Management Board Meeting

Tuesday 23rd June 2026
9.00 – 10.30am on Teams

AGENDA

1. Welcome and apologies
2. Minutes of last meeting (March 2025), rolling actions and matters arising
3. General update (GCPHMB/2026/488)
4. GCPH options appraisal update (GCPHMB/2026/489)
5. Work plan 2026-27 (GCPHMB/2026/490)
6. End of year finance report to end of March 2026 (GCPHMB/2026/491)
7. Budget plan 2026-27 (GCPHMB/2026/492)
8. GCPH insight – gambling harms, LGBT+ census profile and the framing of disability (Chris Harkins)
9. AOCB
10. Close

Date of next meetings (provisional):

- **Wednesday 30th September, 3 - 5pm**
- **Wednesday 2nd December, 10am – 12pm**

Rolling actions list (June 2026)

Board meeting date	Action	Responsibility	Update
10th December 2026	Prof McIntosh to share a copy of their Gambling Commission report when available. Dr Morrison to share the PHF monitoring and evaluation framework when available. Board member biographies to be updated on the GCPH website.	Prof McIntosh Dr Morrison Dr McLean	To be progressed.
18th March 2026	Dr John O'Dowd, DPH, leading the preparation of a paper proposing a further option of GCPH continuing within NHS GGC while retaining its own brand and identity.	Dr O'Dowd / Dr McLean	The paper (GCPHMB/2026/489) has been shared with Board members for discussion at the June Board meeting under Agenda item 4.
18th March 2026	To provide an update on the Thrive Under 5 evaluation report.	Dr McLean	In partnership with NHS GGC the report is being revised ahead of publication by the end of the summer. A copy will be shared with Dr Morrison once available.
18th March 2026	To prepare a short summary version of the GCPH end of year report 2025-26.	Dr McLean	A summary end of year report paper was prepared and shared with Board members in April.
18th March 2026	To arrange a meeting of Dr Morrison and Dr Myant, Population Health Division, SG, with GCPH, to discuss work planning.	Dr Morrison / Dr McLean	Meeting took place on the 23rd April. A further meeting with Niamh O'Connor and John Nicolson, Co-Deputy Directors, Population health Division, SG, took place on the 28th April, following receipt of the GCPH grant award letter for 2026-27. See General Update paper Paragraph 10.

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

Wednesday 18th March 2026
Online meeting

PRESENT

Dr Lesley Thomson (Chair)	Chair, NHS Greater Glasgow and Clyde
Dr Anita Morrison	Co-Director Health and Social Care Analysis, Scottish Government
Ms Michelle Booth	Head of Policy and Governance, Glasgow City Council
Prof Emma McIntosh	Professor of Health Economics, 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 Chris Pearce	Vice Principal (Research and Knowledge Exchange), University of Glasgow
Prof Moira Fischbacher-Smith	Vice Principal (Learning and Teaching), University of Glasgow
Ms Anna Baxendale	Head of Health Improvement, NHS Greater Glasgow and Clyde
Prof Jann Gardner	Chief Executive, NHS Greater Glasgow and Clyde
Ms Fiona Moss	Head of Health Improvement and Equalities, Glasgow HSCP

IN ATTENDANCE

Ms Rebecca Lenagh-Snow (minute)	Programme Administrator, Glasgow Centre for Population Health
Ms Fiona McGinnis	Head of Finance, Corporate Services, NHS Greater Glasgow and Clyde

			ACTION BY
820	**WELCOME AND APOLOGIES**		
	Dr Thomson welcomed the group to the March meeting of the GCPH Board. Apologies were recorded from Dr John O'Dowd (NHS GGC) and Ms Caroline Sinclair (GHSCP). Ms Fiona Moss was in attendance for Ms Sinclair's and Ms Anna Baxendale for Dr O'Dowd.		**Noted**
821	**MINUTES OF LAST MEETINGS, ROLLING ACTIONS AND MATTERS ARISING**		
	The minutes of the previous meeting (December 2025) were ratified. There were no matters arising and a small number of rolling actions were outstanding. The refresh of bios for Board members on the GCPH website is to be progressed. In relation to gambling harms, Prof McIntosh said she would be able to share		**GCPH** **Prof**

	the Gambling Commission final report soon. Dr Morrison will share the PHF evaluation paper when possible.		**McIntosh** **Dr Morrison**
822	**GCPH OPTIONS APPRAISAL PROGRESS AND UPDATE**		
	The proposed additional meeting of the Board in January was postponed as no update was available at that time. An update from Scottish Government has now been received and was shared with Board members. Reporting on behalf of Dr O'Dowd (Director of Public Health (DPH) NHS GGC), Ms Baxendale stated that conversations have been very positive with Scottish Government regarding funding for GCPH for 2026/27, and although there is no confirmation as to the grant amount at the moment, the agreement in principle to fund GCPH for the coming year, subject to further discussions following the election. Within this agreement is the understanding that the Scottish Government is keen to expand an option for GCPH continuing within NHS GGC while retaining its own brand and identity. Dr O'Dowd is now preparing a paper on this option. This will go to Dr Thomson and be shared electronically with the Board for approval prior to being submitted to the Scottish Government. Dr Thomson highlighted that the GCPH team have been kept up to date and Dr McLean has been working closely with Dr O'Dowd. It is unfortunate that the team has been in this position of uncertainty but in the current financial climate this is not unusual. Prof Gardner stressed that NHS GGC are very keen to continue working with GCPH. Dr Morrison passed on her thanks to everyone for their patience and said she knows it has been difficult period for the GCPH team. Details of the financial settlement will follow. Ms Moss said she was really pleased for GCPH and also pleased from a Glasgow City point of view as GCPH has been very important in moving forward work such as the food plan and gambling harms in the city. Prof Pearce said this was very good news to hear and asked if there is any thought as to the amount of funding and if there are reductions in the amount requested. Prof Gardiner said there would be no staff losses and there is an understanding that we really need to build the team for the future. Ms Booth also welcomed the confirmation of funding but noted that it was regrettable that the Centre had repeatably been asked to provide further information and reassurance regarding the impact of its work, there is now a need for the team to be allowed to focus on delivery.		**Noted** **NHS GGC Chair Board** **Noted**
823	**GENERAL UPDATE**		
	Dr McLean spoke to the General Update paper [GCPHMB/2026/484] and highlighted several points. She thanked the Chair, the DPH, Public Health Directorate and NHS GGC HR colleagues for their support and guidance over the last months. In addition to the 2025-26 end of year report mentioned, a 2026-27 forward planning document is also on today's agenda and Dr McLean hopes to bring an update on the work towards GCPH becoming an anti-racist organisation to		**Noted** **Noted**

	a future Board meeting. Under developments and partnerships Dr McLean highlighted the work supporting NHS GGC to mitigate poverty by investigating "missingness", work with the disabled community including on the cost of living and minimum income standards with Castlemilk Law and Money Advice Centre and the impacts of welfare reform on disabled people, including an examination of how disability is portrayed in political, media and policy discourses, with the Glasgow Disability Alliance, and the young men and gambling harms evidence review. She also highlighted a major change in the governance of Clyde Metro, which means GCPH's ongoing involvement is unclear at present. Ongoing food work has included the completion of the Glasgow Fair Food for All Partnership's delivery of the SG funded Cash First project, the continued work of the Glasgow City Food Plan, and a working group on the implementation of the Good Food Nation Act with NHS GGC and GCC. Finally, the update of the Understanding Glasgow neighbourhood profiles with the Data Consultancy team at PHS was highlighted. The adult profiles are currently being proofed before being published on the UG website. The new set of neighbourhood profiles for children and young people are being prepared with anticipated publication in late May. Under Communications various events and presentations were highlighted, along with several publications including the timeline of Glasgow's health history and the rapid review of evidence around gambling harm. Under digital communications several blogs were highlighted. The Board asked that their thanks be passed to the team for the hard work in various sectors across the city. Several Board members commented on the impressive amount of work included in the update, and its comprehensive nature, illustrating the excellent commitment and pace that has been maintained by the team amidst uncertainty and change.		**Noted**
824	**<u>WORK PLAN 2025-26 END OF YEAR REVIEW REPORT</u>**		
	Dr McLean spoke to the end of year report for the 2025-26 Work Plan [GCPHMB/2026/485]. She is pleased to note the large amount of work that the team has completed, and that morale and focus has remained high during the last 9 months. Ms Moss said it was great to see so many greens in the RAG table and asked if Dr McLean could expand on the couple that were showing as amber. Dr McLean explained that one item was the Thrive Under 5 report, which, although completed, did not fully meet the intended requirements and is now being revised by Jill Muirie and partner colleagues. The other was work with the Glasgow HDRC on the ethnicity profile and supporting a seminar series. The profile was published in October, but we are still waiting to hear back from the HDRC about their plans for the seminars. Dr Morrison was sure policy colleagues at SG would be interested in the evaluation of Thrive Under 5 and the key learning when that is available. Dr McLean will speak with Jill Muirie and request an update on progress.		**Noted** **Dr McLean**

	Prof Fishbacher-Smith said it was positive to see the progress made and noted that Dr McLean had made a significant contribution to morale and progress through strong leadership. Prof McIntosh agreed it was a significant amount of work presented in the report and asked for more detail on the FNC+ evaluation. GCPH is supporting the evaluation of NHS GGC's FNC+ as part of the Transforming Together programme, focusing on impacts on population health and health inequalities. Prof Gardner said it was a service designed to help people get the right care, in the right place, without automatically going to A&E. FNC+ acts as a clinical hub that assesses patients and directs them to the most appropriate care, with a focus on reducing inequalities and helping to keep people healthy at home. Prof McIntosh said this links well to the work they were doing at the school and opportunities for sharing learning. Dr McLean offered to provide a short summary version of the end of year report as in previous years to share with SG and others.		**Dr McLean**
825	**<u>FORWARD PLANNING FOR 2026-27</u>**		
	Dr McLean explained that as we waited on an outcome of future funding discussions, work had commenced to assess existing pieces of work and commitments with timescales beyond the end of March and our existing information and property assets (GCPH and Understanding Glasgow websites included). [GCPHMB/2026/486]. With the confirmation of future funding, this remained an important work as a work plan for 2026-27 is developed and in forming the basis of an interim plan. Dr Thomson said it would be good to get comments back from the Board on this and allow space at the next meeting for a fuller planning discussion. Dr Morrison mentioned that there used to be the EMT which focused on operational planning for GCPH, while the Management Board dealt with the strategic priorities. SG are planning with PHS and it would be good to bring Dr McLean and Dr Katherine Myant (SG and GCPH EMT member) into these discussions. Dr Morrison will be in touch with Dr McLean to arrange. Dr Thomson underlined that Board members should feedback to Dr McLean about the forward planning document and that another meeting around May should be arranged for further discussion. Ms Baxendale said that the ongoing work on the food plan was appreciated.		**Noted** **GCPH / Dr Morrison** **All** **Noted**
826	**<u>QUARTERLY FINANCE REPORT TO END OF JANUARY 2026</u>**		
	Ms McGinnis spoke to the paper which she prepared with GCPH's assistance [GCPHMB/2026/487]. The second allocation of funding from SG was received in November, reduced by £50k to £350,000 due to forecasted underspend at mid-year. Further external income is expected in March 2026. With certain costs being lower than expected and some delays in spend due to capacity a projected underspend of £68,904 is anticipated at year end. The finance position was noted and accepted by the Board.		**Noted**

826	**AOCB**		
	No other business was raised. The Chair and Board noted thanks to Dr McLean and the GCPH team for all their hard work.		**Noted**
827	**DATE OF NEXT MEETING**		
	May 2026, TBC		**GCPH**

Glasgow Centre for Population Health
Board of Management
23rd June 2026

General Update

Recommendations

Board members are asked to:

- Note this report providing an update on ongoing work and key developments since the last meeting of the Board in March 2026.
- 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 and planning for the future.* As the Board are aware, in early March we received confirmation of political support for the continuation of the GCPH brand and the confirmation of funding for 2026-27, with a grant award letter received in early April, as highlighted in Paragraphs 3 and 4 below. Dialogue is ongoing with the Scottish Government in relation to the detailed arrangements for the future, particularly beyond 2026–27. As reported at the March Board meeting, members were advised that the continued funding of GCPH is accompanied by an indication of the Scottish Government's interest in exploring an option whereby GCPH would continue within NHS Greater Glasgow and Clyde (NHS GGC), while retaining its distinct brand and identity. Dr John O'Dowd, DPH, has prepared a paper (GCPHMB/2026/489) outlining the detail of this option, with early input from the GCPH team, consideration and discussion at this Board meeting, and in advance of submission to the Scottish Government.

