



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 11 April 2017**

Budget position: month 11

Recommendations

The Management Board is asked to:

- Note the Centre's financial position for the eleven months to December 2016 and that programme expenditure is broadly in line with that planned for the year.
 - Variance from the original plan is mainly due to additional income received from external sources such as the AHRC.
1. The budget statement for March 2017 is presented in a revised format as agreed at the Board meeting of December 2016 to include planned spend, actual spend, a forecast for end of year based on outstanding orders and a note of the variance from the original plan.
 2. As mentioned above the main reason for the favourable variance from the original plan is the receipt of additional income for specific projects which hasn't all been spent in year. This includes £9,400 of accrued AHRC payments and delayed payments from the M74 study. End of year projections indicate a balance of £116,000 which will be available for carry forward as it relates to income from 3rd parties.
 3. As reported in previous budget reports Accommodation Costs budget line is less than planned due to credits being received in respect of the former accommodation at Elmbank Street. It is anticipated that Accommodation Costs will return to £120,000 for the next financial year.
 4. Core Staffing Costs are anticipated to be underspent following a vacant Band 8A post for 9 months of the year on account of Dr Seaman acting-up to fill the Associate Director. Further savings are associated with Maternity Leaves.
 5. Financial planning has commenced for 2017/18 including modelling of potential savings. A final budget plan will come to the Board for approval in due course.

Liz Anderson
5th April 2017

| | | <i>Planned £</i> | <i>Actual to Feb '17 £</i> | <i>Forecast Full Year £</i> | <i>Variance from Original Plan £</i> |
|------|--|-------------------------|------------------------------------|-------------------------------------|--|
| | <i>Income</i> | | | | |
| I 1 | Annual SG Allocation | 1,277,000 | 1,277,000 | 1,277,000 | - |
| I 2 | Sponsors Contribution to GoWell & GoEast | 269,008 | 528,225 | 528,225 | 259,217 |
| I 3 | Other Income | 167,575 | 239,521 | 239,521 | 71,946 |
| | <i>Total Income 16/17</i> | <i>1,713,583</i> | <i>2,044,746</i> | <i>2,044,746</i> | <i>331,163</i> |
| I 4 | Carry Forward from previous years | <i>17,081</i> | <i>17,081</i> | <i>17,081</i> | - |
| | <i>Total Available 16/17</i> | <i>1,730,664</i> | <i>2,061,827</i> | <i>2,061,827</i> | <i>331,163</i> |
| | | | | | |
| | | | | | |
| | <i>Expenditure</i> | | | | |
| | | | | | |
| | Research: | | | | |
| E 1 | Understanding Glasgow's health | 45,750 | 17,406 | 45,661 | 89 |
| E 2 | Urban Health | 140,000 | 128,432 | 128,922 | 11,078 |
| E 3 | Poverty Disadvantage and the Economy | 42,000 | 53,390 | 53,683 | (11,683) |
| E 4 | Resilience and Asset Based Approaches | 62,000 | 37,728 | 53,187 | 8,813 |
| E 5 | AHRC | 15,000 | 11,138 | 15,000 | - |
| E 6 | GoWell/GoEast | 269,008 | 159,404 | 528,225 | (259,217) |
| E 7 | New Perspectives on Health | 48,000 | 36,902 | 48,902 | (902) |
| | <i>Total Research</i> | <i>621,758</i> | <i>444,400</i> | <i>873,580</i> | <i>(251,822)</i> |
| | | | | | |
| | Communications: | | | | |
| E 9 | Communications | 45,000 | 29,278 | 45,128 | (128) |
| | <i>Total</i> | <i>45,000</i> | <i>29,278</i> | <i>45,128</i> | <i>(128)</i> |
| | | | | | |
| | Management and Administration | | | | |
| E 10 | Centre Management, Admin & Running Costs | 27,000 | - | 23,849 | 3,151 |
| E 11 | Accommodation Costs | 118,000 | 73,407 | 73,407 | 44,593 |
| E 12 | Core Staffing | 948,713 | 821,343 | 930,137 | 18,576 |
| | <i>Total Management & Admin</i> | <i>1,093,713</i> | <i>894,750</i> | <i>1,027,393</i> | <i>66,320</i> |
| | | | | | |
| | <i>Total Expenditure</i> | <i>1,760,471</i> | <i>1,368,428</i> | <i>1,946,101</i> | <i>(185,630)</i> |
| | | | | | |
| | <i>Balance</i> | <i>(29,807)</i> | <i>693,399</i> | <i>115,726</i> | <i>145,533</i> |
| | | | | | |
| | | | | | |



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 11 April 2017**

General Update

Recommendations

Board members are asked to:

- note and discuss this update on progress since the last full Board meeting on 13th December 2016;
- identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance and forward planning

