video

The potential of Artificial Intelligence within Public Health and healthcare systems in Scotland (April 25)

Social media

Bluesky: 1038 followers
LinkedIn: 1441 followers
Twitter/X: 5974 followers

Other
Pioneering the Health of the City: Glasgow tour – audio walking tour for Doors Open Day Festival (Sep 25), based on an earlier GCPH historical walking tour and map, published in 2005 and which we republished earlier this year.