   In a related matter, the future location and accommodation arrangements for the GCPH team are currently under consideration. The existing one-year accommodation agreement with the University of Glasgow, based in the Clarice Pears Building, is due to expire in early July 2026. While standard practice would be to extend this arrangement for a further year, our current funding position - confirmed only until March 2027 - means that a renewal for that duration cannot be committed to at this time. Discussions are therefore underway between NHS GGC and the University of Glasgow, as well as with the GCPH team, to explore longer-term accommodation options. These discussions are focused on identifying arrangements that support effective ways of working and sustain the GCPH partnership, while also recognising the prevailing financial constraints at both Scottish Government and NHS GGC Board level.

Following discussions with the University of Glasgow Estates Team, NHS GGC Property Services has secured a temporary month-to-month extension for our continued occupation in the Clarice Pears Building. This arrangement will be reviewed after three months while discussions with the Scottish Government continue towards an agreement for the team. It is anticipated that a permanent accommodation arrangement will be in place by early September 2026.

GCPH team members met with Dr John O'Dowd, alongside senior management from the Public Health Directorate and representatives from NHS GGC HR, in early June. This meeting, welcomed by the team, provided an opportunity to raise awareness and to update staff on the current position and ongoing discussions and to answer any questions or issues of concern. Should a change of location be required or agreed, any necessary adjustments to team members' contracts would be undertaken in accordance with the NHS GGC Workforce Change Policy.

2. *Work plan 2026-27.* The GCPH work plan 2026-27 is included in the papers for this meeting (GCPHMB/2026/490). In 2026-27, the GCPH will focus on maximising the impact of its existing long-term commitments while creating capacity to respond to emerging public health and partner priorities. With a focus on prevention and reducing inequalities, we will generate evidence, insight and leadership, alongside providing timely intelligence, robust evaluation and collaborative support to help partners target resources effectively and improve outcomes. This work plan takes a strategically focused approach, prioritising a smaller number of projects to maximise impact and effectiveness. As part of developing this year's work plan, there was strong support for clearly setting out the Centre's future priorities and ambitions, alongside reaffirming our commitment to improving population health and reducing health inequalities across Glasgow and Scotland through the development of a strategic plan.

   Both our strategic plan, currently in development and to be presented at a future Board meeting, and our 2026–27 work plan are structured in close alignment with Scotland's Population Health Framework (PHF). This alignment recognises the importance of coordinated, prevention-focused action across all levels of policy and practice and reinforces our continued commitment to generating and mobilising evidence that supports healthier, more equitable and sustainable systems, places and communities.

3. *Scottish Government grant award letter 2026-27*. At the March, GCPH received a letter from Niamh O'Connor, Deputy Director, Health Directorate outlining a provisional grant award to GCPH for £800K for the financial year 2026-27, to aid with business planning and subject to confirmation from Ministers following the Scottish Parliament elections of the 7th May. The welcomed letter states *"I am grateful for your continued work with the Scottish Government and with partners in Glasgow including NHS Greater Glasgow and Clyde Health Board, the University of Glasgow, Glasgow City Council and others on critical issues of population health, health inequalities, and translating research into actionable insight for delivery*." We thank Scottish Government colleagues for the promptness of this letter and their continued support (see Appendix 1).

4. *GCPH finances.* The end of year financial report from April 2025 to the end of March 2026 (GCPHMB/2026/491) is brought to the June Board meeting for discussion and approval. The draft GCPH budget plan for 2026-27 (GCPHMB/2026/492), based on the indicative £800K Scottish Government grant award, is also brought to this meeting for discussion.

5. iMatter Staff Survey. The annual NHS GGC iMatter Staff Survey was completed by team members in May this year, with the team report received in early June. The team achieved a

100% response rate, representing a significant improvement on previous years (58% in 2025 and 89% in 2024). The Employee Engagement Index increased markedly to 94 (from 73 in 2025), and the overall staff experience rating rose to 8.6 (on a scale where 0 = poor and 10 = very good), compared with 6.4 in 2025. These results demonstrate a substantial improvement in team members' experience of working at GCPH over the past 12 months.

Significant improvements were observed across all indicators, with average scores for every question reporting within the 'Strive and Celebrate' range (67–100). Notable gains were seen in areas such as confidence and trust in line management, team and organisational performance management, willingness to recommend the organisation as a good place to work, and the approachability and accessibility of GCPH senior management. The annual components report, which presents iMatter question results and average response rates from 2022 to 2026 (see Appendix 2), illustrates this positive improvement.

While the overall findings are very encouraging, a small number of areas require continued focus. These include staff involvement in organisational decision-making and levels of trust and confidence in the Board. The next stage will involve developing a shared team action plan to address these areas during 2026. Once finalised, this plan will be shared with the Board at the September meeting.

6. *End of year reviews.* End-of-year review meetings were held with all staff during May, providing dedicated time and space for team members to reflect on the past 12 months and to look ahead to the coming year. These discussions included setting new objectives aligned with the GCPH work plan. Despite the uncertainties experienced over the last year, all meetings were positive, constructive, and forward-looking. Meeting discussion and agreements have been subsequently uploaded to Turas, the NHS educational and appraisal reporting and resource system.

7. *Staffing*. In May this year, Gregor Yates, Public Health Research Specialist, undertook an extraordinary challenge, running from the Scotland–England border to Cape Wrath over 17 days. Covering an incredible 420 miles - roughly the equivalent of a marathon each day - Gregor completed the journey in memory of his beloved mum, raising over £15,000 for Strathcarron Hospice. We are very proud of Gregor and his remarkable achievement. The team would also like to extend their very best wishes to Mohasin Ahmed, Public Health Practitioner Specialist, who got married on 6th June, congratulations to the new Mr & Mrs.

8. *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. At the end of January, we published our anti-racism strategy 2026/27. A supporting action plan to monitor progress has now been prepared in which staff will use to share updates, challenges and resources related to each objective within the plan. As part of this commitment, the team are now formally required to complete EQIA's for each new piece of work and engagement at the development stage.

At the end of April, Mohasin Ahmed presented on anti-racist community engagement to the Public Health Scotland (PHS)-led peer group for NHS Scotland Health Boards, which was set up to support them develop and implement their anti-racism plans. The session was reflective, designed to support the group to think about their current engagement practices, what the strengths are and what could be improved on. There were seven representatives from NHS Tayside, Greater Glasgow and Clyde, Forth Valley and Lanarkshire in attendance.

9. *Developing GCPH expertise in AI ethics, regulation and governance.* Building on GCPH's 2025 publication exploring the potential of artificial intelligence (AI) within public health and healthcare systems in Scotland and following the development of internal guidance on the safe and responsible use of AI, Chris Harkins has successfully completed the AI Ethics, Regulation and Compliance programme at the Said Business School, University of Oxford. This training has strengthened organisational capability in an area of growing strategic importance, providing insight into emerging regulatory frameworks, ethical considerations, governance requirements, and best practice for the adoption of AI technologies. The knowledge and skills gained will support GCPH in navigating the opportunities and challenges presented by AI, ensuring that innovation is pursued in a manner that is safe, ethical, evidence-informed, and aligned with public health values. This investment in workforce development further positions GCPH at the forefront of thinking on AI in public health, enhancing our ability to engage with partners, contribute to national discussions, and explore how emerging technologies can be used responsibly to improve public health practice and outcomes.

Developments and partnerships

10. *Meeting with Population Health Division, Scottish Government.* Since the last Board meeting in March a number of meetings have taken place or are scheduled with Scottish Government colleagues. This included a meeting with Dr Morrison and Dr Katherine Myant (EMT member) to discuss work planning and the Population Health Framework (PHF) implementation and evaluation, and with Ms Niamh O'Connor and Mr John Nicolson, Deputy Directors, following receiving the grant award letter and to discuss shared priorities and our new work plan. In late June, a further meeting of Social and Economic Determinants of Health Unit colleagues and GCPH team members will take place at the Clarice Pears Building to discuss areas of work across both teams and to identify possible opportunities for collaboration in support of the PHF.

11. *School of Health & Wellbeing Management meeting.* To support and expand collaborative opportunities with colleagues in the University of Glasgow's School of Health & Wellbeing, the GCPH Interim Director has been invited to attend a meeting of the School's Management Group on the 18th June. The purpose of this engagement is to outline the role, remit, and priorities of GCPH. While there are already many successful partnerships with UofG colleagues and research groups, it is anticipated that increasing awareness of GCPH's work across the wider School will help to identify and develop new collaborative opportunities.

12. *Cultural humility*. GCPH has agreed to participate in Public Health Scotland's (PHS) Public Health Knowledge and Skills Learning Programme to support understanding of the role of cultural humility within public health practice and prevention. Through this programme, GCPH will contribute to exploring how cultural humility could be developed and implemented as a core public health skill, supporting more inclusive, equitable, and effective approaches to improving population health and addressing inequalities. Interest from PHS arose following a

GCPH LinkedIn concept explainer on cultural humility (see Para's 36 and 36), which prompted strong engagement and discussions on its relevance to public health practice and workforce development.

13. *Disabled People, Welfare and Wellbeing: Disability Framing Analysis.* Published in May 2026, this report was commissioned by GCPH in partnership with Glasgow Disability Alliance (GDA) and undertaken by communications and framing expert Nicky Hawkins (see Para 31). Representing a new area of enquiry for GCPH, the work explores how language, narratives and framing influence public attitudes towards disabled people and disability policy. The analysis found that disability is frequently portrayed either as an unsustainable burden or through narratives of vulnerability, both of which can unintentionally reinforce stigma, exclusion and support for restrictive policy approaches. The report argues for more humanising and empathetic framings that recognise disability as part of the normal diversity of human experience and emphasise the contributions disabled people make to society. These findings are particularly relevant in the context of ongoing debates concerning disability benefits and welfare reform. Dissemination and influencing opportunities are currently being developed jointly with GDA, while a follow-up programme of engagement with disabled people will further explore and test these findings, informing a subsequent collaborative report (anticipated in Autumn 2026) and strengthening the wider evidence base on disability, welfare and health inequalities.

14. *Minimum Income and Cost of Living Research with Castlemilk Law and Money Advice Centre (CLMAC).* This research is exploring 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. It will also explore what are the priority areas of spending for people living beneath the Minimum Income Standard, and the ways in which people use support or other services to control or reduce expenditure. Participants are currently being recruited within Castlemilk and with support from Glasgow Disability Alliance, and field work is underway. This research, funded jointly by GCPH and the Bank of Scotland Foundation, has now received approval from the UofG MVLA Research Ethics Committee. A Research Advisory Group has been established, led and chaired by Jill Muirie, with CLMAC, Glasgow Disability Alliance and Joseph Rowntree Foundation, to support the research and to help communicate findings.

15. *LGBT+ Health and Wellbeing in Scotland: A landmark census analysis.* Published on 1 June 2026 in recognition of Pride month, this report builds upon the 2024 evidence review of LGBT+ health inequalities produced jointly by GCPH and LGBT Health and Wellbeing. It was undertaken to address longstanding gaps in population-level evidence concerning LGBT+ health and wellbeing in Scotland, using data from Scotland's 2022 Census (see Para 32). The analysis identified substantial inequalities across mental health, disability, long-term health conditions, housing and employment, with particularly pronounced inequalities among transgender and non-binary populations.

    The findings also highlight significant demographic change, with more than one in eight young adults identifying as having a minority sexual orientation. As the first analysis of its kind in Scotland, the report establishes an important new evidence base for public health, equalities and service planning, demonstrating the importance of recognising LGBT+ status as a

determinant of health and wellbeing. Planned further collaborative work during summer 2026 will involve engaging with LGBT+ communities to explore these findings in greater depth and provide qualitative lived experience insights to complement and enrich the census analysis. LGBT Health and Wellbeing have strong policy connections within the Scottish Government, and a range of presentations and briefings will take place over 2026.

16. *Young men and gambling harms evidence review.* Published in March 2026, this rapid review represents GCPH's first publication focused on gambling harms. The report was undertaken in response to growing concerns about problem gambling among young men; specifically, the contemporary social, cultural and digital environments shaping gambling behaviours. It found that gambling harms are closely associated with poor mental health, trauma, substance use and wider socioeconomic disadvantage, while highlighting the role of online gambling platforms, social media, gambling-like features within video games and emerging digital gambling ecosystems in normalising gambling behaviours.

