



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 13 September 2016**

Reviewing and strengthening the function

Recommendations

Board members are asked to:

- Discuss the attached Terms of Reference as the basis of a new statement about the role and function of the Management Board
- Agree to participate in two Board development sessions – one in November, the second early in 2017 – and to contribute views on the shape and content of these sessions.

Background

1. The Board meeting in June raised a number of issues about how to ensure best value from the members of the Board and fulfilment of the necessary governance responsibilities and guidance from the Board as a whole. The composition of the Board means that, inevitably, different members have different interests, different aspirations for the work of the GCPH, and different preferences for the role of the Board. For example, some like strategic and developmental discussions in meetings; others look for a greater focus on governance and accountability; others thrive on the research. This raises challenges in relation to the use of time at Board meetings and the type of material that is brought to the Board for discussion. The diversity of membership and partnership nature of the Board is, however, a strength that we are keen to build upon.
2. On joining the Board, members are provided with a copy of the Management Board Terms of Reference, along with other background materials about the work of the GCPH, and are offered a face-to-face introductory meeting. The Terms of Reference are attached as an Annexe to this paper, and as the basis of an initial discussion among members about the function of the Board.
3. Members will also note that the Agenda for the current meeting has been structured to clarify the nature of items in relation to the Board's role. We will review whether this sort of re-shaping of the agenda is helpful.

Looking ahead

4. We are reaching the end of the current 'phase' of GCPH activity, our work and priorities having been shaped by the proposal that was funded by Scottish Government in 2011. The GCPH team recognises that during 2016/17 we will want to undertake a significant process of review and forward planning. The timing and timescale for this will depend on clarification from Scottish Government as to ongoing funding for GCPH. We know that this is actively being considered.
5. There are also significant changes to the context for our work. These include Public Service Reform; the review of public health in Scotland; wider social, economic and political change; and new duties relating to Community Empowerment and participation.
6. Scotland's health profile and the persistence of inequality – the two core concerns of the GCPH – continue to be policy priorities, and finding effective and current ways of addressing them will be essential if other local and national objectives are to be achieved.
7. Against this backdrop, we would like to propose two half-day development sessions: one in November; and the second in January/February.
8. The first would focus on drawing out the Board's view of the world in which the GCPH will be operating in its next phase, and what the Management Board itself needs to be effective in fulfilling its function in that context.
9. We suggest that the second is a slightly larger event, involving some external advisors and stakeholders alongside Board members and senior GCPH staff (we might have 30-50 people in total). The purpose would be to agree the Centre's direction of travel, strategic priorities and ways of working.

Annexe 1**Glasgow Centre for Population Health
Management Board****Terms of Reference****Revised July 2011****Role of Glasgow Centre for Population Health Management Board**

The Management Board will, collectively and severally, ensure good governance of the Glasgow Centre for Population Health on behalf of the core partners, and provide leadership, advice and support to the Centre's management team. Its strategic role is to ensure the overall delivery of the Centre's work and its continued relevance to, and interface with, partners' interests. It will work closely with the Executive Management Team to ensure that the Centre's work is fully operationalised and supported appropriately by partners, and will take cognisance of the views and opinions of the External Advisory Group.

Remit and responsibilities

1. To agree the Centre's strategic plans and annual financial plans
2. To ensure appropriate governance – including financial governance, human resource governance, and research governance – and quality of the Centre's activities
3. To review, annually, the Centre's progress and achievements, taking account of feedback from the External Advisory Group
4. To develop the Centre's core partnership, and to ensure the securing and delivery of contributions from individual partners to the success of the Centre.
5. To respond to the outputs of the Centre through supporting changes in policy and practice within partner organisations and more widely, in the light of new findings.
6. To share responsibility for the management and leadership of the Centre with the Executive Management Team (EMT), delegating authority to the EMT to make operational decisions within the strategic framework agreed by the Management Board.

Ways of working

The Board will meet quarterly in Glasgow, typically for two to three hours. Board meetings will be chaired by the Chair of the NHS Board, with executive lead provided by the Director of the Centre. The Vice-Chair will be nominated by the Chair, and will be a senior representative from either the University of Glasgow or Glasgow City Council. The Chair and Director together will agree the agenda.

Members of the Board will be asked for advice and comment on Centre developments between Board meetings, via telephone, email, or face-to-face discussion. Members of the Board will be expected to draw any opportunities – or issues of concern – to the attention of the Executive Management Team or the Chair of the Board, as appropriate.

On occasion, members of the Board may be asked to act as representatives for the Centre – for example by chairing seminars, writing discussion papers, etc.

Membership

Membership of the Board will be drawn from all of the Centre's partner organisations – Scottish Government, NHS Greater Glasgow and Clyde, Glasgow City Council and Glasgow University – with the local partners having two representatives attending meetings and Scottish Government, one representative. The GCPH Director and Deputy Director will also be full members of the Board. Should there be a need for a formal vote, each partner organisation will have one vote, as will GCPH.

The Board will be quorate when there is at least one representative present from each of the partners and GCPH. Where partners operate a pool system to rotate membership, it is expected that these individuals (all equal, full members) will liaise to ensure that at least two are present at meetings. Partners will take responsibility for agreeing attendance, and communicating who will attend from their organisation to the GCPH office manager, in advance of each meeting.



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 13 September 2016**

General Update

Recommendations

Board members are asked to:

- note and discuss this update on progress since the last Management Board meeting on 14 June 2016;
- identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, staffing and partnerships

1. Following Lorna Kelly moving to the position of Head of Primary Care Support and Development in NHSGGC, Pete Seaman took up the post of Acting Associate Director on the 1st July 2016 after a competitive internal recruitment process. The post will cover a 6 month period prior to appointment of a substantive Associate Director against a more certain funding commitment. If there are induction opportunities or priorities for partners about which Pete should be made aware, please let him know.
2. Staffing changes:
 - Jessica Watson took up post as Community Engagement/Knowledge Exchange Manager (joint post with University of Glasgow) on 13th June. Her role focuses on the opportunities associated with the creation of the social science hub at the Olympia. A substantive discussion about this hub will take place at today's meeting.
 - Greig Inglis, Public Health Research Specialist, commenced a new role as a Research Fellow at the Scottish Collaboration for Public Health Research and Policy (SCPGRP) leaving GCPH on the 24th June. The recruitment process for a replacement has produced a preferred candidate, who is anticipated to start on the 1st November.
 - Placements. Medical student Kate Langley completed a four week internship between the 18th July and 15th August conducting scoping and literature review around evidence for effectiveness of sugar taxation. Health Psychology trainee, Kerry Gracie commenced a six month placement at half a day per week on 24th June and will assist on the development of the proposal to evaluate Baltic Street Adventure Playground. Karen McPherson joined GCPH on 23rd August on placement from Healthcare Improvement Scotland, for a period of six months on a two day per week basis. She will gain direct work experience of data analysis looking at cycle hire data, school hands-up survey and also assist in the food partnership work.