1. Scottish Government colleagues are in the process of confirming future funding for the Centre. It is anticipated that a small reduction will be made to our core allocation. Following modelling of a financial plan for 2017-18 to account for salary uplifts, once we receive confirmation of funding, we are in a position to issue Notifications of Change to extend core staff contracts until June 2020 and begin recruitment for the Associate Director post. This stability will allow us to proceed and complete the work planning process already started with the team and Board.
2. Thereafter, we will move to update the Memorandum of Understanding between GCPH partners, and to formalise the relationship with the Glasgow HSCP. We will also progress the process of tendering for the futures-focussed partnership that has been provided by the International Futures Forum (the current arrangement coming to an end at the end of June 2017). For both of these processes we will seek some Board member involvement.
3. A team development session is planned for the 19th April to be facilitated by Pete Seaman and Alison Linyard. As part of their collaboration with the GCPH, the International Futures Forum has been involved in the design of the session. This all-day event will develop the priorities raised previously by the team, taking account of the Management's Board's feedback from February. This is an important milestone towards developing the content and structure of our forward work plan.
4. We are using the planning period to review priorities that cut across existing programmes, such as the Centre's interests in the relationships between housing, neighbourhood regeneration and health, and community engagement (discussed in Board Paper 333), which are both influenced by the planned conclusion of the 10 year data-collection phase of GoWell. We will also review our various working links with the Glasgow HSCP and will scope a potential GCPH contribution to the Deep End Link Workers developments.

5. An aspect of forward planning will include responding to staff skills and development needs. National workforce development planning processes led by NHS Health Scotland offer support for candidates interested in applying for UKPHR's Defined Specialist Registration. A cohort of established Public Health professionals is being identified, able retrospectively to demonstrate the required competences for Specialist registration. The GCPH team has received a briefing on the processes for Defined Specialist and Practitioner Specialist registration, and the Centre is willing to support members of the team wishing to take these pathways to registration in future. Bruce Whyte will join the first cohort in 2017.
6. Lizzie Leman, who has been working in a jointly-funded post with New Gorbals Housing Association, has accepted a new role as Knowledge Exchange and Impact Officer on the Scottish Children's Neighbourhoods project (see related Board paper from September 2016). We wish Lizzie well in her new role and welcome this opportunity to build on her achievements to date. In her time with us, Lizzie has worked with the community to produce a monitoring framework for Gorbals Thriving Place and a report on co-production in the context of Thriving Places. Discussions will take place about the GCPH's support for work in the Gorbals in the future.
7. A funding package has now been secured for GoWell for 2017/18. This includes some additional, focussed, research into food bank use, as well as funding to continue the analysis of the GoWell and GoWell East survey data. Plans are being developed for dissemination activities during the year, and partners will discuss options for any future work on regeneration and health.
8. The NHS Greater Glasgow and Clyde Board standing committee on public health will be convened on 18 April and will agree its terms and priorities thereafter. The GCPH Director and the Board's Director of Public Health will work together to maximise the opportunity this presents to consider GCPH evidence and expertise, and to help achieve a greater collective focus on population health across NHS and partner organisations.

Events and seminars

9. This section summarises the Centre's outputs and activities since the last Board meeting in line with the agreed approach to monitoring and reporting. It includes events and seminars, publications, media and communications activity.
10. Tessy Britton, Founder, Participatory City, London delivered the third lecture in Seminar Series 13 entitled '*City Neighbourhoods made by everyone for everyone*' at the Wheatley Academy on 17th January 2017. Tessy described work developing new structures to assist the scaling of practical participation and embedding collaboration into the fabric of everyday lives and neighbourhoods. A total of 111 people attended the seminar with 14 attending a follow-on discussion the next morning.
11. *GoWell: Poverty, welfare, justice and inclusion discussion seminar*, 3rd March 2017. This discussion seminar of a small invited audience focussed on findings relating to a key theme of recent analysis on issues relating to poverty, welfare, justice and inclusion. The data were primarily drawn from the four GoWell community surveys conducted in 2006, 2008, 2011 and 2015, alongside qualitative research. Specifically findings were presented on food bank use, employment and worklessness in households, fuel poverty and 'forced' car ownership.

A total of 30 delegates attended the seminar at which there was good discussion of the findings and several requests for additional information/discussion are being followed-up.