    The publication has already generated significant impact, attracting coverage across BBC News, BBC Radio and The Herald. The support of John Hartson (retired international footballer and recovered gambler) in disseminating the key messages of the report has added to the profile of the paper. The report has been presented to the Glasgow Public Health Oversight Group, Scottish Government and Public Health Scotland colleagues leading on gambling harms. It has also led to GCPH representation on the Children and Young People Gambling Harm Research and Innovation Partnership (CYP-GHRIP) research advisory group, creating new opportunities for collaboration, influence and future work in this emerging public health field.

17. *Big Noise Impact on Participants, Families and the Wider Community.* Published on 17 June 2026, this independent evaluation is the latest output from the unique and innovative "life course" evaluation of Sistema Scotland's Big Noise programme, developed and led by GCPH since 2013 (see Para 33). Led by an auditor seconded from Audit Scotland, reflecting a collaborative relationship between Audit Scotland and GCPH that has endured for more than a decade, the evaluation also included an economic evaluation undertaken in partnership with the Glasgow City Region Intelligence Hub. The study found strong and consistent evidence of positive impacts on emotional wellbeing, confidence, social connectedness, musical development and post-school opportunities, with trusted relationships, supportive environments and collaborative music-making identified as key drivers of impact. The accompanying economic evaluation demonstrated strong value for money, with programme benefits substantially outweighing costs. These findings reinforce the contribution that long-term, place-based arts interventions can make to public health, wellbeing and the reduction of inequalities. A launch event took place in Govanhill on 17th June 2026, attended by senior political and civic leaders. Further evaluation of Big Noise will continue to be led by GCPH, with the first analysis of long-term health outcomes anticipated from 2030 onwards.

18. *Glasgow Fair Food for All Partnership's delivery of Scottish Government funded Cash First project* towards ending reliance on food banks. This project is now complete, and the final report is being prepared. The Public Health Practitioner appointed to lead the project has completed their contract and left GCPH. As part of the final report, reflections on lessons from the project will be distilled. A resource bank of training, development and information resources has been produced to support the ongoing delivery of cash first approaches. The Fair Food For All Partnership will continue beyond the Cash First funding period, as the focusing overseeing ongoing development and delivery of the food insecurity component of the Glasgow City Food Plan. GCPH continue to support this FFfA partnership and hosted a work planning session in June to start to co-develop a food insecurity action plan with partners

for Glasgow and builds on the learning from the Cash First project and from the experience of partners working to support people experiencing food poverty.

19. *Glasgow City Food Plan.* Following the publication of the Glasgow City Food Plan Annual Report 2025-26, the annual Food Plan stakeholder networking event was held on 4th March at The Pyramid in Glasgow. This was an opportunity to celebrate the wide range of work being taken forward by partners to help improve the food system in Glasgow, as well as providing the chance to hear from NHS GGC and GCC about their early plans to deliver local Good Food Nation requirements. An important part of these networking events is also to enable Food Plan partners and stakeholders to hear about each other's work, to talk to each other and to build some useful connections and time was given to allow this important networking to take place. 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. She also works closely with other Sustainable Food Places across Scotland as well as national NGOs. Following the Networking event, Jill and Riikka will continue their discussions with NHSGGC and GCC about how to bring their GFN requirements and the established GCFP learning and processes together to avoid duplication and build on established good practice and support effective action to improve the food system in Glasgow.

    Riikka Gonzalez has continued to lead a range of Food Plan related communications with the help of the GFPP Good Food Movement Co-Ordinator Jenny MacGillivray (funded by GCPH), GFPP Communications working group and the GCPH Communications team. The team is making plans for highlighting examples of work through 'Good Food Stories' and organised visits to see inspiring work in action later this year.

    Glasgow (via the GFPP) has been invited to be part of UK-wide Sustainable Food Places (SFP) Gold Award cohort with another 9 UK cities and places, and Riikka is now starting to prepare Glasgow's Sustainable Food Places Gold award bid ahead of the 2027 deadline. Part of this work is to run a public facing city-wide campaign for the remainder of 2026 to encourage people to support and participate in the range of food-related activities that exist across the city that are seeking to improve nutrition, food equity and/or food sustainability; this will also include opportunities for organisations to showcase their work. The 'Glasgow Going for Gold' campaign will be launched at an event aimed at the general public at the Glasgow City Chambers on the 16th June.

20. *Good Food Nation (Scotland) Act implementation.* A small working group made up of GCPH Food Plan staff (JM and RG) and NHS GGC colleagues has been established to discuss and plan for the forthcoming Good Food Nation requirements of 'Relevant Authorities' (which will include NHS Boards and local authorities). Now that that the national Good Food Nation Plan - which lays out some of the local requirements - has been published, further deliberations are taking place to consider how to meet these requirements and build on the existing work in Glasgow City. Jill and Riikka are also involved in national discussions about implementing the GFN requirements, including knowledge exchange sessions with other NHS Boards and Local Authorities across Scotland, and with the Living Good Food Nation Lab based at the University of Edinburgh. A short-term NHS GGC post established to support the development of this work has now been filled and the postholder will work with Jill and Riikka as they begin to develop NHS GGC plans.

21. *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. They provide accessible, comparable information at a local level across a broad range of themes that are central to understanding health, wellbeing and inequality in Glasgow's communities. The new profiles include data on population size and composition, household make-up, housing, health, employment, education and poverty, among others. Key indicators such as life expectancy, population by age group and the proportion of people from minority ethnic backgrounds are shown over time, enabling users to see how neighbourhoods are changing and how trends vary across the city.

    The new Adult profiles were published on the Understanding Glasgow website in April 2026. The new Children and Young People profiles will be published at the end of June. To accompany the new Glasgow City neighbourhood adult profiles, we will be publishing a series of intelligence briefings comparing population and health trends over a decade for Glasgow City, and the North East, North West and South sectors. The Glasgow City briefing was published in May, and the sector briefings will be published in June and July. Also see Para 30.

22. *Funded projects:*
    - *Community Wealth Building evaluation: Learning lessons from Scotland (CoWBELLS)* 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 (GCU), 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). 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 funded and commenced on the 1st October 2025 (for 3 years). GCPH is leading the Patient and Public Involvement strand of the project to ensure that the voices and perspectives of those involved in local CWB implementation are able to shape and inform the project, and to ensure the evaluation is grounded in local insights and learning is relevant to local people and communities. The project Public Involvement Panel (PIP) has been established and is composed of 14 people from community-led organisations, small businesses and social enterprises across Scotland from the six project local authority areas. An introductory online meeting of the PIP took place on the 11th February, and the first in-person full day meeting on the 4th March GCU, with a blog sharing insights and learning from the meeting published shortly afterwards. The meeting was high participatory with activities designed to support the project work packages while creating space for PIP members to start to get to know each other. Alongside sharing views on the projects developing Theory of Change, and views on a stakeholder interview guide and qualitative indicators, PIP members also raised concerns including how the CWB Bill is being understood, how progress will be interpreted and assessed and where is the 'community' in community wealth building. All of these insights will help to shape how the research team approaches data collection in the project and next stages, ensuring that nuance is captured and the concerns of community stakeholders are addressed. The next meeting of the PIP will take place in September 2026. The first meeting of the Study Steering Committee, which has GCPH and PIP representation, takes place on the 8th June. To ensure ongoing engagement

with the PIP between meetings, informal catch ups are being held every six weeks. Further detail on our involvement in the project and the PIP can be found on our project page, with detail on the project work packages available on the new GCU CoWBELLS website.

- *Evaluation of Glasgow's community co-created food markets. Evaluation of Glasgow's community-led food markets*. This collaborative research project, with University of Glasgow, is funded by the UKRI Biotechnology and Biosciences Research Funding Council for 3 years from April 2025. It will evaluate the impact of the establishment of new, locally run food markets to help support healthful diets through better access to healthier produce. After an unexpected and prolonged delay in getting the necessary permissions, the first community co-created market stall in Govan is scheduled to launch on 18th July in partnership with local community greengrocer, DigIn, and will run weekly on Saturdays until December 2026. Plans are also underway for the second market stall (in Cranhill and due to start in April 2027), working with Cranhill Development Trust. Findings from the pilot market (in Wester Common, with the Courtyard Pantry as the community partner) are being studied to inform these plans. Jill Muirie, a Co-PI on this research, leads on Work Package 3 ('Market Implementation') and has established an Advisory Group to support this with participation from the community anchor organisations in each area, local housing associations, GCC and Glasgow City Markets. GCPH has contributed funding towards the community organisations who are delivering the market stalls as part of this research. Link for further information: Community Food Co-created Markets.

Communications outputs and activities

23. This section summarises the Centre's communication-related outputs and activities since the last meeting in March 2026, in line with the agreed approach to communications monitoring and reporting.

Events, seminars and presentations

24. GCPH and Glasgow Food policy Partnership (GFPP) events are due to resume this month. On 16th June, GFPP will be launching 'Glasgow Going for Gold' campaign at City Chambers, with logistical and communication support from the GCPH comms team, and on 17th June we will support the launch event of the new report 'Trust the process: Big Noise impact on participants, families, and their wider communities', in collaboration with Sistema (Big Noise) at Govanhill Community Hub. More information on both events will be provided in the next Board update.

25. On the 27th March, Gregor Yates gave a presentation at the 'Informing Clyde Metro' event. He was also involved in the organisation of this event.

26. Mohasin Ahmed was on an Alumni Panel at University of Glasgow's Master of Public Health (MPH) conference on 3rd June, where she shared advice on public health career options.

27. Riikka Gonzalez organised a workshop at Sacred Heart Primary School on 27th May to develop summer activities for the 'food activities bucket list' as part of the Glasgow Going for Gold campaign.

28. Chris Harkins presented to Scottish Government and Public Health Scotland on the findings of his report Navigating an addictive and toxic landscape: A rapid review of evidence concerning contemporary influences on problem gambling among young men on 28th May. He presented the same paper to the Public Health Oversight Group, earlier in May.

29. Jill Muirie has been invited to give evidence to the UK Parliament's Right to Food Commission evidence session in Glasgow on 12th June. She will share her knowledge and experience about how food insecurity is impacting people in Scotland, contributing to health inequalities and negative health and life expectancy outcomes and if a Right to Food, implemented across the country, can help tackle food insecurity.

Publications

30. Glasgow City neighbourhood profiles: comparing population and health trends over a decade Gregor Yates, May 2026. Drawing on data from the recently published Glasgow City profile (2020-2024) undertaken in collaboration with Public Health Scotland, and the previous Understanding Glasgow city profile (2008 and 2012), this briefing describes differences across a range of population, health and socio-economic indicators for Glasgow City over an approximately 10-year period. Further briefings using the new neighbourhood profiles will follow in the coming months.

31. *Vulnerable burden or vital members of our society? Changing the narrative about disabled people in Scotland today* Nicky Hawkins, Chris Harkins, Tressa Burke, May 2026. Commissioned by GCPH, working with communications expert Nicky Hawkins and in collaboration with Glasgow Disability Alliance (GDA), this briefing examines how disability is currently portrayed in public, political and media discourse. It highlights that prevailing narratives often fail to promote solidarity or support fair policy, and instead explores more constructive ways of framing disability, emphasising shared humanity, the valuable contributions of disabled people, and the benefits of a more inclusive Scotland, while drawing on media analysis, research evidence, and recommendations for future work.

32. *LGBT+ health and wellbeing in Scotland: A landmark census analysis of 5.4 million people* Chris Harkins, Mohasin Ahmed, Rebecca Hoffman, June 2026. This landmark report presents the first national level analysis of LGBT+ health and wellbeing in Scotland, drawing on data from over 5.4 million people in the 2022 Census. It offers a population-wide insight into the lives, demographics and health outcomes of LGBT+ communities, highlighting both their growing presence and the persistent inequalities they face. This is our second collaboration with LGBT Health & Wellbeing, after the 2023 report *Examining the social determinants of LGBT+ health and wellbeing*.

33. *Trust the process: Big Noise impact on participants, families and their wider communities* Aileen Campbell, June 2026. Alongside GCPH's long-term evaluation of Sistema Scotland's Big Noise programme, underway since 2013, this independent evaluation led by Aileen Campbell (Audit Scotland) combines public sector audit, social policy, public health and economic analysis to provide a richer understanding of the programme's impact. It involves contributions from GCPH (Chris Harkins, University of Strathclyde, Glasgow City Region's Intelligence Hub and Big Noise.