Outputs and activities

3. This section summarises the Centre's outputs and activities since the June Board meeting in line with the agreed approach to monitoring and reporting. The sections below cover events and seminars, reports and publications, media and communications activity.

Events and seminars

4. Cultural Services and Health & Wellbeing Workshop, 14 June. This workshop with colleagues from Glasgow Life, Museums and Libraries explored how the City's 'cultural offer' supports health and its potential to reduce inequalities. The Centre continues to support Glasgow Life's Policy and Research team to develop their understanding of the impact of their work, resources and services. Following on, Dr Seaman will be included as a panel member of the discussion *Museums and Health: A wider view* at the Museums Association conference in Glasgow this November. The Centre has also been asked to inform the community participation and health dimensions of the Burrell refurbishment.
5. *Right Here, Right Now* final report launch. 21 June. The final report for the real time data collection project took place at the Teacher Building, with the findings presented by Madeline Smith of Glasgow School of Art and Lynn Naven. The event was attended by 26 people which included representatives of the community researchers who participated in the pilot.
6. The hidden financial lives of low income households. 30 June. The Centre co-hosted this seminar with the Yunus Centre for Social Business and Health featuring Jonathon Morduch, Professor of Policy and Economics at New York University. His lecture drew on data from a long running project utilising a financial diaries methodology; *Portfolios of the Poor*. The collaboration with the Yunus Centre extended the range of interest with attendees from financial services, social enterprise and housing associations as well as the usual academic, public and third sector interest and was attended by 150 people with a waiting list in operation. A blog written by David Hilferty (Executive Officer at Money Advice Scotland) was published on the GCPH website to coincide with the event, and a seminar was held with policy colleagues in Scottish Government, which was timely in relation to the development of Fairer Scotland Action Plan and new powers for social security.
7. GoWell Learning Event: the Place Standard. 26 July. The GoWell Panel and invited guests met to discuss Standards for Community Engagement and the Place Standard at the Nan McKay Hall in Pollokshields. This was one of the first applications of the place standard within a community setting. The approach was regarded very positively by partners at the Wheatley Group and in NHS Health Scotland, and further discussions are being progressed on the back of this event. Nine Panel members and 17 members of community groups, housing associations and a GP practice participated.
8. Resilience Indicators event. 11 August. An event was held at St Mungo's Museum to support the selection of measures to assess the progress of Glasgow's resilience strategy. Dr Seaman introduced the context of Glasgow's resilience opportunities and challenges and colleagues from Sustainable Glasgow, Glasgow City Council (Julie Robertson and Frankie Barrett) outlined the content of the strategy. There was facilitation support for a futures exercise from Gregor Yates and Lisa Garnham of GCPH.

The 25 attendees included representation from Democratic Services, Land and Environmental Services and Development and Regeneration Services (all GCC), Glasgow Life, Glasgow Council for Voluntary Services and the Poverty Leadership Panel. A report of the event is in development.

9. NHS Health Scotland and Glasgow City Health & Social Care Partnership development session. 1 September. This joint event explored the potential for collaboration and support between Health Scotland, Glasgow City HSCP and GCPH through raising awareness of respective organisational structures, operating environments, priorities, challenges and opportunities for potential collaboration and joint working. Fiona Moss, Pete Seaman and Matt Lowther provided overviews of their respective organisations and operating environment. GCPH also facilitated a session led by the question: *How could working together enable and contribute to action to improve health equity in the city?* Early feedback from HS and HSCP colleagues is that the session was positively received and a second, topic focussed event (possibly Thriving Places) is being discussed.
10. 17th Public Health Information Network for Scotland (PHINS) annual seminar. 9 September. Presentations this year are grouped under themes of 'good' work and health and assessing and addressing health inequalities at the national, regional and local level. Speakers include Thalia Theodoraki and Martin Taulbut (Good work and health in Scotland: setting the scene), Anna Ritchie Allan (The gender pay gap), Vittal Katikreddi (Comparison of occupational mortality rates) and Claire Bynner (Place-based approaches to tackling inequalities). Chris Harkins (GCPH) and Denise Brown (MRC/CSO SPHSU) will also provide contributions and closing remarks will be made by David Crichton, Chair of NHS Health Scotland. This year's event will be live streamed for the first time.

Forthcoming events

11. A number of the GCPH team have had abstracts accepted for the Faculty of Public Health Conference: *Public Health 'Strong Voices: Pragmatic Public* in October. The range of oral and poster presentations from the Centre covers topics of community engagement, excess mortality, alcohol and ageing, real-time data collection, climate resilience and asset-based services. The large number of team members accepted requires a limiting of registration to single days to ensure all who wish to attend are given opportunity.
12. International Futures Forum (IFF) colleagues are actively planning the next GCPH winter seminar series, which will commence in October or November. See accompanying paper from IFF.

Reports and publications

13. The following reports have been published since the last meeting:
 - Right Here Right Now study: final report (June 2016)
 - Improving partnership working between primary care and money advice services (GPs at the Deep End) (August 2016)
 - Briefing paper 48: Public health implications of payday lending (September 2016). The launch was accompanied by an article in *The Herald* by Helen Puttrick.

14. Forthcoming publications include:

- Early years, children and young people synthesis (September 2016)
- Asset-based approaches in health and care services (October 2016)
- Active travel in Glasgow: a GCPH synthesis (October 2016)
- Briefing paper 49: Principles for effective social interventions: learning from Sistema Scotland (October 2016)
- Briefing paper 50: Cost of the school day (October 2016)

15. Two journal articles have been published in peer-reviewed journals since the last meeting:

- Is there a link between childhood adversity, attachment style and Scotland's excess mortality? Evidence, challenges and potential research. Smith M, Williamson AE, Walsh D, McCartney G. *BMC Public Health* 2016;16: 655.
- Hitting the right note for child and adolescent mental health and wellbeing: a formative qualitative evaluation of Sistema Scotland's "Big Noise" orchestral programme. Harkins C, Garnham L, Campbell A, Tannahill C. *Journal of Public Mental Health* 2016;15 (1):25-36.