12. Seminar Series 13: Lecture 4. Dr Daniel Wahl, *Designing regenerative cultures-facilitating whole systems health*, The Lighthouse, 7th March 2017. Unfortunately, this seminar was postponed due to personal reasons but we hope to reschedule for a date in the future.
13. GHFF 19. *Striking a balance: asset-based approaches in service settings* held on 16th March 2017. This event tied in with the launch of the report and accompanying briefing paper *Striking a balance: asset-based approaches in service settings: An illustration of asset-based approaches in services, and an exploration of their potential for the future*, both of which are now published on the Centre's website. The Forum was fully subscribed with 120 participants from a diverse range of backgrounds and specialisms. Andrew Strong of The Alliance wrote a blog for the Health and Social Care Academy following a positive experience of the event. A report of the event is in preparation and initial contacts made at the Forum are being followed up
14. Seminar Series 13: Lecture 5. *Danny Dorling 'Inequality and Scotland – measures of despair and signs of hope'*, The Trades Hall, 21st March 2017. Prof Dorling described recent trends in inequality and health in affluent countries and suggested that the UK and USA have become very unusual compared with global trends - with Scotland suffering as a result. He proposed that there are signs of hope that people in these two unequal nations are now beginning to realise that the growth of inequalities has caused, and is still causing, widespread harm and that there are also signs of hope from elsewhere in the world where inequalities in many places are much lower and/or falling. This event was fully subscribed with 300 delegates and a further 143 people on a waiting list. Unfortunately despite several reminders 133 people failed to attend. We are looking at ways to try to reduce and manage the number of people who register but don't attend events going forward.
15. *Active and sustainable travel in the 21st century*. The Lighthouse, 22nd March 2017. This seminar presented the published data on cycling trends in Glasgow including analysis of the City's Cycle Hire Scheme; and recommendations from the GCPH synthesis '*Active travel in Glasgow: what we've learned so far*'. A focus on the wider sustainability agenda, including air pollution and environmental justice was provided by guest speaker Emilia Hanna of Friends of the Earth. Combined with an input from the Board to Jill Muirie and Bruce Whyte at the April board meeting, outputs from the workshop will inform the phase 4 development of the active and sustainable travel programme.

Forthcoming events

16. Seminar Series 13: Lecture 6. Annie Warburton '*Can do – flourishing in the 21st century*'. The Lighthouse, 25th April 2017. Annie Warburton is Creative Director at the Crafts Council, where she leads on exhibitions, education, innovation and research. Drawing on recent research on learning-through-doing, and on projects that bridge craft and health, this lecture will explore what craft contributes to wellbeing.

Centre contributions to partner events

17. Russell Jones presented on "Safety and security in relation to the built environment" as part of a panel of ten experts, each presenting on a different topic, to develop a Buildings Research Establishment global healthy cities index based on complexity on the 27th January 2017, London.

18. *Flood risk: what demographic change can we expect and what does it mean for Scotland.* Bruce Whyte presented at Managing Flood Risk in the Context of Change Conference, Our Dynamic Earth, 7th February 2017.
19. The Centre continues to support Glasgow Life Museums understand how its resources can be best used to improve health in the city. Pete Seaman presented on '*How Glasgow Museums' resources can be aligned to promote health and reduce inequalities*' at a day-long workshop (Kelvingrove Museum, 9th February 2017). The presentation focussed on the city's health challenges and approaches to thinking about investments in terms of population health gains. We will provide expertise in the form of an evaluability assessment of a Glasgow wide intervention currently in development. We also continue to represent a population health perspective on the Burrell refurbishment reference group promoting the inclusion of community engagement and empowerment.
20. Valerie McNeice and Lisa Garnham presented to the Visitor Studies Group conference on the 22nd March in London. Their presentation, entitled '*Cultural heritage and health creation*', focussed on some of the challenges inherent in evidencing the public health impacts of participatory activities where traditional academic evidence hierarchies predominate, by drawing on the Centre's experience of evaluating Sistema Scotland's 'Big Noise' music-based social intervention for children in deprived neighbourhoods. Insights from the Centre's work on asset-based approaches and resilience offered additional ways forward for organisations seeking to evaluate the public health impacts of their own cultural and heritage programmes.
21. The communications team attended the annual NHS Scotland Communications Development Day at Murrayfield Stadium on 9th March. Sheena Fletcher co-led a workshop on '*Integrating infographics into your communications approach*' in collaboration with ISD at the event. As well as hearing about recent developments and trends in the communications field, the event also presented a useful opportunity to connect with fellow communications professionals from across the NHS and Scottish Government and useful connections with NHS GGC, NHS Health Scotland and ISD are now being followed up.
22. Glasgow Health and Social Care Partnership Health Improvement *Shared Learning Event : Place*. 28 March 2017. Lisa Garnham presented on experiences of neighbourhood change from Easterhouse, Drumchapel, Anderston and Bridgeton with recommendations from learning.
23. GCPH will have a stand at the annual NHS Scotland event at the SEC on 20-21 June to showcase relevant work. The focus of this year's event is on 'working differently across boundaries transforming health and social care'. Jennifer McLean has also submitted a poster abstract '*Striking a balance: asset-based approaches in service settings*'.
24. We hosted a visit by colleagues from the Centre for Health and Development (CHAD) on 23rd February.
- CHAD is a collaboration between Staffordshire County Council, Stoke-on-Trent City Council and Staffordshire University, focussed on reducing health inequalities and improving the health and wellbeing of the population of Staffordshire and Stoke-on-Trent. They were particularly interested in our funding model and governance arrangements, the development of our programme of research and our ways of working.
25. The Head of Children & Family Services, Cornwall Council will visit Glasgow for a fact finding visit in relation to Healthier Wealthier Children.

James Egan and Lynn Naven are developing a two day programme over 20-21st April which will include HWC and other important partnership responses to tackling child poverty.