34. Mohasin Ahmed and Dr Jennifer McLean submitted the following paper: *Sustaining lived experience beyond project cycles* to a Special Collection of *Journal Subjectivity - Truth Claims or Power Plays?* 'Lived Experience' in Politics, Research and Activism (June 2026).

Media

- *Holyrood | Sick to death: Why poverty remains at the centre of Scotland's public health divide* (Holyrood Magazine, 24th March). The article mentions our 2022 report which linked austerity to 335,000 excess deaths in England, Scotland and Wales between 2012 and 2019.
- Our long-term evaluation of Sistema's Big Noise programme has continued to be cited regularly:
  Big Noise summer concert celebrates Torry's young musicians | Charity Today News (Charity Today, 10th June)
  Aberdeen school pupil tells of pride at performing with Scotland's national orchestra | Aberdeen Live (Aberdeen Live, 29th April)
  Young people from around Scotland make a Big Noise at Dundee concert | Charity Today News (Charity Today, 23rd April)

Please note that whilst a communications plan was developed for press and media engagement for the launch of the LGBT+ Census report, it was decided not to proceed as planned. This was due to colleagues at LGBT Health & Wellbeing, who were part of the communications plan, receiving malicious FOI requests and targeted emails linked to the latest Equality and Human Rights Commission guidance on same-sex public spaces. After careful consideration, all authors and comms teams decided that this would distract from the findings of the report, and that we would focus on other dissemination efforts (i.e. MSP briefings, letter to Maree Todd MSP Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs, social media and blog content, etc.)

Digital

35. *Blogs*
    - *A public health evaluation of Community Wealth Building (CWB) in Scotland* – Dr Jayne Galinsky, April 2026. In this guest blog, Dr Jayne Galinsky, Research Fellow at the Yunus Centre for Social Business & Health, Glasgow Caledonian University, talks about Community Wealth Building and the new CoWBELLS project.
    - *Community Wealth Building Evaluation: Insights from communities across Scotland* – Mohasin Ahmed, April 2026. This blog focusses on GCPH's involvement in the CoWBELLS project, bringing together a group of 14 people from community-led organisations, small businesses and social enterprises across Scotland to form a Public Involvement Panel (PIP).
    - *Rethinking public health competency: embedding humility, empathy and compassion* – Chris Harkins, April 2026. In this blog, Chris argues that while public health often prioritises technical skills, it should more explicitly embed cultural humility, empathy and compassion as core competencies. Drawing on lived experience and partnership work, it emphasises that understanding people's diverse realities, building trust, and engaging meaningfully with communities are essential to tackling health inequalities and improving outcomes, alongside traditional analytical and professional expertise.
    - *Disability will touch most of our lives: Why Scotland must change its language and framing* – Chris Harkins, May 2026. This blog looks at how the dominant narratives often frame disabled people either as a "burden" or as "vulnerable," both of which can undermine dignity and public support for fair policy. It calls for a shift in language and framing that recognises disability as a normal part of human life, emphasises shared experience and equality, and promotes empathy and inclusion.
    - *The forgotten intersection: LGBT+ racially-minoritised communities* – AJ Allard-Dunbar, June 2026. First in a series of guest blogs responding to our recently published LGBT+

Census report, for which we have invited LGBT+ community experts to share their reflections and insights on the findings relevant to their work.
In it, AJ Allard-Dunbar, Director at Exhale.Group CIC, share their reflections on the report's findings which demonstrate that people from racially minoritised groups were more likely to identify as LGBT+ than white groups in the Census.

36. *Concept explainers*. We published three new Concept Explainers between March and June:
    - Concept explainer: Whole-system approach
    - Concept explainer: Cultural humility
    - Concept explainer: Social Model of Disability

Three more Concept Explainers are ready for publication in the coming months, about heteronormativity, eco-ableism and wellbeing economy.

37. *E-updates* – There has been one e-update since the last Board meeting, published in March. The next one will be at the end of June.

38. *Understanding Glasgow* – The adult Glasgow neighbourhood profiles were published in early May, after the elections. We are currently working on the children and young people's profiles with Public Health Scotland colleagues, and expect to launch them in the next few weeks.

39. *Social media* – We created various content for our social media platforms and for dissemination purposes, including some animations and videos:
    - Animation about voting in Scotland, posted on election day and linking to our Glasgow health Timeline.
    - A video with John Hartson, talking about his experience of gambling harms and about the findings of our report on the subject.
    - A Did You Know? about Language, narrative and disability.
    - A Did You Know? about LGBT+ identities among racially-minoritised groups.
    - An infographic about the key findings of the LGBT+ Census report.

GCPH
June 2026

Appendix 1 – Scottish Government grant award letter 2026-27

Population Health Directorate
Population Health Strategy and Improvement Division

E: niamh.o'connor@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Dr Jennifer McLean
Interim Director
The Glasgow Centre for Population Health
Clarice Pears Building
University of Glasgow
90 Byres Road
Glasgow
G12 8TB

26 March 2026

Dear Jennifer,

GLASGOW CENTRE FOR POPULATION HEALTH – FINANCIAL YEAR 2026-27

The Scottish Government remains steadfast in its commitment to improving the health of our population and tackling health inequalities, as set out in our Population Health Framework for 2025-2035. We value the work and research undertaken by the Glasgow Centre for Population Health (GCPH) which, in recent years, has contributed to increasing our understanding of some of the key causes of persistent inequalities.

The pre-election period begins this week and we are not in a position to finalise the full year GCPH grant for 2026/27 until we have liaised with incoming Ministers. We appreciate, given the timing of the election, that this meeting with new Ministers will not take place until they are in place after 7 May. In the interim, we wanted to give some reassurance on the likely parameters of the 2026/27 grant in order to help with business planning.

Although the amount is not final at this stage, I can advise that we are budgeting for a total allocation of £800,000 towards GCPH's continued operations during financial year 2026-27.

I am grateful for your continued work with the Scottish Government and with partners in Glasgow including NHS Greater Glasgow and Clyde Health Board, the University of Glasgow, Glasgow City Council and others on critical issues of population health, health inequalities, and translating research into actionable insight for delivery.

Yours sincerely,

NIAMH O'CONNOR
Deputy Director

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

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Appendix 2 – iMatter yearly components report table 2022-2026

Team Yearly Components Report

J. McLean, Glasgow Centre of Population Health

Total number of respondents: 10

iMatter Components

iMatter Questions	Staff Experience Employee Engagement Components	Average Response				
		2022	2023	2024	2025	2026
I feel my direct line manager cares about my health and well-being	Assessing risk and monitoring work stress and workload	79	78	60	76	100
I have confidence and trust in my direct line manager	Confidence and trust in management	76	77	45	67	100
I am treated with dignity and respect as an individual	Valued as an individual	90	82	75	86	100
I would recommend my team as a good one to be a part of	Additional Question	73	76	58	69	98
My team works well together	Effective team working	68	77	60	71	98
I am confident performance is managed well within my team	Performance management	64	70	53	62	98
My direct line manager is sufficiently approachable	Visible and consistent leadership	79	80	57	79	98
I have sufficient support to do my job well	Access to time and resources	68	77	64	81	97
I feel my organisation cares about my health and wellbeing	Health and wellbeing support	67	77	70	83	97
I feel appreciated for the work I do	Recognition and reward	68	72	65	76	97
I feel that Senior Leaders who are responsible for my organisation are sufficiently accessible	Visible and consistent leadership	53	63	60	55	97
I am treated fairly and consistently	Consistent application of employment policies and procedures	82	78	76	76	95
I am confident my ideas and suggestions are listened to	Listened to and acted upon	68	72	72	74	95
I get enough helpful feedback on how well I do my work	Performance development and review	63	69	72	74	95
I am confident performance is managed well within my organisation	Performance management	63	69	51	50	95
I am clear about my duties and responsibilities	Role Clarity	77	82	76	86	95
I would recommend my organisation as a Good place to work	Additional Question	68	76	54	64	93
I get the information I need to do my job well	Clear, appropriate and timeously communication	68	79	70	81	93
I am given the time and resources to support my learning growth	Learning & growth	67	69	75	76	93
I am confident my ideas and suggestion are acted upon	Listened to and acted upon	63	66	60	74	93
I would be happy for a friend or relative to access services within my organisation	Additional Question	77	79	69	74	92
I feel involved in decisions relating to my job	Empowered to influence	72	73	62	86	92
I feel involved in decisions relating to my team	Empowered to influence	72	75	54	71	92
My work gives me a sense of achievement	Job satisfaction	74	83	75	86	92
I understand how my role contributes to the goals of my organisation	Sense of vision, purpose and values	67	82	77	81	92
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours and supportive relationships	69	80	69	71	90
I feel sufficiently involved in decisions relating to my organisation	Partnership working	54	71	53	55	80
I have confidence and trust in Board members who are responsible for my organisation	Confidence and trust in management	59	62	51	57	72

67 - 100 Strive & Celebrate | 51 - 66 Monitor to Further Improve | 34 - 50 Improve to Monitor | 0 - 33 Focus to Improve

Glasgow Centre for Population Health
Board of Management
23rd June 2026

The Hosted GCPH – an additional option to secure the future of the Glasgow Centre for Population Health

Situation

Following the submission of an options appraisal in October 2025, Scottish Government have requested that NHSGGC and GCPH explore a further option, building on original Option 3 – retaining the partnership identity of GCPH, but with NHSGGC as main partner. This would involve GCPH being hosted within the NHSGGC Public Health Directorate but retaining the unique identity and character of the GCPH. This paper sets out some of the issues to be considered were such an option approved by all partners.

Background

The GCPH is an existing example of a successful long-standing partnership between local government, NHS and academia. It has an established reputation as a valued source of research, information and support through its partnership model of working across the public sector and with the local population of Glasgow, to support change that will improve population health and reduce inequality.

Scottish Government has reaffirmed its commitment to population health and tackling inequalities through the development of the Population Health Framework and have indicated an anticipated funding envelope of £800,000 to support the work of the GCPH in 2026/27, subject to confirmation from Ministers following the forthcoming Scottish election in May 2026.

Scottish Government has asked the GCPH and its partners to consider an additional option, over and above those set out in the October 2025 paper – the hosting of the GCPH brand within in a partner organisation. This paper sets out this option in further detail and considers the potential shape, funding, governance, and operational

arrangements of a hosted GCPH, for the consideration of partners including the Scottish Government.

Analysis

The GCPH is a partnership between Scottish Government, NHSGGC, the University of Glasgow and Glasgow City Council, focused on better understanding and addressing the causes of the city's poor health outcomes, including unacceptable levels of health inequality and premature mortality, with a primary focus on Glasgow but with wider relevance and applicability at a community and service level, to other cities, nationally and beyond. The GCPH achieves its objectives through a distinctive model of practice in which partnership is central. This partnership-based and relational approach extends well beyond the constituent organisations to include meaningful engagement with the community and voluntary sector and the population and communities that partner organisations seek to serve. The activities undertaken combine advocacy, research, and community development approaches alongside the generation of public health research and intelligence to support wider partners and inform the creation of policy and strategic decision-making in relation to public health and health inequalities.

Location, IT and financial arrangements

Under the GCPH's current arrangement, all staff are employed by NHSGGC, IT infrastructure is provided by the University of Glasgow, and funding is provided on an annual basis by the Scottish Government. Given that GCPH staff are already NHSGGC employees, the option being proposed is that the future GCPH brand would be hosted in NHSGGC as part of the Public Health Directorate. Such an approach would result in several secondary outcomes. Firstly, colocation with the Public Health Directorate may obviate the need for the rental of space within Glasgow University. Secondly, given the challenges of cross-infrastructure information systems, the GCPH could migrate to the NHSGGC IT platform and equipment. This arrangement would provide a number of opportunities as the GCPH would benefit from more direct collaboration and support from an organisation with a proven commitment to the ethos of the GCPH Partnership, and this would include strategic support from the NHSGGC Board, enhanced communications, closer integration with the Service Renewal Framework, and better integrated contributions to the implementation of the Population Health Framework. A further option being considered includes retaining desk space at Glasgow University to facilitate joint partnership working, with the main base for staff being at Gartnavel Royal Hospital. We would request the continuation of the University of Glasgow affiliate status, and the benefits of it, for GCPH staff members as part of this new arrangement, including access to the existing IT infrastructure.