Media

16. A journal article by the M74 study group at the MRC received coverage from *BBC Scotland News*: "No evidence' that M74 extension has reduced traffic accidents"; *The Herald*: "M74 extension has no effect on accident rates in Glasgow"; and the *Evening Times*: "M74 extension had no effect on accident rates in Glasgow".
17. Interest in and coverage of the excess mortality synthesis continues and has been featured in the *Sunday Post*; *The Geographer* (Royal Scottish Geographical Society magazine) and online on *Glasgow Live* and in a *CommonSpace* blog.
18. The University of Glasgow's e-newsletter *Campus e-News* included a news item on the Understanding Glasgow website resource: "How well do you know Glasgow?"
19. A press release from the Child Poverty Action Group on joint work with the GCPH on the Cost of the School Day project received coverage from *BBC Scotland News*: "Charities call for action on school clothing grants"; the *Evening Times*: "Clothing grants fall far short of cost of school uniform"; and *Third Force News*: "School uniform costs soar to £130".
20. David Walsh was interviewed by the *Herald* and *CommonSpace* blog about life expectancy and ethnicity in Scotland (following publication of an article in the *Journal of Epidemiology and Community Health*).
21. Bruce Whyte was interviewed by *BBC Radio nan Gaidheal* on the new General Register of Scotland annual report of vital statistics and by *BBC Alba* on the new index of multiple deprivation.

22. David Walsh and Bruce Whyte are meeting a group of 12 Danish journalists later this month who are visiting Scotland with an interest in post-Brexit Scotland and Scottish nationalism, but who want to hear about the work of GCPH, the health situation in Glasgow and current issues.

Communications activity

23. Social media: The number of people following the Centre's twitter account shows a 30% increase on this time last year (standing at 2,800 followers).
24. Websites: Around 30,000 'unique users' visited the GCPH website in 2015/16 (an increase of around 4%), and around 40,000 visited Understanding Glasgow (an increase of around 19%).
25. NHS Scotland conference. 14-15 June. GCPH exhibited at this conference with interest from delegates around GCPH role and outputs. The shorter leaflets on the stand on the evidence narrative and social contexts summaries, the GCPH booklet and the Understanding Glasgow flyer were particularly popular. A new GCPH summary leaflet is being produced which will be useful for similar events and for staff to use externally. The Understanding Glasgow neighbourhood profiles were also useful for showing how we produce local-level data that could be relevant to delegates.
26. Members of the communication team attended a public engagement conference at Glasgow University last month. The event was led by Research Council UK to embed a culture of engagement around research within the University of Glasgow. There was useful learning about evaluation of public engagement which the team will consider in terms of how we monitor and report on impact (beyond reach and engagement). Sheena Fletcher (the Centre's e-communications officer) is attending social media week in London in October. This annual conference provides a valuable opportunity to learn about new and developing technologies and techniques.
27. Doors Open Day – GCPH at the Olympia. 17 September. Led by Jessica Watson, the Centre is taking part in Glasgow's Doors Open Day 2016 for the first time, allowing public access to the top floor of the historic Olympia Building. An exhibition of photographs will document the building's varied history and redevelopment, and visitors will also have the opportunity to learn about who we are and what we do. We will also show a number of films highlighting our work and illustrating life in the city. Three tours, each consisting of ten people are fully booked with a waiting list now in operation.
28. Challenge Poverty Week 16-22 October – is centred around the United Nations International Day for the Eradication of Poverty which takes place annually on 17th October. Co-ordinated by the Poverty Alliance in Scotland, it is an opportunity to raise awareness of and highlight the reality of poverty and challenge the stereotypes that exist about it; demonstrate what is being done across Scotland to address it; and increase public support for more action to combat poverty. We will be publishing *Briefing Paper 50: Cost of the school day* to coincide with this and will seek media coverage of the findings.
29. On the back of an approach by MCR Pathways, the communications team are hosting a number of Talent Taster sessions with young people in October. The MCR Pathways' project supports disadvantaged teenagers to unlock their potential and find their talents by discovering ambitious, achievable aspirations. Talent Tasters aim to provide opportunities to experience the world of work in a way that is engaging and inspiring for young people.

Consultations

30. The Centre has replied to three consultation processes since the last Board meeting. A call relating to the implementation of the Community Empowerment (Scotland) Act 2015, included a three part response led by Cat Tabbner and Chris Harkins drawing upon learning across the Centre's programs of work. Our responses covered three parts of the Act: participation requests, asset transfer and community planning, all made particular reference to the principles of accessibility and inclusivity to promote the widest range of participation and engagement, particularly for smaller groups and organisations. Available on the GCPH website.
31. The Urban Health theme team led a response to *Sustainable Transport Supplementary Guidance* compiled by Russell Jones and Gregor Yates. July 2016. The response highlighted GCPH support for activity that facilitates active travel and encouraged the inclusion of HEAT (the World Health Organisation's Health Economic Assessment Tool) to assess potential impact of developments on walking and cycling levels, where appropriate.
32. Gregor Yates compiled a response from the wider team to the *Glasgow Housing Strategy 2017-2022* (August 19th). Available on GCPH website.
33. James Egan is leading on the Centre's response to *A New Future for Social Security Consultation on Social Security in Scotland*. The deadline of 28th October will allow engagement within and beyond team in formulating our response and aligning with partners. This process will include opportunity for discussion on impact on the NHS and health & social care at events being organised for September and October.

Developments

34. This section sets out developments which are additional to the current work plan, notable updates on current work programme activity, and examples of opportunities for impact and influence.
35. The Minister for Public Health and Sport, Aileen Campbell will visit the Centre on the morning of 13 September. A small team from the Centre will meet with her to provide an overview of our role and work. We plan to provide an overview of the Centre's work and its influence on national policy, discuss excess mortality (in which the Minister has expressed interest) and the role of strong communities in mitigating vulnerability and creating resilience.

Funding decisions and new bids

36. *Pathfinder: Transforming Childcare in Scotland from the bottom up*. GCPH is a core evaluation partner on a successful Big Lottery bid led by Children in Scotland to be delivered with Glasgow City Council and Thriving Places North East amongst other partners. The work funded will seek to improve child well-being, increase family resilience and involve families in decision-making on the design and delivery of childcare services through improved access to high quality childcare. The project will broker coalitions of interest to facilitate provision of childcare places. The project will engage families and employers, maximise existing resources and encourage the development of social enterprise approaches to childcare supply. The value of the funding from Big Lottery is £365,000 with £29,000 allocated for the GCPH contribution to evaluation, over 3 years. Fiona Crawford contributed to the development of the bid and Valerie McNeice and Bruce Whyte will support Fiona in the design and delivery the evaluation component.