Publications

26. Briefing Paper 50: *Principles for effective social regeneration and interventions: learning from Sistema Scotland* by Chris Harkins. Published in December 2016, this briefing paper proposes and discusses seven principles for effective social interventions and regeneration, based on the evaluation of Sistema Scotland's Big Noise programme. The strength of Sistema Scotland's approaches lie in the application of all seven principles concurrently, within the Big Noise programme. The paper proposes that practitioners and communities involved in social interventions and social regeneration should consider the application of all seven principles but recognises they may be constrained by resources, time and/or the specific context and remit of the intervention or programme. An infographic of the seven principles has been developed and has been useful in publicising the BP online.
27. A number of outputs were published ahead of the beginning of purdah which we observed to coincide with the Council period commencing 16th March.
28. *Striking a balance: asset-based approaches in service settings: An illustration of asset-based approaches in services, and an exploration of their potential for the future* by Jennifer McLean, Valerie McNeice and Charlotte Mitchell. The report and associated briefing paper was launched at GHFF 19 on 16th March outlined above.
29. Synthesis Series: *Active travel in Glasgow: what we've learned so far* by Jill Muirie. This report brings together GCPH learning on transport and health, with a specific focus on active travel. Recommendations include a call for strong leadership, maintaining a focus on inequalities, improved coordination and a shifting of transport spend to increase amounts available for active travel. The learning from this report was presented at the active and sustainable travel event on 22nd March described above. A summary leaflet and further dissemination is also planned.
30. Glasgow City Council's Strategic Plan for cycling 2016-2025 indicates how Glasgow proposes to develop cycling within the city to deliver on policy commitments towards regeneration, sustainability and improving health and wellbeing. As work begins on the actions outlined in this plan, we undertook descriptive analyses of currently available datasets to provide a picture of cycling activity within the city to inform future developments. Four separate analyses have been undertaken with each reported on separately as listed below. The first two reports consider usage of two recently developed cycle routes, known as City Ways providing segregated access for cyclists into the city centre. As a series of City Ways are planned, examination now can inform later examples. Both routes appear to be used heavily for commuting purposes and are experiencing increasing use over time. The third report focuses on usage of Glasgow's mass bike hire scheme.

As with the City Ways, a considerable amount of usage of the scheme appears to be for commuting purposes and a steady growth in use can be observed. The final report looks at travel to school in Glasgow, using data from the Hands Up Survey. This report could be seen to present a less positive picture of cycling activity within the city than the other three, suggesting that further work is required to support school-age children to cycle. However, there is some growth seen in levels of primary school children cycling to school, which may partly reflect a recently introduced preschool cycling initiative.

31. *Cycle journeys on the South-West City Way: a descriptive analysis* by Karen Macpherson.
32. *Cycle journeys on the Anderston-Argyle Street footbridge: a descriptive analysis* by Karen Macpherson.
33. *Glasgow's public cycle hire scheme: analysis of usage between July 2014 and June 2016* by Karen Macpherson.
34. *Travel to school in Glasgow: a descriptive analysis of results of the Hands Up Survey* by Karen Macpherson.
35. *Briefing paper 52: Housing through social enterprise* by Steve Rolfe (University of Stirling) and Lisa Garnham. Published on 15th March this briefing paper reports on a scoping study of the potential role of social enterprises in protecting and enhancing the health of low-income and otherwise vulnerable households in Glasgow. Considers the mechanisms by which different kinds of social enterprises operating in the housing sector could work to improve access to affordable, stable and good quality homes for those in need is considered and discussed. The work is a component of the Homes for Good evaluation led by the Yunus Centre with GCPH and University of Stirling as collaborators.

Forthcoming publications

36. *Exploring the parenting support landscape: part two – Greater Glasgow and Clyde*. Rona Dougall (NHSGGC), Valerie McNeice, Fiona Crawford. (April 2017). This report presents findings and recommendations from qualitative research conducted with health, social care and third sector practitioners in late 2016 on the delivery and impact of parenting support programmes across Greater Glasgow and Clyde. The research builds on earlier work which focused on parenting support in Glasgow city, published in November 2016.
37. *Evaluating Sistema Scotland – Big Noise Torry Executive Report* (June 2017). This report presents findings from an initial evaluation of the third Big Noise centre within Aberdeen City. The work informs the GCPH long-term evaluation of Sistema Scotland. The report is based on extensive fieldwork from June to December 2016 and will be published in June 2017 after the local election purdah period.
38. *Clyde-sider applicant journeys: Findings from a two year follow-up survey*. This report summarises findings from a survey of Clyde-sider volunteer applicants two years after the Glasgow 2014 Commonwealth Games. The survey was the third to be issued to applicants as part of a longitudinal study on the impact of the official volunteering programme. In contrast to past big event research, this study has captured learning on those who were selected and those who were not.

Findings are presented in relation to four key legacy outcomes: skills used since the games; volunteering behaviour; social connections; and personal legacy. Findings reveal a positive picture in terms of the impact on Clyde-sider volunteers, although significant differences were found in relation to outcomes by area and age. For those who weren't selected, outcomes were less positive, although increases in subsequent volunteering behaviour were found.

39. *The Deep End Advice Worker project: Embedding an advice worker in general practice settings*. (May 2017) Jamie Sinclair.