The brand identity of GCPH sees partnership as a central factor in the way of working at all levels of the organisation. Therefore, if the GCPH were to be hosted by NHSGGC, it would be important to agree a governance approach which retains the unique partnership governance arrangements. Accordingly, it is proposed that the GCPH would be overseen via a partnership group reporting to the NHSGGC Population Health and Wellbeing Committee. This approach would ensure partnership decision-making while providing mechanisms to support appropriate integration in key areas.

Funding, implications for staff and income generation

Hosting the GCPH within NHSGGC would necessitate further consideration of several issues, notably funding, and arrangements for GCPH staff and income generation.

The anticipated funding envelope for GCPH in 2026/27 as indicated by Scottish Government is around £800,000. While this exceeds current core staffing costs of c. £653,000 it also limits any scope for in-year staffing expansion. Changes in staffing at GCPH in the last 2 years has resulted in a net loss of twelve staff, reflecting uncertainties around future funding, as well as changes in GCPH leadership and direction.

The minimum level of additional staffing proposed was estimated to cost around £277,000 - as presented under Option 1 and 3 of the October 2025 options appraisal paper – this included two programme managers, and two senior research specialists. Allowing for the removal or reduction of accommodation costs (c.£60,000) currently payable to University of Glasgow, the proposed complement of additional staffing at this level would not be affordable as the total cost would exceed the anticipated budget by c.£129,000 in year.

Due to ongoing uncertainty about funding for 2026/27, NHSGGC has been engaging in dialogue with GCPH staff since February 2026.

Historically GCPH funding was via triennial grant from Scottish Government (2007, 2011 and a flat multi-year annual settlement from 2012 to the end of 2016), subject to independent review, followed by a period of sustained annualised funding and yearly review by the GCPH Board from 2017 onwards. Staff have expressed concern that annualised funding arrangements, together with the late timing of funding confirmation, make it difficult to plan work effectively and sustain meaningful partnership working.

We therefore propose that, under a hosted model, that Scottish Government moves towards baseline funding for core GCPH staff as part of the hosting arrangement. This would reduce annual uncertainty around staff funding of roles. Any Scottish Government funding for specific/discrete elements of the GCPH work programme would remain separate and continue to be subject to annual review. This approach

would also enable staff to form multi-year research arrangements with partners and external funders. Staff have also highlighted that NHSGGC has its own central corporate communications staff and administrative functions. There is therefore a need to provide clarity for GCPH staff on how the hosted model will operate as a single entity, given that alternative options may be available through NHSGGC.

As this option, and agreed funding for 2026/27, is explicitly predicated on retaining GCPH as a distinct brand and identity, it is essential that its dedicated communications and administrative functions are preserved as integral and unique components of the Centre. These functions are fundamental to GCPH's established ways of working and the influence and impact it achieves and should be maintained as part of the hosting arrangements.

A further issue for consideration relates to GCPH's unique ability to income generate, strengthening core funding arrangement and optimising the value of Scottish Government investment. At present the GCPH can hold grants and retain external income generated through its activities. Discussions this with NHSGGC finance have confirmed, where such income is used to support the work of the GCPH and is used in-year, this approach would be permissible within existing Standing Financial Instructions.

GCPH culture and identity

The additional option considered and outlined in this paper would preserve the identity, brand and culture of the GCPH, maintain its distinctive partnership approach, and extend its unique GCPH culture across the wider NHSGGC public health function including examples of how we will develop partnership at all levels in the joint delivery of the Public Sector Renewal and Population Health Frameworks.

Interim arrangements pending confirmed arrangements

Given the indicative funding from Scottish Government, it is recommended that, until formal agreement is confirmed from Scottish Government, the GCPH Interim Director continues to consult closely with NHSGGC colleagues on all expenditure to minimise interim financial risk.

As agreed at the March 2026 GCPH Board meeting, the workplan for quarter 1 (April to June) of 2026/27 will roll forward from 2025/26. The GCPH work plan for 2026/27 will be brought to the June meeting of the Board. Continuation of existing programmes of work and new programmes, will be considered on a case-by-case basis with partners, pending clarity from Scottish Government.

Recommendations

Given initial indications from Scottish Government, this paper outlines a proposal to host GCPH within NHSGGC. The proposal aims to minimise external costs while providing greater role security for staff and improved stability of programme funding for GCPH.

The GCPH Board is asked to consider this paper and advise on any additional considerations that it deems pertinent prior to submission for consideration to the Scottish Government.

John O'Dowd

18 June 2026

Work plan 2026 - 2027

Introduction

The Glasgow Centre for Population Health (GCPH) was established to understand and respond to changing patterns of population health and health inequalities in Glasgow and across Scotland. Working collaboratively with partners, the Centre identifies effective responses and solutions. We achieve our purpose through the delivery of robust, trusted evidence alongside practical support for partners working towards creating better and more equal health.

Following the submission of an options appraisal in October 2025, which considered the future role and function of the GCPH, funding has been secured from the Scottish Government for 2026–27. This continued investment reflects the strong and sustained commitment of the Scottish Government and key partners - NHS Greater Glasgow and Clyde (NHS GGC), the University of Glasgow (UofG), and Glasgow City Council (GCC) - to improving population health and tackling health inequalities, in line with the Population Health Framework (PHF) 2025–2035.

In 2026-27, the GCPH will focus on maximising the impact of the Centre's existing long-term commitments while creating capacity to respond to emerging public health and partner priorities. Our work, in alignment with, and support of, the PHF – Scotland's long-term collective approach to improving Scotland's health and reducing health inequalities - will strengthen prevention-focused systems, improve the social and economic conditions that shape health, and support the creation of healthier, more equitable places, services and food systems.

Our approach directly supports the PHF ambition to *"support research and innovation that improves the prevention of ill health,*" including continuing to transform approaches to innovation across health and social care through *"building new partnerships between local and national government, the NHS, academia and industry"* (PHF, p. 19). It also reflects the emphasis placed on community-centred approaches, by "*ensuring communities are at the heart of decisions about their local places is key to achieving meaningful change,"* and that working with local government and communities to understand need and co-create solutions is essential (PHF, p. 25).

Through applied research, evaluation, intelligence gathering and partnership working, we will generate, translate and mobilise evidence that supports policy, drives service reform and promotes collective action to improve health and reduce health inequalities across Glasgow and Scotland.

A strategic plan for 2026-2030 is also being developed positioning and outlining our contribution, priorities and ambitions for the future and reaffirming our commitment to improving population health and reducing health inequalities across Glasgow and Scotland. This will be shared and discussed with the GCPH Board at the earliest convenience.

Our work in 2026-27 will focus on:

- **Generating evidence, insight and leadership** to informs prevention-focused systems, supports public sector reform, and addresses social and economic determinants of health,
    - particularly in relation to poverty, equalities, food insecurity and community empowerment.

- **Providing timely and responsive public health intelligence** on emerging issues, producing evidence-based insights to understand impacts on the most vulnerable and disadvantaged populations.
    - including our work on food systems, gambling harms, weight loss medication, public transport, and on welfare policy and minimum incomes standards for disabled people

- **Providing high-quality evaluation and knowledge exchange** to support partners at local, regional and national levels to target resources effectively, improve outcomes and reduce inequalities
    - through the publication of the updated neighbourhood profiles for Glasgow City, as part of the Glasgow Health Determinants Collaboration and Clyde Metro team, and collaboration with the University of Glasgow on the GALLANT project and the evaluation of community food markets.

- **Working collaboratively across sectors and with communities** to co-create approaches, recognising the value and importance of diverse perspectives and lived experience
    - achieved through our work on the Glasgow City Food Plan work, partnerships with the Glasgow Disability Alliance and LGBT Health and Wellbeing, and ongoing collaboration with Glasgow Caledonian University on community assets, embedding lived experience and community wealth building.

The structure of this work plan

The GCPH work plan for 2026-27 takes account of current organisational capacity, skills and capabilities. A full progress review on the progress and any challenges to delivery of this work plan will be brought to the GCPH Board at mid-year (December 2026).

The plan is presented in draft form for the approval of Board members and in two sections. Section 1 describes the delivery of the GCPH work plan for 2026-27, highlighting potential risks and challenges to delivery. Section 2 presents a detailed matrix of key undertakings for the year structured in alignment with the priorities of the PHF:

1. Prevention focused systems
2. Social and economic factors
3. Places and communities
4. Enabling healthy living
5. Equitable health and care

A work plan for the GCPH Communications function is also presented in Section 2.

Section 1. GCPH in 2026-27

As highlighted in the 2025–26 End of Year Work Plan Report (GCPHMB/2026/485), the past year was both productive and successful for the GCPH team, achieved despite a challenging environment. The confirmation of funding for 2026–27 - subject to further discussion following the Scottish Parliament elections - provides a strong foundation for the year ahead.

The 2026–27 work plan will take a strategically focused approach, concentrating on a smaller number of priority projects to maximise impact and effectiveness. At the time of writing, discussions are

ongoing with the Public Health Directorate at NHS GGC and other city partners to identify further areas of work where its skills and capacity can be effectively deployed.

From a governance perspective, the GCPH Board is currently operating (since April 2025) without an agreed Memorandum of Understanding in place – though all partners are fully informed of progress and developments through regular quarterly Board meetings and additional meetings and communications as required.

Communications

A key component of how we work towards change is through our strategic and responsive use of communication outputs. Our communications approach has evolved to maximise the Centre's impact, influence and reach by:

- **Maintaining and strengthening our profile**, increasing awareness of GCPH and its work.
- **Raising awareness** of the social determinants of health across a wider range of policy areas.
- **Synthesising and communicating research findings and evidence** effectively for diverse audiences, raising awareness of our research priorities and projects, and maintaining our reputation for credible, trusted research.
- **Expanding our influence** through enhanced engagement with target audiences including policymakers, academics, planners, third-sector partners and the media.
- **Supporting the partnerships** on which the Centre's activity and impact depends, engaging an increasingly diverse range of stakeholders and end-users.

Success for the Communications function during 2026-27 will be reflected in the GCPH continuing to be recognised for its flagship contribution to population health in Glasgow and beyond - work that is trusted, respected and valued, and that meaningfully informs policy and practice across the public policy landscape.

Delivery considerations

This work plan has been developed in the context of reductions in both funding and staffing available to GCPH over the coming year. Key considerations in delivery of the plan include:

- **Staff capacity** remains an issue notably at Programme Manager level (currently 1.7 FTE) and Research Specialist level (currently 1.5 FTE). However existing staff are highly skilled and motivated and the morale within the Centre is high. This was demonstrated in the recent 100% completion of the 2026 NHS iMatter survey and overall team score of 94, representing a significant improvement on recent years. Sickness absences are also much reduced and remain low.
- Moving forward the Centre would benefit from additional staff resource and capacity. Board support and approval and NHS GGC sign off would expedite this process.
- Discussions regarding the **Centre's longer-term base and office location** remain ongoing at the time of writing. Over the past year, staff have settled well into the Clarice Pears space, which has provided a positive and collaborative working environment and supporting stronger academic engagement. In parallel, NHS GGC's ambition to strengthen organisational alignment is recognised, alongside the need to ensure financially prudent use of resources. Future accommodation arrangements will be considered carefully by the Board in due course.

GCPH
June 2026

Section 2. GCPH work plan 2026-27 - matrix of key projects

GCPH work plan 2026-27 – in alignment Scotland's Population Health Framework 2025-2035			
1. Prevention focused systems - *Strengthen collective accountability for population health outcomes and inequalities*			
Project title **GCPH contributors, partners and resources**	**Key deliverables during 2026-27 with timescales, including equalities considerations**	**Partnership and local and national policy alignment**	**Pathways to anticipated impact**
Glasgow neighbourhood health and wellbeing profiles Jen, Berengere External commission to PHS	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. **Adult profiles – published May 2026** **Children and young people profiles – publication by the end of June 2026**	• Health and Social Care Service Renewal Framework: Population Principle • NHS GGC DPH Report, Turning the Tide through Prevention (2018-28)	• Providing update to date local level neighbourhood data for Glasgow City. • 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 • A wide demand for this type of public health intelligence among planners, policymakers, third sector groups community groups 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.
Glasgow city neighbourhood profile intelligence briefings and resources Gregor	Develop a set of comparative and descriptive briefings for Glasgow city and the three Glasgow sectors showing change across the new and old profiles for comparable indicators **(July 2026).**	• NHS GGC DPH Report, Turning the Tide through Prevention (2018-28)	• Developing comparative briefings for Glasgow city and the three city sectors will provide accessible evidence on how demographic, health, socio-economic, and environmental indicators have changed over time.

