Glasgow Centre for Population Health
Management Board Meeting
Monday 12 March 2018

General Update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last meeting on 20 December 2017.
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, partnership and staffing

1. Daniel Kleinberg, our Scottish Government sponsor, has confirmed that the GCPH funding line remains undiminished in the budget for 2018-19. We have also been told that as Health Finance moves towards longer financial projections the GCPH line will be retained. We await written confirmation of the decision so we can develop work plans and, following HR advice from the NHS Board, amend the team's contracts accordingly. Contracts currently run to June 2018 and there is now a degree of urgency as the process of redeployment begins three months prior to contract end date.

2. A financial update is on today's agenda and included in papers. This indicates that by end January 2018, spend across most lines was consistent with our financial plan. The new budget line for New Perspectives on Health is currently underspent awaiting outcome of the New Perspectives proposals (see paragraph 9), and there is a small predicted underspend at year end on staff salaries.

3. We continue to support the national Reform of Public Health process through Prof Tannahill's membership of the Public Health Oversight Board and Dr Seaman's membership of the priority setting group led by Professor John Frank. To date the process has focussed on the establishment of the new national public health body, which will bring together NHS Health Scotland, ISD, and Health Protection Scotland. It seems likely that this will be created as a special NHS Board. An update on the implications for sub-national structures and processes has been requested for the next meeting of the Oversight Board. The criteria setting group reported before Christmas and are contributing to engagement sessions in Edinburgh (12th February) and Glasgow (27th February) to shape the development of shared public health priorities for Scotland.

4. An internal GCPH group has been established to review how we handle requests for volunteering opportunities, work experience and student placements. The Centre is receiving an increasing number of such requests. The aim is to standardise how we respond and manage requests, to support provision of clear information and ensure equality of opportunity or least transparency around process.

5. Over the years we have periodically reviewed how our work adds value and has an impact on policy and practice, and it is timely to do so again. Recent conversations with the Chairman and Vice-Chair have suggested that the impact of the Centre's work could be more clearly described. A subgroup of the staff team is being convened to review our reporting and communication of impact and influence.

6. Pete met with the HSCP Senior Management Team on 14 February and a future development session is being planned. This highlighted continued appetite for our work and in particular support for identifying key investments to support practice. GCPH will contribute to an Integrated Joint Board development day on 23 April and conversations continue with Fiona Moss with regard to the content of that session.

7. Collectively, the issues outlined in this section suggest a need to take stock of GCPH's strengths and the direction we should propose to ensure continued influence and value in the future. Space for this discussion is included on today's agenda.

Developments

8. Following a meeting between Pete and Jennifer McLean with Irene Oldfather and colleagues of the ALLIANCE, we are supporting a bid to the Life Changes Trust to develop an approach to co-producing care with people living with dementia both in care homes and receiving care at home. The Centre will support learning and evaluation of 'the meaningful day' approach which would be piloted if successfully funded. Costs are being developed.

9. Three proposals for the Centre's *New Perspectives in Health* budget are in advanced stages of development led by Bruce Whyte. Ideas include a community café to be used to support community and public engagement between GCPH, the Social Research Hub and the local area. A system of inward and outward working placements between the GCPH and partners involved in delivering services is a second proposal and is intended to create a better-informed set of working relationships between the GCPH team and colleagues involved in directly delivering services. A third proposal intends to work with interested community councils to build their knowledge, capacity and capability to address local public health issues. This would allow transfer of knowledge in relation to practical and applicable learning on participatory budgeting, the place standard or use of Community Profiles. The proposals have been discussed with the team and will be brought back to the team in March following queries around costings.

10. Following the publication of the JRF report *'How to build lasting support to solve UK poverty',* identifying a strategy to communicate the causes and solutions to poverty, we are in discussion with the report authors (the FrameWorks Institute) for training for the GCPH team and our wider network of colleagues on communicating about poverty and structural causes of inequality.

11. Following a request from the Course Leader of the MSc in Public Health at Glasgow Caledonian University for a 15 day student placement, Austin Booth will be working with Centre colleagues to explore how public health objectives, particularly the contribution to reducing inequalities, can be made through the practice of Occupational Therapy. During his 15 day placement Austin will connect with work on low emissions zone (impact prediction) and qualitative interviewing in relation to the CHANGE programme.

12. The Children's Neighbourhoods approach has been identified by the Poverty Leadership Panel as a potential priority for funding, as a route to helping mitigate child poverty in the city. Scottish Government has also requested a proposal for consideration as part of the

national child poverty delivery plan. Updates will be provided to Glasgow Community Planning Partnership meetings in May.

Outputs and activities

13. This section summarises the Centre's outputs and activities since the last Management Board meeting in line with the agreed approach to monitoring and reporting. It includes events and seminars, publications, media and digital activity.

Events and seminars

14. *Building Connections programme report launch*. 4th and 6th December 2017. These small discussion events for an invited audience were held to coincide with the publication of the findings from the Building Connections demonstration programme. The events presented and discussed the findings and implications for practice locally, as well as how the work might inform broader strategic approaches. The events were aimed at senior managers and decision-makers from the Scottish Government, local authorities, third sector agencies and public sector services. They were attended by 24 and 27 people respectively.