Findings from an action research study to understand how delivering advice in general practice settings impacts practice staff and people engaging with the service to develop replicable approaches to delivering similar work in the future.

Journal Articles

40. Sawyer A, Smith L, Ucci M, Jones R, Marmot A, Fisher A. Perceived office environments and occupational physical activity in office-based workers. *Occupational Medicine* 2017.
41. Nicholson, D, McCormack, F., Seaman, P., Bell, K., Duffy, T. Alcohol and healthy ageing: a challenge for alcohol policy. *Public Health* (148), July 2017 pages12-18. Focuses on the disruption associated with retirement and implications for alcohol use.
42. IN PRESS: Ralston K, Walsh D, Feng Z, Dibben C, McCartney G, O'Reilly D. Do differences in religious affiliation explain high levels of excess mortality in the UK? *Journal of Epidemiology & Community Health* 2017.

Consultation responses

43. The Centre submitted a response to the Department for Work and Pensions' consultation on the proposal for the future of Bridgeton, Castlemilk and Maryhill jobcentres. Led by Public Health Research Specialist, Lynn Naven, our response focussed on: potential impact of vulnerable population in the city; our support for the Directors of Public Health in Scotland's recommendation that a Health Inequality Impact Assessment (HIIA) was conducted on the proposed closures, particularly taking account of increased travel times and; the importance of jobcentres as anchor investments in deprived communities. The full response is available on the GCPH website.
44. The team held a facilitated session to inform Phase 2 (expert groups) of the Scottish Government's review of National Outcomes and the National Performance framework on March 1st 2017.
45. Following discussion at the EMT meeting in March, GCPH and NHS GGC have submitted a joint public health manifesto recommendations briefing to all parties. This outlines recommendations in relation to the economy and employment; early years; poverty; neighbourhood environments; social contexts; and approaches to improve outcomes.

Media coverage

46. David Walsh interviewed by the Clydebank Post after NRS life expectancy data release: "West Dunbartonshire women have lowest life expectancy in Scotland" (10.12.16).
47. Alison Thewliss (SNP) MP for Glasgow Central mentioned the GCPH and the Cost of the School Day project during a debate on child poverty (20.12.16): "A lot of very good work has been done on poverty in Glasgow. The poverty leadership panel has done a great deal of work. Glasgow City Council, in partnership with Child Poverty Action Group in Scotland, NHS Greater Glasgow and Clyde, Glasgow Centre for Population Health and a host of other organisations, produced an excellent report about the cost of the school day that is similar to some of work that the hon. Member for Barnsley Central mentioned."

48. Ruth Maguire (SNP) MSP for Cunninghame South mentioned the GCPH early years synthesis in the Scottish Parliament in a debate on Health (18.01.17): “education and early years intervention” have important roles to play in prevention. Those are both complex issues, with many different facets. The Glasgow Centre for Population Health recently published a hugely insightful report on that topic.

It identified several overlapping spheres of influence that impact on children’s health and wellbeing: family and parent environment, learning environment, neighbourhood environment and—last and most important—socioeconomic context, which cuts across all the other spheres.”

49. GCPH provided comment to Evening Times on our response to DWP consultation on future of job centres (01.02.17).
50. Bruce Whyte and Julie Clark (GoWell) quoted in Scotsman on GoWell journal article on ‘forced car ownership’: “Scots families with tight incomes ‘forced’ into car ownership” (10.02.17).
51. GCPH & excess mortality report mentioned in article in the Evening Times on the deindustrialisation of Glasgow & psycho-social effects: “Struggle for men in post job cuts era, says leading doc” (17.02.17).
52. GCPH and excess mortality (quote from David Walsh) in two Sunday Times articles on Scottish life expectancy which featured a preview of Danny Dorling seminar series lecture. “Scots facing crisis on life expectancy” and “Why do Scots die younger?” (05.03.17).
53. GCPH and Danny Dorling seminar referred to in The Scotsman follow-up to Sunday Times article “Scots life expectancy stalls for first time in 160 years”(06.03.17).
54. David Walsh was a guest on STV News panel discussion ‘Scotland Tonight’ with Kevin McKenna on life expectancy in Scotland/Glasgow (06.03.17).
55. Article in Herald on the new cycling reports and active travel synthesis following interviews with Karen Macpherson and Jill Muirie both of whom were quoted in the article ‘Cycleways take wrong turn on route to health equality. Also leader comment ‘Cycling should be the heart of progressive planning’ (13.03.17).
56. Evening Times article “Finnieston regeneration: why residents in the UK’s hippest place to live are unimpressed” mention GCPH and quote from Pete Seaman (17.03.17).

Social media and website

57. The number of people following the Centre’s Twitter account continues to increase at a rate of around 2-3 per day (currently standing at 3,331 followers).

Particular events using a hashtag or the promotion of new publications can increase this, for example, we attracted an additional 20 followers during the week in which we held the activities and sustainable travel event and the Danny Dorling seminar. There were over 200 tweets during the Danny Dorling seminar and the #GCPHsem13 was trending in the UK.