	Develop briefings which show differences in indicator results across neighbourhoods. Develop further resources and infographics to support dissemination, engagement and use of the new profiles.		• By comparing old and new profile data, the briefings will help identify emerging trends, persistent inequalities, and areas of improvement across the city. • Neighbourhood summaries (which only includes the up-to-date profiles) will show the extent to which city-wide results are reflected across neighbourhoods, demonstrating which areas are driving city-wide trends and the extent to which there are geographical inequalities in outcomes across indicators.
LGBT+ health and wellbeing: census analysis Chris, Mohasin With LGBT Health & Wellbeing	Study will 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. **Report completion by end of May, publication in early June to support Pride month** Report will be launched with a suite of guest blogs and social media outputs to compliment the findings, published throughout June and July in the lead up to Glasgow Pride on 18th July. Series of inclusive focus groups with LGBT+ people to discuss the census report data and findings and to again a lived experience perspective (**August 2026**).	• Equality Act 2010 • A Fairer NHS GGC 2025 – 2029 • Health and Social Car Service Renewal Framework: Population Principle • Population Health Framework: Places and Communities	• 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: 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 NHS GGC; Public Health Directorate, and Equalities and Human Rights team. • A further GCPH LGBT H&W collaborative report will be published in autumn 2026 where the findings of the census analysis will be discussed with LGBT+ people through a series of inclusive focus groups. This lived experience perspective adds

			qualitative richness to the work and is also morally and ethically important.
2. Social and economic factors - *Improve the social and economic factors that support better health and reduce inequalities*			
Project title **GCPH contributors, partners, and resources**	**Key deliverables during 2026-27 with timescales, including equalities considerations**	**Partnership and local and national policy alignment**	**Pathways to anticipated impact**
Evaluation of Community Wealth Building in Scotland (CoWBELLS) Mohasin, Jen GCU led study funded by NIHR with UofG, Lancaster University £27.2K income per year to GCPH £15.6K (in as income and out as PIP expenditure to support delivery)	GCPH as lead Patient and Public Involvement Co-Investigators • Establishment, maintenance and delivery of PPIE component of study with representation across 6 LA's involved. • Delivery of 2 in person PIP meetings in Year 1 (**March and September 2026)** and support to Study Steering Committee (**June 2026).** • Attendance at monthly project management meetings. • Sharing of learning and insight from PIP, and contribution to study papers. • Ongoing monitoring and evaluation of PIP learning and impact. **3 year project from Oct 2025 to Sept 2028**	• Passing of CWB Bill 2026 • Scotland's National Strategy for Economic Transformation • NHS GGC Anchor Strategic Delivery Plan 2023-2026 • UofG Research Strategy 2036: Communities and Context • Community Empowerment Act 2015 • Population Health Framework: Places and Communities	• An assessment of CWB and its implementation in Scotland and its overall impact of CWB on health, income and work in local areas. • Robust evidence and important learning on the realities of the implementation and impact of CWB on health and economic outcomes. • Integrated PPIE will ensure a clear community voice within the project, influencing methodological approaches, relevance and applicability of learning. • Dissemination will influence support for investment in and efficacy of CLOs. • Support translation into community level impact.
Disability welfare policy Population health and NHS service demands impacts Chris	Project components • Framing Analysis – investigating how disabled people are portrayed in politics, the media and policy debates.	• Equality Act Scotland 2010 • Social Security Act 2018 • Disability Equality Plan 2025 • A Fairer NHS GGC 2025 - 2029	• 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.

With GDA External commissions	• Lived Experience Inquiry –to capture disabled people's voices regarding the realities of welfare support and proposed reforms. **Framing Analysis report publication in mid-May** **Lived Experience Inquiry with GDA by August 2026**	• A Fairer Scotland for Disabled People: Strategic Plan 2016	• 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 • A further GCPH GDA collaborative report will be published in autumn 2026 where the findings of this framing exercise will be discussed with disabled people themselves through a series of inclusive focus groups delivered by GDA. This lived experience perspective adds qualitative richness to the work and is also morally and ethically desirable.
Minimum income and cost of living for disabled people Jill With Castlemilk Law and Advice Centre External commission	Exploring issues around income adequacy, minimum levels of income and the experience of being on very low incomes from households with disabled people. **Completion by October 2026**	• Equality Act Scotland 2010 • Social Security Act 2018 • Disability Equality Plan 2025 • Minimum Income Guarantee: report - a roadmap to dignity for all 2025 • A Fairer Scotland for Disabled People: Strategic Plan 2016	• This research will explore the experiences of people living on lower incomes, including how they cope, where they get support, and what impact this has on their wellbeing. • It will particularly highlight the additional financial challenges facing people living with disabilities or long term conditions and will explore the choices they make about how to use the money they have and how this affects their wellbeing. • The project outputs will challenge the increasingly negative media portrayal of people who rely on welfare support because of a disability and offer a different perspective.

			• Working in partnership with Castlemilk Law and Money Advise Centre and Glasgow Disability Alliance; specific policy recommendations will be made. • Also working in partnership, a communications plan will be developed to reach different key audiences.
Public health travel and transport Gregor	This work will involve continued public health support for Clyde Metro through supporting SPT in the delivery the consultant-led stage 2c case for investment including HIA Steering Group member and review of draft HIA (**September 2026**). GCPH will support the establishment of a working group with transport and research organisations (Glasgow City Council, SPT, PHS and the GALLANT partnership) to explore gendered transport issues across the region. In partnership with GCC, GCPH have led on the creation of the group, a workplan which includes aims and objectives and an agreed Terms of Reference document. As part of this GCPH will produce a scoping briefing which outlines key issues and challenges, as well as best practice from other UK cities and regions (**August 2026**). **Discussions are ongoing with the new GCR Clyde Metro team about further work to support the project.**	• Glasgow Region City Deal • Strategic Transports Review Project 2 (STPR2) • NPF 4 • Population Health Framework: Places and Communities • National Transport Strategy 2 (2020 - 40)	• Agree scope of input for CFI process with SPT. Impact will be achieved through informing the development of robust and public-health informed HIA, EQIA and FSD. • Working group progress and outputs will be monitored and reported on, including the development of a six month ‘progress report’. The briefing will be shaped by the views of the group. It will be published on the GCPH website, disseminated through social media and presented to appropriate forums and groups.

3. **Places and communities -** *Create healthy and sustainable places by working in and with communities*			
Project title **GCPH contributors, partners, and resources**	**Key deliverables during 2026-27 with timescales, including equalities considerations**	**Partnership and local and national policy alignment**	**Pathways to anticipated impact**
Evaluation of Sistema Scotland Chris With Audit Scotland, Strathclyde University and the Glasgow City Region	Provision of supervision of the ongoing fieldwork and long-term evaluation of Big Noise Scotland. Publication of "Trust the Process" -- Big Noise impact on participants, families and the wider community – **mid-June 2026**. Report launch event on **17th June 2026**. A suite of further resource to support dissemination and engagement in preparation.	• NHS GGC DPH Report, Turning the Tide through Prevention (2018-28)	• The report will be launched within a Big Noise site in Govanhill. Senior politicians have been invited to the event. CH will lead a panel discussion on the Big Noise evaluation and the latest report. • The evaluation has several national partners who will support and disseminate the findings as well as local partners in six geographies across Scotland. • The evaluation also has international interest and will be shared within existing networks.
Systemic approaches to economic, health inequalities and climate resilience – **GALLANT** Jill With UofG.	Chair of Advisory Group for the community collaboration workstream (**3 meetings per year**).	• Circular Economy Route Map for Glasgow • Glasgow Climate Adaptation Plan 2022-2030 • UofG Research Strategy 2036: Communities and Place / Teams and Partnership	• Working with community members are co-researchers the community collaboration work stream of GALLANT aims to centre community voices in how GALLANT's environmental initiatives are designed, delivered, and evaluated. • 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.

Glasgow HDRC GCPH Communications With GCC/UofG	Further knowledge exchange following publication of City ethnicity profile published October 2025. Communications support to HDRC seminar series– part of 2025-26 work plan which HDRC did not proceed. **Awaiting further detail and indication of timescales – assessment of Comms capacity to continue to support will then be made given other and existing commitments.**	• NHS GGC DPH Report, Turning the Tide through Prevention (2018-28)	• 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.
4. Enabling healthy living - *Develop supportive environments that promote health and wellbeing and reduce health harming activities*			
Project title **GCPH contributors, partners, and resources**	**Key deliverables during 2026-27 with timescales, including equalities considerations**	**Partnership and local and national policy alignment**	**Pathways to anticipated impact**
Evaluation of Glasgow Community Food Market stalls Jill UofG led study funded by the UKRI **£6K income per year to GCPH**	Co-I/Lead for Market Implementation Work Package First intervention market stall to be delivered in Govan in May 2026 • Working to build resourcing for implementation. • Establishment and maintenance of markets in collaboration with community organisations • Collaboration with stakeholders to assess impact of markets and communication of learning.	• NHS GGC DPH Report, Turning the Tide through Prevention (2018-28) • UofG Research Strategy 2036: Communities and Context • NHS GGC Annual Delivery Plan 2025-26, Improving Population Health & Reducing Health Inequalities: Healthy Weight • Population Health Framework (2025-27): Priority 2 -Improving Healthy Weight	• 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. • Production of toolkit to support other community organisations in the development of similar market stalls.

	• Plan for second intervention market stall in Cranhill from May 2027. **3 year project from April 2025 to March 2028**	• Scottish Government Healthier Futures Framework: Diet & Healthy Weight Delivery Plan	
Glasgow City Food Plan (GCFP) Jill, Riikka With Glasgow Food Policy Partnership partners (e.g. GCFN, GCC, HSCP, NHS GGC, Chamber of Commerce) - 21 partners in all.	• Chair of Glasgow Food Policy Partnership and Lead for Glasgow City Food Plan: oversight and coordination of the different themes of the GCFP. • *Glasgow City Food Plan* (GCFP): Leadership and linking with the local Good Food Nation Plan development. • *Glasgow Food Policy Partnership* (GFPP): Chairing and Co-Ordination linking with the UK-Sustainable Food Places network. • Interim assessment of the GCFP • Working with partners towards achievement of the Gold Sustainable Food Places Award for Glasgow. **In Year 5 of 10**	• NHS GGC DPH Report, Turning the Tide through Prevention (2018-28) • NHS GGC Annual Delivery Plan, Improving Population Health & Reducing Health Inequalities: 2.3 Healthy Weight • Population Health Framework (2025-27): Priority 2 - Improving Healthy Weight • H&SC Service Renewal Framework: Prevention Principle • A healthier future: Scotland's diet and healthy weight delivery plan • Cash-First - towards ending the need for food banks in Scotland: Plan	• Working through the established structures of the GCFP to further build understanding and commitment, including senior buy-in from key partners. • Facilitating collaboration, leading development, and increasing coordination and coherence across the work of all stakeholders to improve 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.
Good Food Nation local planning Jill and Riikka	• Working with 'relevant authorities' (NHSGGC and GCC) to inform and support the development of local GFN plans in line with the GFN Act legal requirements. • Working with partners and relevant authorities to align GCFP work with new local GFN plans.	• Good Food Nation (Scotland) Act 2021 and Good Food Nation National Plan 2025. • Population Health Framework: Places and Communities	• Working with and learning from national partners, including the Scottish Food Commission, the GFN Living Lab, the Scottish Food Coalition and the Sustainable Food Places Network. • Facilitating closer working relationships between relevant authorities within and out with Glasgow. • Engaging stakeholders and partners from across the policy areas relevant to GFN.

Gambling harms and young men Chris	A rapid review of evidence to support young men in the prevention and recovery from gambling harms. Associated resources and social media content. **Report publication March 2026** Ongoing dissemination and engagement.	• Population Health Framework: Prevention Focused Systems • Scotland Reducing Gambling Harm (ScotRGH) program • PHS Gambling Harms Public Health Needs Assessment • Population Health Framework: Places and Communities	• 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. • 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. • New connections have been established. CH now supporting NHS GGC gambling harms prevention work undertaken with gambling levy funds. • CH has joined the advisory group supporting the implementation of multi-disciplinary research project to prevent gambling harms among children and young people. This project is led by Edinburgh University and University of Glasgow.
Exploring the Public Health Implications of the New Generation of Weight Loss Medications Chris	• A concise discussion paper will be published in **September 2026.** This paper is based on a rapid, narrative review of the emerging literature on GLP-1 receptor agonists and related	• Population Health Framework: Prevention Focused Systems • Improving Healthy Weight • NHS GGC DPH Report, Turning the Tide through Prevention (2018-28)	• This paper will contribute to the emerging discourse on weight loss pharmacotherapies by shifting the focus from individual-level clinical outcomes to population-level implications.