37. *Building Connections and Local Capacity*. Project funding agreed by Joseph Rowntree Foundation for £49,500 over a period of one year. Funding covers employment of researcher, learning events and publications. Project partners include What Works Scotland, JRF and Glasgow Kelvin College.
38. The Urban Innovative Actions bid for ERDF funding “*Breaking the cycle of disadvantage*” was unsuccessful. The bid, a partnership with Glasgow City Council, Glasgow Life, Glasgow Health and Social Care Partnership and One Parent Families Scotland, would have funded work to address the cost of the school holidays, cost of the school day, and development of social enterprise in Govanhill and included GCPH as an evaluation partner. Feedback praised the originality in elements of the approach such as the participatory budgeting dimension and potential to add value in reducing child poverty. However, more detail on obstacles to implementation, evaluation and knowledge translation activities were required by the funders.
39. GCPH has joined a consortium led by Kenneth Thompson of Allegheny County (which contains the city of Pittsburgh) applying to the Robert Johnston Wood Foundation’s call for proposals for global ideas which “Build a Culture of Health”. The bid entitled “What Glasgow Has Learned that Pittsburgh (and other American Cities) Need to Know: Linking Population Health and Health Equity with Resiliency”, has passed through the first stage of selection. If successful at the next stage, the project will support translation of GCPH learning around reducing health inequalities through the development of a post-industrial cities network and sharing of learning between Glasgow and Pittsburgh initially. This will also support Glasgow City Council’s ambitions within the Rockefeller 100 Resilient Cities network with Sustainable Glasgow as a named partner. Deadline for second stage submission is 15th September, \$240,000 over 18 months.
40. *Right Here, Right Now*. The collaboration behind the real-time data project (MRC SPHSU, Glasgow School of Art and GCPH) has been invited to submit a full application to the Chief Scientist Office after positive feedback to an outline application. The follow on work will look to apply learning from the RHRN pilot to design a system suitable for scale-up and implementation across Scotland and the UK.

Collaborations

41. GCPH has been in discussions with Glasgow Caledonian University’s Healthy Ageing Group and Yunus Centre who are working with Scottish Canals to understand the impact on health and health inequalities of the green and blue space asset created throughout the regeneration of the Scottish Canals. Bruce Whyte attended a meeting in July at which a NIHR bid was discussed. This bid has not been finalised although there is broad agreement on the potential inputs of academic partners to the research. At this stage GCPH can offer support through learning from previous and continuing research (such as *Weathering Change*), our community engagement contacts and our knowledge of the study areas. We will keep abreast of the developments in relation to the research bid.
42. *Clyde Gateway Evaluation*. The Centre is also working with Health Scotland on the evaluation of Clyde Gateway for which an evaluability assessment is underway. Bruce Whyte will assist with area data and link with What Works Scotland.
43. *URBACT* GCPH will support Glasgow City Council’s contribution to the URBACT Resilient Europe network through sharing learning from our *Weathering Change* climate resilient communities’ project with the URBACT ‘living urban lab’ in Possilpark. The living lab is looking at food resilience and connectivity. Gregor Yates will be the point of contact for sharing learning both at a city and European level.

44. *Public Health Evidence Network (PHEN)*. The Centre is represented on the PHEN steering group which, led by Garth Reid of Health Scotland, will support the public health community's response to the Scottish Public Health Review through developing means to collaborate more effectively in supporting evidence to inform policy and practice. The first meeting was held on 2nd September with a number of initial projects outlined with a 12 month review period specified.

Other requests

45. *North Ayrshire Community Planning Partnership Steering Group*. Centre asked by Elma Murray, Chief Executive of North Ayrshire Council to provide representation on group advising on delivery of their Local Outcomes Improvement Plan. Dr Seaman to attend meeting on 24th October. A copy of *Fair for All: A Strategy to Reduce Inequality in North Ayrshire* has been received ahead of meeting.
46. *Glasgow Commission on Health and Equality*. Mr Whyte and Dr Seaman have represented GCPH supporting Glasgow HSCP and Glasgow City Council develop a Commission to explore mental health recommendations. GCPH to part fund the Commission with city partners.
47. *Camden Clinical Commissioning Group*. Pete Seaman and Fiona Crawford will meet with Dorothy Blundell, Chief Executive of CCG who is leading the population health approach to transform local models of care in London. Ms Blundell would like to discuss embedding a population health approach to commissioning services.

Concluding comments

48. The GCPH is increasingly asked to support developments led by academic, public or third sector organisations – with the focus of our input generally relating to evaluation, evidence or monitoring; impacts on health or inequality; or wider stakeholder engagement. Provision of these inputs is an important part of the Centre's role as an important contributor to a system of change to improve health in Glasgow. We are thoughtful about how we decide about involvement in these processes, and about the extent to which other GCPH-led activities are impacted.
49. Over recent months we have also strengthened our links with think tanks and philanthropic organisations including the Carnegie UK Trust, IPPR Scotland and Joseph Rowntree Foundation; with the Deep End GP group; and with local authority-level developments including the Perth and Kinross Fairness Commission and work through supporting the delivery of *Fair for All: A Strategy to Reduce Inequality in North Ayrshire*.
50. Developments such as these are altering the shape of the GCPH work programme as a whole, and the development of a collective view on what the shape should be in the future will be a primary focus of the development work proposed with the Management Board (and, potentially, other stakeholders) over coming months.

GCPH
September 2016



**Glasgow Centre for Population Health
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13 September 2016**

Olympia Social Research Hub

Recommendations

Board members are asked to:

- Consider the update and presentation relating to the development of the Social Research Hub;
- Advise on the proposed developments, including the specific focus on children's neighbourhoods and support for the Glasgow City Region Commission for Economic Growth.

Background

1. The Olympia Social Research Hub brings together the University of Glasgow and Glasgow Centre for Population Health (GCPH) in a new collaborative arrangement that seeks to boost the capacity of both organisations to generate research and knowledge exchange that both serves the needs of Glasgow and has wider relevance nationally and internationally. The GCPH moved into the Olympia in August 2015, and a Management Group has been formed to oversee the operation and strategic direction of the Hub and to maximise its capacity for internal and external engagement in its initial stages. The establishment of the Hub was supported by local and national Government and by the Clyde Gateway regeneration agency. The partnership with GCPH builds on existing joint working with the Institute of Health and Wellbeing and the College of Social Sciences across a range of projects.
2. Following a period of stakeholder consultation and an increasing use of the Hub by researchers from the University and What Works Scotland, we are at the stage of initiating a programme of joint activity between GCPH and University colleagues. The purpose of the discussion at today's Board meeting is to outline the proposed shape of that, and to seek members' advice on the approach we are proposing.
3. Chris Chapman, Co-Director of the Robert Owen Centre for Educational Change, and Des McNulty, Dean for Public Policy and Knowledge Exchange, will introduce the proposals and contribute to discussion.

Proposals

4. A programme of stakeholder and community engagement activities is being finalised, to raise awareness of the social research hub and involve people from communities and a range of partner organisations in shaping the work that develops from the Hub. These activities will include public events such as Doors Open Day and the Festival of Social Science; discussion meetings with stakeholder groups; and a series of seminars focussed

on maximising the impact of research and development activities that are taken forward from the Hub.