58. The children and young people's profiles and evidence for action briefings that were published on the Understanding Glasgow website on 7th December are proving popular with the profiles having received 2,988 unique views and the evidence for action briefings have received 666 unique views, in the two months since published.
59. The next issue of the GCPH e-update was circulated 31st March 2017. Although the e-updates have fairly good open and click rates, these quarterly e-updates are now quite long and detailed. Over the coming months we will trail shorter more frequent e-updates and will seek feedback from the GCPH network on this.

New bids in collaboration with partners

60. An unsuccessful bid was submitted with Volunteer Glasgow for the second stage of funding from the European Social Innovation Fund. The project "Growing the Social Economy through Increased Inclusive Volunteering" was designed to evaluate the impact of Glasgow's Volunteering Charter, assess the quality and efficacy of the Charter support services and signatory processes and estimate the potential impact on Glasgow's volunteering rates should more public and statutory organisations sign up to the Charter. A subsequent conversation with David Maxwell and Nick Brown of Volunteer Glasgow has focused on the development of a an evaluation strategy for possible future work.
61. The Centre has also offered support to European Social Innovation Fund from the Dalmarnock Legacy Hub to initiate a Community Food Hub. There would be no cost implications of GCPH support being grounded in access to GCOH networks particularly the Glasgow Food Policy Partnership. No further update at time of writing.
62. Carnegie UK Collaborative Grants application *A complementary approach to pain management: an asset-mapping study with chronic pain patients* led by Dr Joanne McParland, Glasgow Caledonian University. Study aim is to work collaboratively with individuals living with chronic pain in more and less deprived areas of Glasgow to identify and prioritise the assets that offering potential to self-manage pain. GCPH contribution will provide Co-Investigator (Pete Seaman) support in data analysis and synthesis of findings.

Developments

63. This section sets out developments that are additional to the current work plan, notable updates on current work programme activity, and examples of opportunities for impact and influence.
64. After the successful bid to the Robert Johnson Wood Foundation (Global Ideas for US Solutions) to share ideas between Pittsburgh and Glasgow, the first visit took place the week of 27th March 2017. . The visitors were introduced to the work of GCPH through presentations from the team and discussion sessions. The first session focused on the aims and purpose of GCPH, post- industrial transitions in both cities and use of data to support decision making. The second session focused on solutions and evidence to support change. A visit to the Deep End project and a session focusing on mental health with Dr Trevor Lakey and Dr Michael Smith was also incorporated into the week. A series of emergent questions were identified from which we will select three for the continuing conversation. These included learning between the two cities about aligning voluntary activity, supporting 'human' communities and grassroots activism and envisioning futures for the two cities.

65. More widely, there is a growing interest in place-based approaches and their potential to reduce inequalities in a range of outcomes.

GCPH is involved in a number of activities that are helping to build relevant evidence and insights. This might be an issue that the Board would like to look at in more detail at a future meeting.

66. Further to the Management Board considerations in September 2016, the Children's Neighbourhoods development is now proceeding apace. Two Advisory Board meetings have been held, involving representatives from Glasgow City Council, Glasgow Health and Social Care Partnership, Save the Children, Clyde Gateway, Virgin Money, What Works Scotland, The Robert Owen Centre and the GCPH.

Agreement has been reached that Dalmarnock will be the first site, with Dalmarnock Primary School forming the hub and the head teacher being the local strategic coordinator. The initial phase of activity, involving local consultation and involvement, assessment of needs and assets, and development of a theory of change, will run through the summer and the aim is for a formal launch at the start of the next school year.

67. Nationally, in line with the Health and Social Care Development Plan for Scotland, discussions are now being progressed in relation to the development of a public health strategy for Scotland. NHS Chairs and Chief Executives considered this in February, and a meeting involving CoSLA and Directors of Public Health is being scheduled for the end of April. Further opportunities for involvement will follow. The outcome will not be clear in time to inform the immediate forward plans for the GCPH, but there will undoubtedly be important considerations for us at a later date.

GCPH
April 2017



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Developing a Community Engagement and Empowerment Strategy

Recommendation

1. This paper describes the growing recognition of the importance of community engagement and empowerment (CEE) – in order to find new responses to ‘wicked problems’ and to do so in a way that is more likely to be sustainable; and in relation to the health and wellbeing benefits experienced by participants in situations where power is shared. In light of this, the Board is asked to consider the ways in which the GCPH community engagement activity should develop in future years and the resource required. The proposal is that CEE should be a more explicit focus for the GCPH in future years, structured in relation to the three features of the Centre’s role: innovation, evidence and impact.