With NHS GGC	weight loss pharmacotherapies. The aim of the review will be to identify key themes, areas of consensus and uncertainty, and implications for public health policy and practice.
	• A purposive sampling approach was used to select relevant sources, including peer-reviewed journal articles, commentaries, and policy documents published between 2024 and 2026. This time frame reflects the rapidly evolving nature of the evidence base and the recent expansion in the use of these medications for weight management.
		• NHS GGC Annual Delivery Plan 2025-26, Improving Population Health & Reducing Health Inequalities: Healthy Weight	• While existing literature has largely concentrated on efficacy, safety, and clinical application, there remains a relative paucity of work examining how these medications intersect with broader public health systems, policies, and inequalities.
			• Specifically, this paper has five impactful characteristics:
			  • Brings together clinical, social and policy perspectives
			  • Frames the issue through a population health lens
			  • Highlights critical evidence gaps
			  • Examines alignment with policy and system reform agendas
			  • Encourages critical and balanced reflection.

5. Equitable health and care - *Foster a health and social care system that delivers equity, prevention and early intervention*			
Project title **GCPH contributors, partners, and resources**	**Key deliverables during 2026-27 with timescales, including equalities considerations**	**Partnership and local and national policy alignment**	**Pathways to anticipated impact**
Evaluation of FNC+	• Assessment of the impact of Flow Navigation Centre Plus (FNC+) on population health and on health inequalities within NHS GGC. • Development and delivery of multi-component evaluation framework - examining outcomes, access, and equity dimensions.	• Population Health Framework (2025-27) Priority 1: Prevention Focused Systems • H&SC Service Renewal Framework – Prevention Principle / People Principle / Community Principle • NHS GGC DPH Report, Turning the Tide through Prevention (2018-28)	• 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

	• Establishment of evaluation steering group. **Future prioritisation and contribution to this work under discussion.**	• NHS GGC Annual Delivery Plan 2025-26, Improving Population Health & Reducing Health Inequalities	• The evaluation of FNC+ is key for strategic, clinical, and policy-driven reasons, including: • 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.
Learning to support GCPH to become an anti-racist organisation Mohasin, Chris	• Ongoing team learning and engagement sessions throughout 2026-27. • Implementation of GCPH anti-racists strategy and action plan. • Report on progress to GCPH Board during late 2026-27.	• Equality Act 2010 • A Fairer NHS GGC 2025 – 2029 • NHS GGC Anti-racism Plan 2025 – 2029 • Scottish Government Race Equality Framework for Scotland 2016 to 2030	• Centre anti-racism within our organisational culture, work, and governance to enable more relevance to the diverse communities in Glasgow, and to support our partners to embed anti-racism within their work. • By working on a collective narrative to thread all GCPH work, this will ensure messaging supports anti-racist principles and does not perpetuate harm for marginalised communities. • Use GCPH's platform to amplify racialised community voices, priorities and evidence within public health discourse and policy influence.
Equalities organisational development and internal EQIA systems All	To embed EQIA's in all new pieces of GCPH work to ensure our research does not unintentionally discriminate against marginalized or vulnerable groups, and to ensure legal compliance.	• Equality Act 2010 • A Fairer NHS GGC 2025 – 2029 • NHS GGC Anti-Racism Plan 2025-29 • Health and Social Care Service Renewal Framework: Population Principle	• By completing EQIA's for all pieces of work, GCPH will be able to identify and address the potential impacts of research projects on different protected characteristic groups, ensuring that the diverse needs and perspectives of different communities are included where possible. • Keeping this record also supports compliance with Public Sector Equality Duties.

GCPH Communications function

To provide effective and responsive communications to promote understanding and to support action, change and the implementation of required responses.

Strategic and responsive use of a range of media to build our profile, ensure maximum impact and exposure for our work, and to support organisations and agencies to respond to the relevant challenges.

Maintenance of digital presence, calendar of engagement and dissemination events, and the publication, dissemination and promotion of a wide range of outputs from work plan projects.

Specific activities for 2026-27	Description and timescales	Deliverables for 26-27	Pathways to anticipated impact
Publications and print media	Ongoing	• Ensure all reports and outputs are robustly edited, clearly written and designed. • Develop tailored dissemination plans for each publication to reach relevant audiences, including additional knowledge exchange outputs to accompany a publication. • Continue refining the GCPH visual identity, with greater use of design, imagery and accessible formats.	• Production of high-quality, engaging and accessible publications. • Consistent tone, messaging and branding across all outputs. • Improved reach and uptake through targeted dissemination. • Increased sharing and application of GCPH work by partners and stakeholders. • Stronger collaborative communications through joint dissemination activity (i.e. Sistema Scotland, Castlemilk Law and Money Centre, LGBT Health and Wellbeing, GCU etc.). • Engagement of broader range of perspectives through more accessible and inclusive comms (i.e. use of racial inequalities lexicon or disability framing, among others).

Event development and delivery	Ongoing	• Deliver/support targeted workshops and learning events aligned to key themes. • Host knowledge exchange/translation sessions to support interpretation and application of evidence. • Contribute to and co-deliver a series of events with HDRC partners (TBC). • Make greater use of partner venues to deliver cost-effective events. • Focus on online events due to reduced budget.	• High-quality, well-managed events with clear outputs (e.g. recordings, documentation, reports/visual summaries when applicable). • Broader and more diverse audience engagement, including through external conferences. • Greater cross-sector exchange of knowledge and perspectives. • Development of practical, evidence-informed recommendations grounded in real-world contexts.
Digital media and engagement	**GCPH website** **Understanding Glasgow website** Ongoing	• Maintain, regularly update and improve GCPH and UG websites, with a focus on accessibility and user experience (i.e. new project pages, publications, events recordings etc.). • Neighbourhood profiles/UG: incorporate the latest available data (including Census updates) with new sets of adult and children neighbourhood profiles for Glasgow City. • Refresh and expand associated visual materials such as infographics. • Look into potential new collaboration with PHS for the Glasgow Indicators. • Archiving of GoWell website and resources.	• Providing up-to-date and locally relevant public health intelligence to partners, organisations and communities, highlighting health and social inequalities, supports understanding of population health and its determinants, in local areas. • A trusted, accessible source of public health data in one place. • Enhanced ability for stakeholders to use data in planning, with better informed decision-making, resource allocation and priority setting. • GCPH work and resources are showcased in an accessible manner and are up to date. • Possibility of further collaboration with PHS to update indicators on UG.

	Other digital	• Expand the range of digital content, including video, graphics and multimedia storytelling (i.e. animations, case stories, etc.). • Deliver a regular programme of e-updates (approximately six per year). • Grow and actively manage social media presence, particularly on LinkedIn and Bluesky, and look at pros and cons of adding an Instagram channel. • Continue development of themed digital content (e.g. blogs, videos, Concept Explainers and Did You Knows, and other content as relevant).	• Clear and consistent dissemination of research, resources and insights. • Stronger visual communication through infographics and imagery. • Increased use of multimedia to bring research to life and enhance understanding. • Direct engagement with audiences via email and digital channels. • Sustained and growing interaction with stakeholders online. • Greater use of personal and human stories to make content more engaging and relatable.
	Understanding Glasgow: the Glasgow indicators project.	• 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.

Glasgow Centre for Population Health
Management Board Meeting
23rd June 2026

Budget position: 1st April 2025 to 31st March 2026

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2025 to the end of March 2026 detailing expenditure of £1,005,047.

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

	£
• Annual SG allocation	950,000
• External income from partners and others	68,081
• Brought forward from previous year	27,000

Commentary on Table 1

1. The Scottish Government budget allocation for 2025–26 was received in two tranches: £600,000 allocated to NHS GGC in June, followed by a further £350,000 in November 2025. The second anticipated allocation of £400,000 was subsequently, following discussion, reduced by £50,000 to reflect a forecast end of year underspend.

2. External income (I2) of £68,081 was received during the year, representing a shortfall of £30,760 against the £98,841 target. This variance is primarily attributable to the timing of invoices for the Community Wealth Building project with GCU, along with the delayed final payment for the Cash First Partnership project.

3. Spending on staffing (E10) is slightly less than expected with a £16,563 underspend at year end due to staff departures in the first quarter of 2025-26.

4. Accommodation costs and centre management and running costs (E9 and E8, respectively) are lower than anticipated at year end, resulting in an underspend of £27,751. This reflects the in-year move to the Clarice Pears Building, where facilities costs are incorporated within the rental charge.

5. Research costs (E1 to E6) are marginally below the year-end forecast, primarily reflecting capacity constraints that have limited progress on individual workstreams, as well as delays in invoicing from external partners and slower-than-expected NHS GGC procurement processing. Expenditure on training and development is also lower than anticipated, largely due to limited and stretched staff capacity to engage in training activities during the year, alongside increased availability of online courses and conferences.

6. Spend increased by £224,268 in the final month of 2025-26.

7. It should be noted that, unlike previous years, there is no provision for GCPH to carry forward any underspend from 2025–26 into the 2026–27 financial year.

8. £50,000 from the contingency was allocated in early 2026 to support the continuation of the Glasgow city Adult Health and Wellbeing survey.

9. The final 2025–26 financial outturn reports an underspend of £40,030, based on the position at Month 12.

10. Board members are requested to note the contents of this report.

Julie Gordon
21 May 2026

Table 1. Financial position 1st April 2025 to 31st March 2026

	Income	***£***	***Actual to Mar £***	***Forecast Out-turn £***	***Forecast Variation from Budget £***
I 1	Annual SG Allocation	950,000	950,000	950,000	-
I 2	Other Income	98,841	68,081	68,081	(30,760)
	Total Income 25/26	***1,048,841***	**1,018,081**	**1,018,081**	**(30,760)**
I 3	Carry Forward from previous years	***27,000***	27,000	27,000	-
	Total Available 25/26	***1,075,841***	***1,045,081***	***1,045,081***	***(30,760)***
	Expenditure				
	Research:				
E 1	Community wealth building - PPIE	8,190	3,772	3,772	4,418
E 2	Glasgow City Food Plan	111,000	132,491	132,491	(21,491)
E 3	Training and Development	5,000	748	748	4,252
E 4	Cash First Expenditure	12,500	9,948	9,948	2,552
E 5	Community Profiles - Public health Scotland	75,000	75,973	75,973	(973)
E 6	Disability welfare reform	40,000	20,257	20,257	19,743
	Public Health Survey Contribution	50,000	50,000	50,000	-
	Total Research	***301,690***	***293,189***	***293,189***	***8,501***
	Communications:				
E7	Communications	23,000	10,242	10,242	12,758
	Total	***23,000***	***10,242***	***10,242***	***12,758***
					-
	Management and Administration				-
E8	Centre Management, Admin & Running Cos	20,000	3,947	3,947	16,053
E9	Accommodation Costs	70,000	58,302	58,302	11,698
E10	Core Staffing	655,930	639,367	639,367	16,563
	Total Management & Admin	***745,930***	***701,616***	***701,616***	***44,314***
	Total Expenditure	***1,070,620***	***1,005,047***	***1,005,047***	***65,573***
	Balance	***5,221***	***40,034***	***40,034***	

Glasgow Centre for Population Health
Management Board Meeting
23rd June 2026

Budget Setting: 1st April 2026 to 31st March 2027

Recommendations

The Board is asked to:

- Review the commentary in this paper and accept the budget setting proposal summarised in Table 1.

Commentary on Table 1

1. Income:

   1.1. The funding allocation from Scottish Government is anticipated at £800,000. The amount is for financial year 2026-27 only and therefore is classed as non-recurring. Scottish Government have indicated that funding will be received in two allocations - in July and December 2026

   1.2. Research income (I2) is expected in relation to projects including the Community Wealth Building evaluation (CoWBELLS) with Glasgow Caledonian University and the Glasgow Community food markets research with the University of Glasgow.

   1.3. Unlike previous year, there is now no facility or provision for a carry forward of the 2025-26 underspend into the 2026-27 financial year (I3).