5. The first specific new collaborative development that is proposed is focussed on developing children's neighbourhoods for Scotland. This recognising the importance of taking a holistic approach to tackling the attainment gap, looking beyond schools, and drawing on other public services and assets. Designing and implementing a place-based approach focussed on children, will be a key component in combatting the poor outcomes associated with complex disadvantaged settings. Our proposal draws on the expertise, experience and lessons learned from a range of area-based initiatives including the Harlem Children's Zone, Promise Neighbourhoods in the United States and New Community Schools, Sure Start and Children's Communities in the United Kingdom.
6. The second area we are planning to develop relates to the work of the Glasgow City Region Commission for Economic Growth. This Commission will develop an evaluation framework for the City Region Deal, provide strategic support for the developments being taken forward in the eight local authorities involved, and liaise with the national evaluation panel and national governments. It is at an early stage of establishment, but there are important opportunities for the expertise centred in the social research hub, and drawing from both GCPH and the University of Glasgow, to provide the intelligence and applied research experience needed to support the Commission. A dedicated post has been created for the Commission and the postholder will spend a substantial portion of time based at the Olympia.

Carol Tannahill
September 2016



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13 September 2016**

International Futures Forum annual report – covering paper

Recommendations

- To receive the annual report from the International Futures Forum
- To note the contribution of the IFF contract to the Centre's distinct identity, role and purpose
- To offer advice on the role of this contract as the GCPH work plan for 2017 onwards develops

Background

1. Since 2004, The International Futures Forum (IFF) has been funded by GCPH to support the Centre's work in five key areas.
 - The design and delivery of the GCPH winter seminar series
 - Event facilitation and design
 - In-house development support
 - Leadership and support of innovative ventures
 - Advocacy and support for the utilisation of GCPH findings/outputs
2. The 2015/16 IFF annual report is attached and details activity against each of the five requirements of the contract. The current contract with IFF was awarded in October 2012 following an open procurement process. Although IFF had held the contract before its current term, the 2012 Tender offered scope to put in place a dedicated project manager with primary responsibility for delivery of services outlined and to allow the IFF director to play a more substantive and strategic role. The contract originally ran to end March 2016 and was extended for a further 12 months (following a decision made at the October 2015 Board meeting) until June 2017.
3. The services and activities specified in the contract are highly valued in that they contribute to the Centre's distinct identity and reputation. To these ends, the seminar series aims to maintain the Centre's profile as an organisation connecting city partners to the leading edge of thinking within and outside public health. The event facilitation and design component enhances the Centre's accessibility to and engagement with a range of organisations and communities in the city. Internally, the 'in-house support' and 'leadership for strategic ventures' dimensions of the contract play a vital role in renewing the Centre's capacity to be creative, innovative and impactful in the conception and delivery of work.

4. As we approach the end of our current funding period, we ask Board members to note and offer any points of reflection on the contribution of the IFF contract to GCPH's outputs and ways of working. Recommendations are sought for shaping the delivery content of the remaining contractual period and how the development of this contract will be linked to the Centre's evolving strategic priorities.

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**Annual Report from International Futures Forum
October 2015 – September 2016**

Introduction

1. One of the challenging aspects of the GCPH's work involves keeping ahead of current policy and practice agendas, to cultivate developments in thinking and doing that are commensurate with the rapid pace of change, and to help establish new approaches better suited to fostering equitable and sustainable population health and wellbeing in the 21st century.
2. In order to sustain a future orientation and focus on innovation and development in its work the GCPH has contracted with the International Futures Forum (IFF) to work in a collaboration that brings in expertise in transformative change, insights about the changing global landscape and relevant networks to work in an integrated way with the staff team and partner organisations. This collaboration is seen as central to developing wider and more far-reaching dialogues about the future wellbeing of the city and its citizens and also developing GCPH's own capacity to support transformative change.
3. We are now at the end of the fourth year of the current contract between GCPH and IFF which started on 1 October 2012. The contract is subject to quarterly review through a meeting with the GCPH Director. An annual report is also presented to the Centre's Management Board. This is the 4th Annual Report.
4. Graham Leicester, Director of IFF and Alison Linyard work together in an ongoing collaborative relationship with GCPH. Work has progressed this year in the five areas outlined in the contract as set out below.

Conceive, plan, organise and lead the delivery of the GCPH winter seminar series

5. The GCPH seminar series was established in 2004. There have been six seminars each winter since then. The overarching aim of the seminar series is to create space in which participants are exposed to interesting and relevant ideas and encouraged to develop their thinking and dialogue across disciplines and sectors. Its vision also includes the dimension of developing new insight and ways of working as a consequence.
6. The Seminar Series sits within that dimension of GCPH work which is designed to foster new insights and perspectives.

It consists of a number of public lectures, associated with small, invited seminars ('morning after discussions') designed to explore the ideas raised in the lectures in the context of health improvement. The series aims for a mix of topics and speakers at the learning edge of public health practice: hence sessions on poverty and neuro-immunology alongside sessions on beauty, shame, resilience and climate change. Professor Phil Hanlon produced an [excellent lecture](#) summarising the learning from the first ten years of the series in October 2014 which provides a fascinating overview. The themes are chosen to appeal to a wide range of professionals working in the city, but also to engage community groups and concerned and/or curious citizens. The seminars are open to the public.

7. The 2015/16 winter seminar series ran from October 2015 to April 2016. The seminars continue to be well attended with around 80 -100 people at each event (see exact figures below). The audiences are very mixed and usually include some people who are completely new to GCPH and its work. Outputs from all the seminars have been put on the GCPH web-site with links also on the IFF web-site. The outputs include a couple of blogs posted on the GCPH web-site based on personal responses to the seminars. Analysis of visits to the relevant web-site pages since the seminar is also positive with over 120 visitors to each page. The Jane Stevens page has attracted over 252 visitors. The Julia Unwin seminar also attracted a lot of twitter activity. The seminars this year were:

- Prof Alison Phipps Population Healing: Languages, creativity and the extraordinary normality of migration (*76 attendees*)
- Prof Ioan Fazey What does it mean to respond to change? Insights from the Solomon Islands (*47 attendees*)
- Julia Unwin Poverty in Scotland and the UK is costly, risky and wasteful but not inevitable (*120 attendees*)
- Prof Geoffrey Pleyers Social agency in a global world (*88 attendees*)
- Jane Stevens How Adverse Childhood Events (ACEs) and the 'theory of everything' can help build healthy communities (*121 attendees*)

8. This year four of the speakers joined us for small follow up workshops the next day. These provided a space for reflective discussion by a smaller invited mixed group of people on the ideas of the main seminar and in particular what this might mean here in Glasgow or more widely in Scotland. The follow up workshops were particularly well attended this year and the feedback from participants has been very positive. The Julia Unwin conversation has led to further connections and discussion with JRF about possible joint work. The Jane Stevens event has been the catalyst for bringing together a group of people who would like to take this work forward in Glasgow and also for national work which is being led by NHS Health Scotland.