Evidence for community engagement, participation and empowerment

2. There is widespread recognition of the importance of services and organisations engaging with communities and the role of CEE in improving health outcomes. Health benefits can be derived not only through the direct processes of participant engagement and empowerment but also through the creation and maintenance of networks and opportunities for participation that are in themselves supportive of health and wellbeing. Such approaches have been a feature of the work of the GCPH from the outset, and our recent report on *Social contexts and health* synthesises various dimensions of GCPH learning in this area. Our substantial review of the evidence relating to *Resilience for public health* highlighted that resilience of individuals and communities is underpinned by strong social networks and that the development of various forms of social capital (particularly bridging and linking) is vital for allowing a range of perspectives to be heard and contribute to policy-making.
3. The fostering of opportunities for community participation is a key feature of wellbeing with health outcomes supported through benefits associated with being connected to others; being able to influence how services are shaped and delivered; being able to shape wider decisions at the level of policy; and the senses of social support, empowerment and opportunity which follow. These are additional to individual benefits of participation which include improved wellbeing, exposure to new opportunities and outlooks, and the development of new skills.
4. Historically, there has been a challenge for organisations such as the GCPH in describing the health impact of its community engagement activity given its focus on population wide processes, policies and outcomes.

However, growing recognition that networks of participation are core to health-enhancing places and communities has aided the conceptualisation of CEE activity within our wider work plan, aims and purpose. Our geographically focussed work (such as GoWell, Experiencing Neighbourhood Change, Representing Dennistoun and our move to Bridgeton/Dalmarnock) has built on that approach. In addition, the recent Glasgow Health Inequalities Commission on Mental Health, innovative practice in Bromley-by-Bow considered in a GCPH seminar, and the experience of Deep End practices highlight how the support and maintenance of grassroots, often non-professionalised, activity can mitigate the effects of cultures of individualism in a context of income and health inequality. The effect is achieved both through addressing individual social isolation and by energising processes to address power imbalances through stimulating and building the capacity and potential for civic participation. The Centre's work on regeneration, responses to de-industrialisation and resilience also highlight the importance of citizens and populations being enabled to experience a sense of control over processes of change - and of the lack of this (ie disempowerment) contributing to negative health outcomes for individuals and populations.

Policy context

5. The potential outcomes associated with participation, engagement and empowerment go beyond those traditionally understood within the realm of health policy and practice but are nonetheless aligned to them. For example, our review of the evidence on *Resilience for public health* highlighted how employability, new forms of employment and productivity can benefit from better connected communities where skills and capacities are fully utilised and shared. Our social regeneration work demonstrates how planning outcomes are improved when communities are given voice and regeneration casts residents as active participants in the creation of community rather than solely as the recipients of physically improved environments.
6. Consequently, CEE activity has the potential to cut across policy domains. The ambition to make CEE a routine aspect of joined-up health improvement activity across policy realms is clear. Nationally, this ambition is evidenced in the Community Empowerment (Scotland) Act 2014, the successful implementation of which will rest on the capacity of populations to be in a position to take advantage of opportunities to participate and contribute to processes of decision-making, community ownership and management of assets. Recommendations made by the Christie Commission for addressing the challenge of future demand on public services emphasised the importance of services being designed with and for people and communities rather than delivered 'top down' for administrative convenience. Since the publication of the Christie Commission report in 2011, the impetus has intensified among practice and policy communities to better understand processes which will assist the transition to community and user designed services. The GCPH has continued to explore and evaluate promising approaches in support of this need - including our substantial programmes of work relating to asset-based approaches, participatory budgeting and resilience. The programmes have directly influenced the implementation of place-based approaches and the emerging 'Scottish approach' to public policy and evidence which has asset-based working, co-production and empowerment as axiomatic principles.

Delivery context

7. The continued development of evidence and innovation in relation to CEE activity will be vital to the delivery of the Centre's core purpose of supporting new approaches, informing and influencing action to improve the city's health and tackle inequality.

This will need to be understood and shaped in a context of reduced expenditure and resource in the wider delivery landscape with investment required to impact on a broad range of outcomes. Partners delivering services with the potential to impact on health inequality will be adapting to cuts in funding and working with a diminished community infrastructure to support community-facing activities.

8. Progress with CEE will crucially need to be made in the context of partnership (eg Community Planning and Thriving Places) and integration (eg of health and social care; academic and applied social research); and of increased devolution to localities (e.g. the increased focus on place-based approaches; education reform). These contexts necessitate innovation and evidence about the potential roles of both community and CEE in the processes of establishing effective joint working and resource use.

GCPH Current approach and resource

9. In our current work programme, our CEE activity is shaped by the strategic ambition to engage a wider body of people in public health and to build capacity for good decision-making and action on health inequalities. It aims to leave behind a legacy that supports participation, contributing to the Centre's high level success indicators of '*strengthening processes for tackling health inequalities*' and '*greater capacity for action*'. Although not formally expressed in our work planning documents, we can summarise our current approach to CEE as attending to four interlinked dimensions of learning and translation, which co-exist in many aspects of our work. These are:
 - I. **Building capacity** and empowering communities through skills and developing infrastructure to participate.
 - II. **Exploring and evaluating new opportunities, tools and resources** for community engagement and participative decision making.
 - III. **Broadening the evidence base** to democratise knowledge, methods and range of perspectives brought to inform policy and decisions.
 - IV. **Communicating learning** to aid the translation of knowledge gained through our own work and by others.

Examples follow of how these dimensions have been taken forward in our work to date.