2. Expenditure:

   2.1. Staff costs (E10) for the current staff complement have been calculated based on an agreed NHS Scotland 3.75% salary uplift.

   2.2. Following significant staff movement during 2024–25 and early 2025–26, the costed staffing complement and workforce capacity for 2026–27 (11 team members, 8.5 FTE, £690K) are now slightly less than half those of 2024–25 (18 team members, 15.11 FTE, £1M).

   2.3. Following discussion with Board members in May, and in keeping with the position in 2025-26, there are no current plans to recruit new team members until the longer-term future and funding for the Centre is clarified.

   2.4. Accommodation costs (E9) for rent, cleaning and utilities are included at the rate of £57,600 per year.

2.5. Discussions are ongoing with partners regarding the longer-term accommodation of the GCPH team. The current lease agreement for the Clarice Pears Building is due to expire in early July 2026. At present, it is not possible to commit to a further full-year lease, as GCPH funding is only confirmed until 31 March 2027. NHS GGC Property Service is in discussions with the University of Glasgow Estates Team and has secured a temporary month-to-month extension arrangement, subject to review after three months, while the outcome of discussions with the Scottish Government is awaited. It is anticipated that a permanent accommodation arrangement will be in place by the start of Q3 (September 2026).

At the time of budget planning (June 2026), this interim and temporary arrangement has implications for projected expenditure, including the potential for an underspend, as full-year rental costs are currently reflected in Table 1.

2.6. Centre Management costs (E8) are set at £5,000, a 75% reduction from previous years. This allocation covers administrative expenses such as postage, equipment, stationery, IT needs, and general operating costs. The reduction reflects that printing and supplier expenses are now included within the accommodation costs.

2.7. The communications budget for 2025-26 (E7) has been set at £10,000 to support ongoing communications activities, outputs and events, also a reduction from previous years. A modest budget has been allocated for training and development (E6), reflecting priorities identified through End of Year and Personal Development Review discussions and our ongoing commitment to professional development.

2.8. Research income from Glasgow Caledonian University for the CoWBELLS project will provide GCPH with income (I2) to support both its organisational role and contribution as Co-Investigators on this NIHR-funded project, as well as dedicated funding for delivery of the project's Public Involvement Panel (E1). Line E2 supports staffing and delivery of the Glasgow City Food Plan and its interim evaluation, while Line E4 funds lived experience engagement and qualitative research with LGBT+ community members following publication of the data focused LGBT+ Census report.

2.9. Consultancy costs (£5.9k) supporting work on disability welfare reform and the framing of disability (E5) were incurred in March but delayed within NHS GGC procurement systems. As a result, they were not recorded in the 2025–26 expenditure ledger and have been charged to the 2026–27 research budget, impacting this year's allocation.

2.10. A small portion of the budget remains unallocated at budget setting to accommodate in-year developments currently under discussion with partners.

Ricky Fleming
June 2025

Table 1. Proposed budget plan 2026-27

GCPH Financial Plan: Projection for 2026-27

	Income	***Planned 2026/27 £***
I 1	Annual SG Allocation	800,000
I 2	Other Income	48,851
	Total Income 26/27	***848,851***
I 3	Carry Forward from previous years	-
	Total Available 26/27	***848,851***
	Expenditure	
	Research:	
E1	Community Wealth Building (Public Invovement Panel)	15,616
E2	Support to GCFP and interim evaluation of Food Plan	32,000
E3	Understanding Glasgow and the Glasgow Indicators project	10,000
E4	LGBT+ lived experience qualitative research	8,000
E5	Population health and service impacts of Disability Welfare Reform	5,940
E6	Training and development	5,000
	Total Research	***76,556***
	Communications:	
E7	Communications	10,000
	Total	***10,000***
	Management and Administration	
E8	Centre management, admin and running costs	5,000
E9	Accommodation costs	57,600
E10	Core GCPH staffing	689,232
	Total Management & Admin	***751,832***
	Total Expenditure	***838,388***
	Balance	***10,463***

Navigating an addictive and toxic landscape

Chris Harkins, March 2026

First GCPH publication focused specifically on problem gambling and gambling harms.

Peer-review by UofG, UWS colleagues

Rapid review provides timely insight into emerging risks and influences affecting gambling among young men.

Agenda-setting work highlighting digital gambling ecosystems, social media influencers and gambling-like features within gaming.

Has opened new opportunities for GCPH influence, collaboration and leadership within the gambling harms field.

Glasgow Centre for Population Health

Changing the narrative about disabled people in Scotland today

Nicky Hawkins, Chris Harkins, Tressa Burke, May 2026

GCPH commissioned a communications and framing expert to lead this work, collaboration with Glasgow Disability Alliance

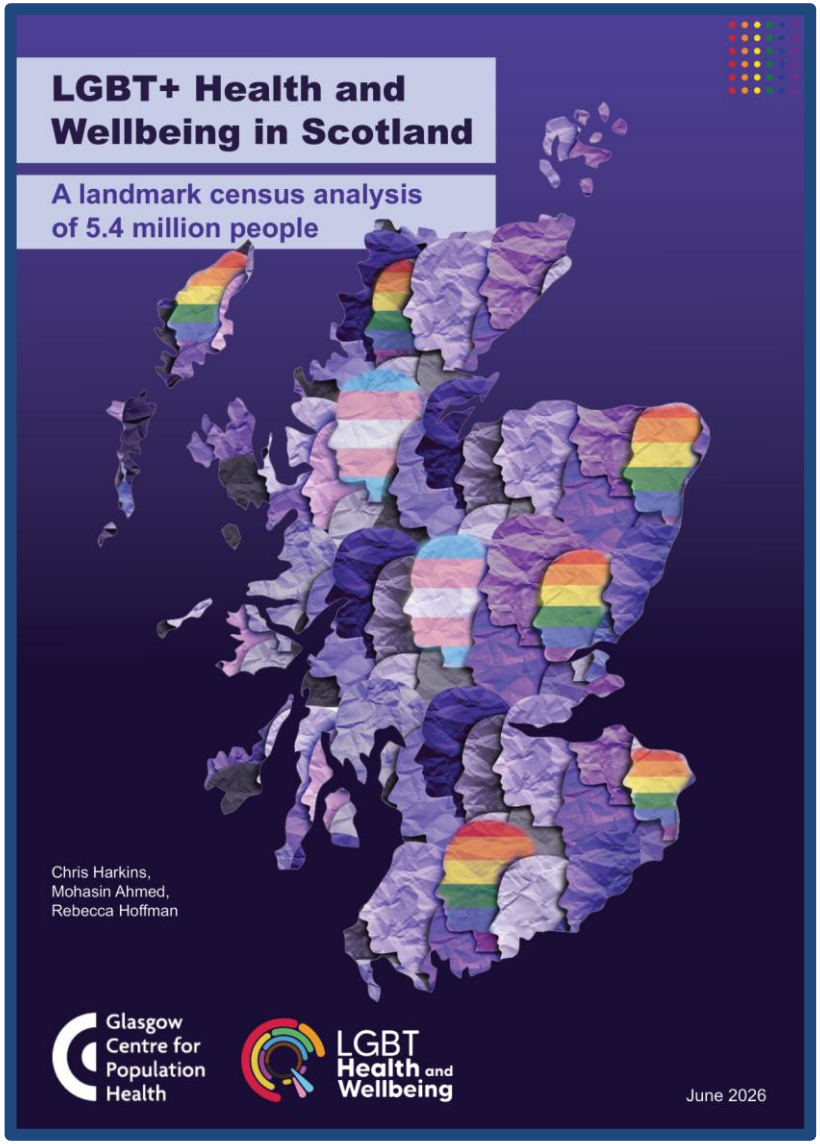
Represents a new direction for GCPH, exploring how language and narratives shape public attitudes and policy choices.

Provides practical insight into how disability is discussed across media, politics and public discourse.

Supports more humanising, evidence-informed approaches that strengthen dignity, inclusion and public understanding.

Lived experience work (Autumn 2026)

Glasgow Centre for Population Health



LGBT+ Health and Wellbeing in Scotland: A landmark census analysis of 5.4 million people

Chris Harkins, Mohasin Ahmed, Rebecca Hoffman, June 2026

First population-level analysis of LGBT+ health and wellbeing using Scotland's Census 2022.

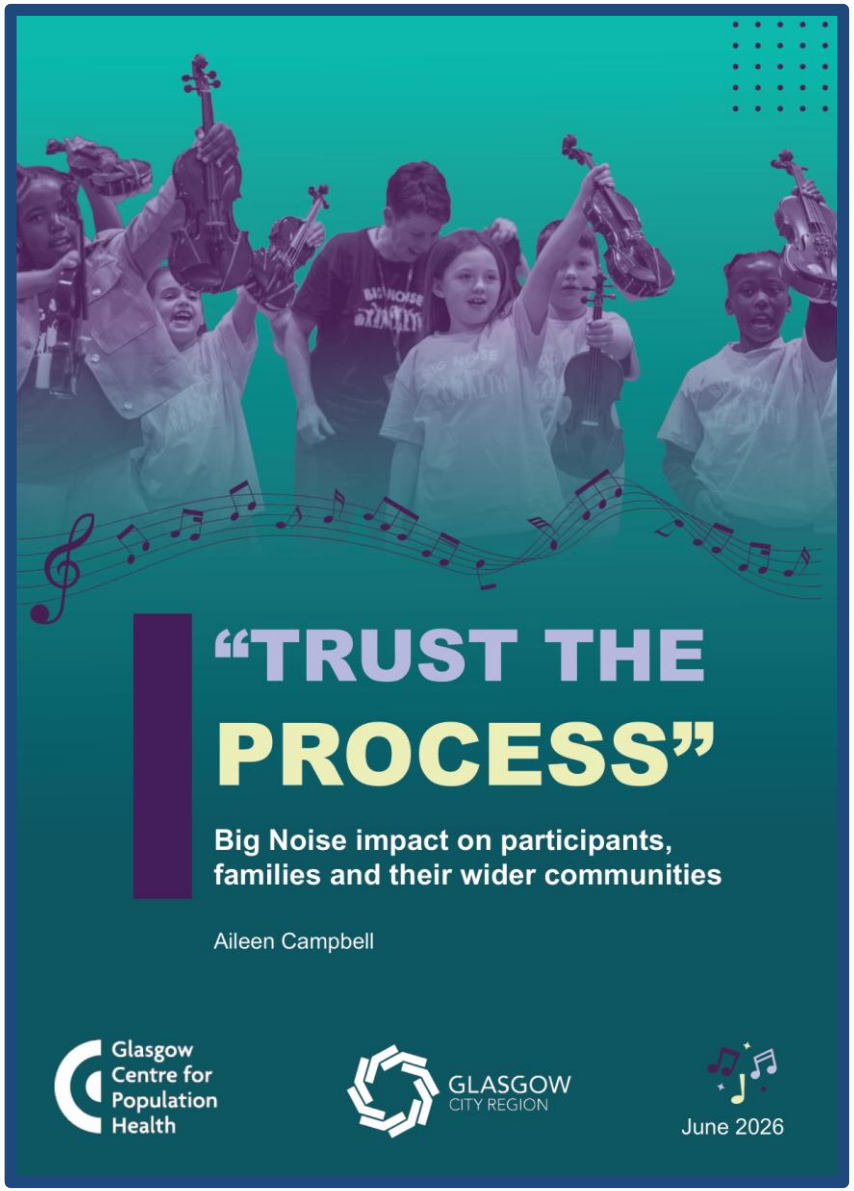
Highlights substantial inequalities in health, disability, mental health and socioeconomic outcomes.

Key question for public health: is the system ready for a future where more than 1 in 8 young adults identify with a minority sexual orientation?

Demonstrates that LGBT+ status should be recognised as an important determinant of health and wellbeing.

Lived experience work (Autumn 2026)

Glasgow Centre for Population Health



"Trust the Process": Big Noise impact on participants, families and their wider communities

Aileen Campbell, Chris Harkins, Lisa Garnham, Finn Corrigan

Part of GCPH’s long-term "lifecourse" evaluation of the Big Noise programme – methodological and reputational benefits.

Long-term collaboration with Audit Scotland, including a dedicated secondment to lead this report.

Collaboration with Glasgow City Region Intelligence Hub and the University of Strathclyde.

Findings demonstrate impacts and ways of delivering preventative, relationship and community-based services.

Statistical analysis, 2030

Glasgow Centre for Population Health