9. The planning for the next seminar series is well underway (see appendix 1). Ideas for themes, topics and speakers were invited from the GCPH team and Board and others closely associated with the Centre and its work. We have, as always, aimed to find speakers who can guide us in to uncharted territory and stimulate new thinking. Topics range from examples of innovative projects such as the 'participatory cities programme' which is asking the question 'is local participation at scale possible and does it hold the potential to improve people's lives and make lasting positive change? To speakers who can challenge us to look at the big picture of life in the 21st century and how we might respond differently to emerging challenges.

We have also made links with ongoing pieces of work that GCPH is involved in, such as social prescribing, and hope that the seminars and follow up workshops will provide reflective spaces to stimulate thinking, bring together different people and explore some of these pieces of work from different angles.

Event facilitation and design

10. IFF's expertise in event design and facilitation lies principally in two domains: bringing multiple stakeholders and multiple perspectives together to explore issues of common concern that are not yielding to traditional approaches; and convening conversations that are able to probe more deeply than is usual into difficult or less familiar issues, for example bringing ways of knowing from the arts and humanities into conversations normally dominated by science or moving beyond technical analysis to underlying issues of culture and values.
11. In the last year we have worked alongside GCPH team members to facilitate and support the design of the following events which included external participants:
 - A suicide prevention development workshop held at the Lighthouse on 14 March 2016 to celebrate progress to date and to explore for the next level of effective action that might lie beyond what we are doing already. Following two brief initial context-setting presentations the session first considered how things are going at present and where there is room for improvement. Two further brief presentations invited the group to explore the roots of suicidal behaviour in more depth and to consider a cultural response to the challenge. This deeper conversation was framed around five phases: looking at existing actions, at the forces we are contending with, at the implicit assumptions and beliefs that inform present actions, at an alternative set of assumptions and beliefs that might lead to more effective action, and finally some ideas for new action based on this alternative mindset.
 - In November 2015, we ran an event at the GCPH inviting a selected group of around 20 participants from arts, cultural, health and community development roles, to hear about and respond to the Representing Dennistoun project. This is a project drawing on narrative methods and the arts. Among other things, participants were invited to explore in the context of the project: the value of art in health policy and practice; and the ways in which artistic representation may be understood as a form of evidence. The session was very affirmative and raised helpful issues for the research team to consider – both for the Dennistoun and other research projects in the future.

In-house development support

12. IFF's expertise lies in supporting organisations to develop the capacity – in theory and in practice – to promote and support transformative change. We seek to bring this expertise to the table at GCPH in both formal and informal ways. The partnership offers the prospect of GCPH itself becoming known as a hub resource and source of support for this kind of work in relation to health, social determinants of health and resilience more generally.
13. A new development this year was the offer of a series of 6 lunch time sessions open to all staff to introduce in an informal but systematic way the core concepts underlying what IFF calls the practice of 'transformative innovation'. The sessions touched on the four core practices:

Knowing – how to expand our sense of what constitutes valid knowledge to become more comfortable with complexity; Imagining – how to conceive, develop and design transformative initiatives to carry a groups longer term aspirations; Being - how to organise for action, manage the process, and sustain the people involved over time; Doing - how to introduce the new in the presence of the old, enrol others and figure out what to do when you don't know what to do.

14. The final session before the summer break took the form of a 'learning journey' to GalGael Trust – to consolidate the learning so far, to experience an IFF learning journey (as a research practice) and to investigate (drawing on the IFF approaches) a real challenge raised by GalGael about how GCPH can help their and similar community organisations' learning.
15. The sessions attracted a loyal core group of participants, mostly newer members of staff, who attended regularly and found the sessions a useful introduction to concepts that have to some extent become part of the furniture in GCPH after its long association with IFF but are rarely now introduced in this way for new entrants. Part of the follow up will involve working together on the issues identified by GalGael.
16. Graham co-designed and facilitated a time out session for the whole GCPH team at the end of April 2016. This included a review of learning from significant events for staff last year, including notably the office move. Several suggestions were offered for how to build on the strengths of the team and how to address perceived limits. The session also looked ahead to the emerging workplan for next year and looked particularly at questions of synergy and collective impact across themes.
17. Alison continues to regularly attend, and participate actively in, the Centre's team meetings and theme group meetings when possible. Alison is also a member of the Resilience and Asset Based Approaches advisory group. Alison and Graham have given particular support to the developing community engagement forum, this has included encouragement and human support as the group seeks to work creatively using different methods along with the offer of various frameworks which can support the development of these different ways of working.
18. Individual support conversations take place regularly with members of staff formally and informally around particular issues or pieces of work. Continuing requests for this type of support and positive feedback from team members indicates that they find this support useful as they navigate the complexities of this work and continue to stretch boundaries and think in new ways about Glasgow's intractable health issues.

Leadership and support of innovative ventures

19. As part of our work at GCPH we continue to work with staff on innovative ventures. Usually this involves the seeding and gradual co-development of ideas. These ventures are sometimes formally led by IFF. However, as part of our role in developing staff capacity, a GCPH staff member is now usually identified to take the operational lead alongside IFF as ideas are agreed and developed. This ensures that these innovative and emerging projects fit clearly in the GCPH workplan and are owned and taken forward by the centre as they develop.