10. In **Building Capacity** we deliver a dual focus on supporting individuals to participate and supporting the development of community structures on which participation rests. These aspects are increasingly considered when we design primary research (e.g. the peer research element of the *Experiencing Neighbourhood Change* project and the community engagement dimensions of the M74 study), seek to undertake evaluation in community-relevant ways (such as in Gorbals Thriving Place) and bring local expertise to bear on the interpretation and translation of research findings (eg through the GoWell Community Panel).
11. Our work to **explore and evaluate new opportunities and approaches** for CEE includes the assessment of *participatory budgeting* as a tool to enable community perspectives to engage with resource providers. The subsequent 'ten strategic principles' were designed to enable decision-makers to appraise the approach in line with their objectives and make more informed choices. Other work has been more exploratory. For example, the *Right Here, Right Now* real time data collection pilot (in which Glasgow School of Art was a partner) took a product design approach, assessing the potential of new technology and media in linking citizen experience with those who deliver and design services.

Work exploring how communities could influence alcohol licensing decisions and how licensing boards can make the process more accessible is another example.

12. The **broadening of the evidence base** dimension explores how new forms of data and generation can stimulate insight for both communities and decision-makers. Recent examples include the use of artistic and creative methods to explore *young people's relationships with alcohol* and *Representing Communities*; exploring how communities can be given the power to represent and communicate their hopes and ambitions. Such approaches recognise that the forms of knowledge or insight communities bring require additional advocacy if they are to stand with equal weight and value alongside more traditional forms of evidence.
13. Our focus on **communicating learning** sits primarily within our existing communications strategy through reports, briefing papers, events and presentations and increasing has included animations and films (e.g. an animation to communicate the principles of power-sharing in decision making aimed at professionals and a film supporting our move to the Social Research Hub). The distillation of findings from the evaluation of Sistema Scotland's Big Noise programmes into seven principles of effective social regeneration further highlights how our translational resources have evolved to pull out key learning that can help audiences understand and implement new ways of working.
14. Our resource base for delivering the CEE aspects of our work plan comprises one full time GoWell Community Engagement Manager (until June 2017) and two shared posts – a Public Health Research Specialist (shared with Gorbals Thriving Places – now completed) and a Knowledge Exchange and Community Engagement Specialist as part of our arrangements with the University of Glasgow. We have also benefited from a Public Health Research Specialist dedicated to the *Representing Communities* project (funded by the AHRC, also complete) focussed on creative and artistic engagement in the east end; and have recently appointed a Knowledge Exchange and Impact Fellow with the University of Glasgow, to progress work on Scotland's Children's Neighbourhoods. For CEE to remain a key dimension of GCPH work going forward, we would seek to bring the GoWell post into the GCPH core, working alongside the two current knowledge exchange posts shared with Glasgow University.
15. A number of the GCPH team do not have designated community engagement roles yet are informed by the principles of the approach and their work contributes to the wider corpus of expertise. Participative and/or co-productive approaches have been characteristics of projects such as *Weathering Change*, *Neighbourhood Change* and the *Childcare Pathfinder*. The various programmes on *Asset-based approaches* can also be considered an extension of these principles. The developing food programme additionally has a strong understanding of the essential role of co-productive, collaborative approaches with communities and the groups that represent them. In other words, CE perspectives are broadly - if not equally – applied across the Centre's work.

Looking ahead

16. The policy and delivery context outlined above combine with emerging aspirations from the GCPH Board and team priority setting sessions to help to clarify how CEE activity might be focused to contribute most effectively to the future work of the GCPH.

Discussion meetings are planned with the Scottish Community Development Centre and What Works Scotland to ensure that there is complementarity and clarity of roles, but our current thinking is that the GCPH's most important contribution will be in relation to dimensions II-IV in paragraph 9: relating to the three features of the Centre's role: innovation, evidence and impact. Others will be better placed to focus on building capacity and community infrastructure for participation.

17. If this principle is accepted, we propose a clear initial focus on work within the East End, recognising the concentration of health needs here, and also the opportunities that we wish to grasp related to the social science hub at the Olympia, the University's ambitions to develop wider participation, and the Scottish Children's Neighbourhoods developments. In addition, we would seek to strengthen the reach and influence of CEE perspectives and approaches across the Centre's programmes of work and its outputs. This will involve having a statement of purpose for Phase 4 that positions CEE activity through our work plan rather than as standalone components within it. Thirdly, at the Board development session in February 2017, a role for the GCPH in 'middle step' option appraisals was highlighted. There will be an important role for communities in helping to shape these options and identify preferred outcomes. Mechanisms for delivering on this ambition remain to be developed but this will be taken forward should the Board regard it as a helpful contribution and priority for the GCPH.

Conclusion

18. Priority setting and planning has identified a will to integrate community engagement activity across the Centre more broadly as well as having a particular focus around our base in the East End. There is recognition that CEE contributes to the distinctiveness of the Centre's approach and aligns with our continuing aims to work collaboratively with communities affected by policies. Additionally, CEE intersects well with a role for the Centre in identifying, communicating and supporting the transition of investment to new approaches as well as building the evidence for actions required to achieve sustained change.

**Pete Seaman
Carol Tannahill
April 2017**