20. We continue to support the development of Understanding Glasgow. We have led the development and production of the 'Glasgow Game in a box', based on the IFF World Game but using the Understanding Glasgow data and framework. This is now complete. The game, which typically can involve 20 – 40 participants, provides a structured way of investigating strategic questions, making use of intelligence from Understanding Glasgow and tapping into the experience and knowledge of participants. It enables people to play their way into complexity. Spread of the use of the game is happening organically and a number of people both within and external to GCPH are now facilitating sessions. Graham and Alison ran a training session for facilitators in September 2015 and we plan to repeat this. The hope is that we can grow a network of facilitators in the city that GCPH can call on as needed. The Game is now used regularly as part of the syllabus on a number of courses at GCU. It is also being used in schools by Modern Studies teachers and Bruce Whyte presented at their national conference in October. Following this we have had requests from 10 teachers for a copy of the game. In addition there are a number of copies available for loan from GCPH.
21. Three Horizons of Primary Care: Over the course of 2015 and 2016 GCPH and IFF have developed and produced a resource to encourage improvement planning in healthcare settings to take the future into account. Based on an earlier version for use in schools, the Three Horizons Kit for primary care contains three decks of cards to prompt conversation about the ways that policy and practice is changing, the changing nature of the population and of the workforce, and wider changes in the world. The Kit materials are based on research into the literature on the future of primary care and relevant trends in the wider environment. The card game format makes this research knowledge easily useable to seed an informed and wide-ranging conversation. The second phase of the process considers the implications of that conversation for action and improvement planning.
22. Having tested the Kit in a variety of settings, including in a final meeting at the Royal College of General Practice, 50 Kits have now been produced. Some are held at GCPH and some at IFF. The others have been distributed to RCGP, Scottish Government, GPs at the deep end, practices elsewhere in the UK and in Europe, and academic researchers in the field of primary care to support the work of innovation. GCPH and IFF will remain in touch with users in order to develop this network. IFF has been conducting a follow-up survey over the summer to find out how recipients have used the Kit and what changes in thinking and/or practice it has generated. Feedback suggests that many practices are under too much strain even to contemplate a reflective conversation (although have asked to hold on to the Kit in case opportunities arise in the future). Those that have used the Kit have found the three horizons framing both helpful and intuitive.
23. As noted above, GalGael Trust approached GCPH some time ago to help establish a Community learning network with other local organisations to address themes of mutual concern. IFF agreed to help establish and facilitate the network. Whilst it would have been easy to gather a group and simply get started, we have taken time to understand what lies behind GalGael's request, to tease out which organisations they have in mind (and which not), and to fashion an initiative that is likely to offer best value and the greatest chance of useful new insight. A learning journey was undertaken to GalGael, by participants in the IFF lunchtime sessions, to explore these questions – not least in light of other strategic work GalGael is undertaking at present in the run up to their 20th anniversary next year.

A report has been produced and shared with GalGael and a series of 'deep dive' learning sessions with them is now planned as the follow up action. This work will explore the conceptual and existential struggles endured by GalGael and similar organisations that seek to stand for a different way of doing things in a dominant culture that is not always very supportive.

24. In addition, we have supported the development of a number of other innovative ventures. These include:
- Glasgow Food Policy Partnership (GFPP): Alison continues to work alongside Jill Murie and Fiona Crawford from GCPH and other members of the GFPP to support the development and facilitation of work focusing on food poverty and work to explore the potential for a Local Food Network in Glasgow.
 - A film group supporting the development of a pool of film resources relevant to GCPHs work and made available on the GCPH web-site.
 - Following an idea conceived by the Community Engagement Forum, GCPH is taking part in the Glasgow Doors Open Day and the Centre is contributing to the ESRC Festival of Science. Alison has supported both these ventures.
 - A group focusing on ACEs and trauma informed practice in Glasgow following Jane Stevens' seminar in April. IFF hope to expand both the scope of the conversation at GCPH around this topic and the personnel and thinking/practice resources brought to the table.
25. Our sense is that a number of GCPH team members are now confident in developing and leading innovative pieces of work with less support from IFF but we are always available to discuss and offer ideas, support and encouragement if requested. We will also continue to make suggestions for new and innovative work when this seems appropriate.

Advocacy and support for the utilisation of GCPH findings/outputs

26. The GCPH Seminars are all available through the IFF web-site. IFF members are encouraged to make links between work at GCPH and projects they may be involved in. For example useful links were made between the work of Ioan Fazey and the developing work on resilience in Glasgow.
27. GCPH personnel have also been invited to attend IFF's new series of monthly breakfasts in Glasgow for local 'transformative innovators'. These are open sessions with no agenda other than mutual support for those who often feel they are working against the grain of dominant systems. The sessions provide an opportunity for GCPH staff to meet with and learn from others in the city interested in transformative innovation, sharing experience and cultivating new connections. There are parallel breakfast sessions also in Edinburgh, Fife, Ayr, Belfast and London – thus also connecting GCPH into a wider community of practice beyond the city.
28. Another key activity here is again the work on the Glasgow Game which has as one of its aims to encourage awareness of and further use of the Understanding Glasgow information.

Feedback from the wide range of groups now using the game has included: interest in the information itself which is an eye opener for some and leads to useful discussion; that it has facilitated learning about inter-connectedness and complexity; that it has supported thinking through of possible responses to complex situations. This Autumn we plan to do some publicity about the new 'Glasgow Game in a box' resource and also to offer a further session for potential facilitators.

Conclusion

29. IFF celebrated its 15th anniversary this year with the publication of *Transformative Innovation: a guide to practice and policy* and the launch of a dedicated IFF Practice Centre with resources to support practitioners of transformative change. This is the culmination of many years of learning from theory and practice, much of it conducted hand in glove with GCPH. From an IFF perspective, the opportunity now exists both to consolidate that mutual learning within GCPH, to make the capacity that has been developed in the organisation over this period more conscious, and also to press ahead on the basis of that foundation into more explicitly transformative territory in relation to health in the city. Given the challenging landscape ahead, this seems like a timely opportunity which we look forward to exploring together in the months ahead.

Alison Linyard and Graham Leicester

September 2016



**Glasgow Centre for Population Health
Management Board Meeting
13 September 2016**

Budget position: month 4

Recommendations

The Management Board is asked to:

- Note the Centre's financial position for the four months to July 2016.
1. The attached budget statement shows spend to end July and projected outturn at year end, based on planned and committed expenditure. July 2016 represent the latest figures available. This shows a spend of £508,228 to the end of July 2016 and a projected position of £1,760,021 at the end of the year.
 2. On current projections this would represent an overspend of £36,807. This reflects the fact we slightly overcommitted our expenditure for financial year 2016/17 on account of a historical tendency to underspend due to staff vacancies, some projects coming under budget or not developing as rapidly as anticipated. We would expect to see this as the year develops and for the budget to reconcile by year end.
 3. Points to note:
 - Core salary expenditure – the biggest single budget line - is broadly in line with plan. Budget implications of staffing changes over the remainder of the year will be kept under review.
 - Current low spend on some research budget lines relates to timing of invoices for committed spend.
 - The AHRC budget line is behind schedule in terms reimbursements from the funder. This line will be reconciled by the year end position.
 4. Programme managers are regularly asked to review their work plans and budgets and to highlight any areas where expenditure is expected to differ significantly from planned. A detailed report on work plan delivery will be brought to the Board in December as part of regular mid-year reporting.

**Pete Seaman
September 2016**

2016-17 Financial Plan			
Last update: 2 September 2016			
<i>Income</i>	<i>Planned £</i>	<i>Actual to July '16 £</i>	
I 1	Annual SG Allocation	1,270,000	1,270,000
I 2	Sponsors Contribution to GoWell & GoEast	269,008	54,361
I 3	Other Income	167,575	25,696
	Total Income 16/17	1,706,583	1,350,057
I 4	Carry Forward from previous years	17,081	17,081
	Total Available 16/17	1,723,664	1,367,138
	Expenditure		
	Research:		
E 1	Understanding Glasgow's health	45,750	1,127
E 2	Urban Health	140,000	53,642
E 3	Poverty Disadvantage and the Economy	42,000	16,536
E 4	Resilience and Asset Based Approaches	62,000	366
E 5	AHRC	15,000	30,941
E 6	GoWell/GoEast	269,008	51,575
E 7	New Perspectives on Health	48,000	-
E 8	Unfunded Developments	-	-
	Total Research	621,758	154,187
	Communications:		
E 9	Communications	45,000	10,586
	Total	45,000	10,586
	Management and Administration		
E 10	Centre Management, Admin & Running Costs	27,000	9,211
E 11	Accommodation Costs	118,000	63,270
E 12	Core Staffing	948,713	270,974
E 13	Relocation	-	-
	Total Management & Admin	1,093,713	343,455
	Total Expenditure	1,760,471	508,228
	Balance	(36,807)	858,910

DRAFT PAPER 1: Developing Children's Neighbourhoods for Scotland

Rationale

Schools and education systems can and do make a difference to the outcomes and life chances of children. Studies show that on average schools account for around 5-18% of the attainment differences after controlling for initial differences and that teacher effects are substantially larger¹. For example, an Australian study of primary schools found the percentage in variance in value added measures at the teacher level was 55% for mathematics and 45% for English². So the combined school and teacher effect may vary between as much as 15-50%.

We recognize that schools do make a difference but also recognise that schools cannot compensate for disadvantage by themselves³. Therefore, we must work beyond learning, teaching and leadership within and between schools and classrooms by targeting families and communities to provide a coherent and holistic approach to tackling the attainment gap that draws on other public services and 'assets' at our disposal.⁴

Put simply, schools and the education systems are located in a locality and context rather than a vacuum. Therefore, designing and implementing a place-based approach as part of the coherent overarching strategy is a significant development to combat the poor outcomes associated with complex disadvantaged settings.

The thinking outlined in this proposal draws on expertise, experience and the lessons learned from a range of area-based initiatives including the Harlem Children's Zone, Promise Neighborhoods in the United States and New Community Schools, Sure Start and most recently Children's Communities⁵ in the United Kingdom to argue for a potential model of collective impact through Children's Neighbourhoods in Scotland. The aim is not to replicate any specific model, rather to draw on the insights and principles from these approaches and translate them into a model that is fit for purpose within the Scottish context.

The purpose of this intervention is to offer a coherent area-based strategy focusing on joining up efforts within the educational system to the families and communities they serve to provide pipeline of support from pre-birth to employment in Scotland's most challenging communities.

Collective impact

In our view, within Scotland we are at a position where by individual impact is common, and in our leading LAs we see coordinated impact. We argue that the development of Scottish Children's Neighbourhoods (SCN's) will deliver

¹ Schreens and Bosker (1997)

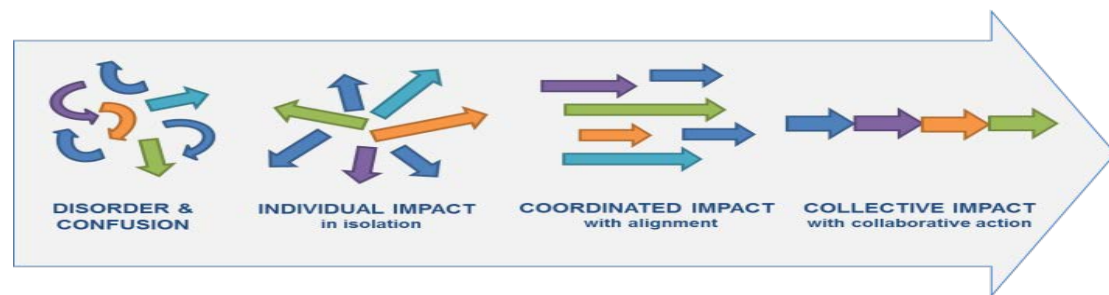
² Hill (1997)

³ Mortimore and Whitty (1997)

⁴ Chapman (2015)

⁵ Alan Dyson at the Centre for Equity in Education in Manchester has led much of the work in this area

the potential for collective impact with coordinated action across the public services and the third sector.



The key features of models of collective impact can be broken down and summarised as:

1. **Common agenda:** All members of the collaborative need a shared understanding of the issue and an agreed approach to tackling it.
2. **Shared data and accountability systems:** For alignment and accountability purposes, those involved need to have common indicators of success.
3. **Mutually reinforcing agendas and activities:** Action needs to be coordinated to avoid overlap and gaps.
4. **Clear and consistent communication:** In order to build relationships and trust, establish common objectives, and build shared purpose and a guiding.
5. **Backbone support organisation:** A separate organization is required to provide the administrative, logistical, and coordinating support necessary to create and sustain a successful partnership.

SCNs will work with the community within the neighbourhood and collaborate with a range of public services, third sector and other organisations to:

- Undertake a detailed context of analysis, identify key areas for action, produce a robust theory of change and evaluation strategy to monitor progress
- Develop a co-ordinated coherent pipeline of support that meets the needs of the local context
- Identify a key asset within the neighbourhood. This is likely to be a school or cluster of schools, although in some settings there may be a more suitable alternative. This asset will provide a physical location for the coordination of the SCN and be accessible from breakfast through to the evening for SCN activity.

Infrastructure and involvement

A National Co-ordinator will have responsibility for the strategic direction and outcomes of the SCNs, will lead a programme of national learning events and act as a national advocate for the SCN movement, including linking internationally to other relevant initiatives. An advisory Board will work with a National Co-ordinator to provide strategic advice and evaluation support.

Each SCN will have a backbone organization staffed by a Local Co-ordinator and SCN Officer who will be responsible for operationalizing the strategy, co-ordinating and leading activity with partners and stakeholders, and managing relationships within the neighbourhood.

The initial duration of the SCN will be for three years. This reflects the commitment to the Scottish Attainment Challenge. It is however, expected this will be a much longer term initiative that will last for a minimum of five years and hopefully beyond. It is anticipated that SCN will become embedded in to local structures, processes and ways of working that will sustain them for the long term.

The progress and impact of the SCN will be monitored and evaluated by What Works Scotland and their partners (eg. ROC, GCPH). The evaluation will be multifaceted, involving formative and summative dimensions focusing on process and impact including a cost-benefit analysis.

The anticipated outcomes from the SCN will be improvements children's health and wellbeing, educational outcomes and ultimately life chances. Each neighbourhood will develop their specific theory of change that will reflect the key priorities

Professors Chapman, Tannahill and Watson August 2016