15. These launch events were followed by a *parliamentary briefing*, organised by JRF and hosted by Pauline McNeill, MSP for Glasgow and Deputy Convenor of the Social Security Committee at Holyrood on 31st January 2018. This included a presentation of the key learning points from the programme followed by a roundtable discussion and cross-party reflections from members of the Social Security Committee including Clare Adamson, Convenor of the Committee and MSP for Motherwell and Wishaw, Alison Johnstone, MSP for Lothian and Adam Tomkins, MSP for Glasgow. Discussion points and reactions included agreement on the compelling evidence this provides on co-locating services, how to do it and the importance of not just focussing on the evidenced financial gain but individual health and wellbeing and the potential population gains that could follow. There was agreement on the timeliness of the work and opportunities to act on the learning, for example, in relation to the existing commitment to make services available at a community level, the new Social Security Agency, the Child Poverty Bill and related delivery plans being developed and discussions around link workers. In summing up, the important distinction between co-locating and embedding was highlighted.

16. The Scottish Government has also been asked for a response to the report's findings on two separate occasions during general questions. The first, in February, was asked by Elaine Smith MSP for Central Scotland and was responded to by Aileen Campbell. The question and response were:

    To ask the Scottish Government, in light of the reported positive results of trailing the co-location of services highlighted in Glasgow Centre for Population Health's report, Building Connections: co-locating advice services in general practices and job centres, with individuals making substantial financial gains, what its position is on whether rolling out this framework for advice service provision across the county could be an effective way to help meet the new statutory poverty reduction goals.

    "We note the conclusions of the Glasgow Centre for Population Health's report Building Connections. These are similar to the report from the Improvement Service earlier in 2017 on the social return on investment of co-locating welfare advice workers in medical practices. These reports show that co-locating advice services can contribute

significantly to maximising income, particularly for welfare benefit claimants. This will be important in our efforts to tackle child poverty.

We are funding a welfare advice services facilitator to support the development of embedding welfare advice services in Health and Social Care settings, with a particular focus on general practice and early years and will be reviewed at the end of the 2017-18 Financial Year."

The second question was asked by John Mason, MSP for Shettleston in March and responded to by Angela Constance. The question and response were:

To ask the Scottish Government what its response is to the Glasgow Centre for Population Health and Joseph Rowntree Foundation report, Building Connections: co-locating advice services in general practices and job centres.

"We welcome this report from the Glasgow Centre for Population Health and Joseph Rowntree Foundation. We are aware of the benefits of co-locating advice services with other services to ensure people are given all of the support they need in one location. There is good evidence that embedding welfare advisers in general practice contributes significantly to improvements in incomes and benefits claimed as well as enabling GPs to make better use of their time and to focus on delivering primary healthcare.

We have provided funding to support the Improvement Service to promote the benefits of placing welfare advisors in health and social care settings and we plan to co-locate the Social Security Agency's local services with other organisations. This means that if a person is looking to apply for a benefit administered by the agency, they will be supported to complete the forms and advised on the evidence needed to support their application. And where a person is already receiving benefits from the agency, they will be able to get advice on their payments, on notifying a change in their circumstances, on other benefits they may be entitled to or on making a complaint where their expectations have not been met."

17. The second lecture of Seminar Series 14 was held on Wednesday 6th December at Kelvin Hall, Glasgow. The lecture entitled '*Museums and Public Health in Glasgow – the lessons of history'* was delivered by Mark O'Neill (Former Head of Glasgow Museums) and explored historical and recent evidence to formulate some conclusions about the potential of museums to improve health and wellbeing. It also explored what the contemporary role of museums as part of a shared public sector contribution to human flourishing might be and how that contribution can be maximised. The seminar was attended by 70 delegates.

18. The third lecture in Seminar Series 14 was delivered by Sue Palmer on 21st February entitled '*21st century children – the state of play'*. A former primary school teacher, Sue is now a writer and consultant on literacy and child development and is the Chair of Upstart Scotland. Sue argued that the most effective way to reinstate play at the heart of early childhood is to introduce a Nordic-style kindergarten stage for 3-7 year olds, with particular emphasis on outdoor play. As well as the undoubted health benefits of such a culture change, the evidence suggests it would also bring educational benefits, including a narrowing of the current 'attainment gap' between rich and poor. The event proved to be one of our most popular seminars with 240 people registered and 155 people attending. Many of those registered/attending were new to our Seminar Series with backgrounds in early years, education, play and community groups. A follow-up workshop the next morning with 11 invited delegates explored the benefits of play, particularly outdoor play, for learning and building social skills in early childhood in more depth. Questions were raised about the efficacy and potential negative impacts of

testing in early primary school and a strong case was made for a kindergarten approach in the early years up to the age of 7, incorporating a later start to formal schooling.

Forthcoming

19. We are in discussion for the fourth lecture in Seminar Series 14 to be delivered by Lolita Jackson, Special Advisor, Climate Policy and Programs at NYC Mayor's Office on Friday 23rd March. Lolita is visiting Scotland as part of the Rockefeller 100 Resilient Cities network and has agreed to deliver a lecture for us while here. Details of the talk are still being finalised but will include aspects of Lolita's expertise and experience of 're-building cities from the people up' following experiences of disaster reconstruction after extreme weather events in the United States.

20. On 17th April, Evelyn Forget, Professor of Economics at the University of Manitoba will deliver the fifth lecture in Seminar Series 14 on experience and learning from evaluating Manitoba's Mincome experiment. In place of a morning after session we are planning a session with the Basic Income Steering Group following Professor Forget's talk.

21. *GHFF21: Resilience in Glasgow – where next?* will take place on Thursday 19th April at 200 SVS. This HFF will offer an opportunity to review our progress as resilience has become part of the policy and practice discourse in Glasgow in the last five years. Speakers will include Sarah Toy, Chief Resilience Officer for Bristol's resilience strategy and her Glasgow counterpart, Duncan Booker. Resilience has been operationalised across a range of sectors leading to innovative approaches in city leadership, community planning, social protection, early years and climate adaptation. Through workshops we will build on this momentum and focus discussion on how we continue to embed resilience thinking, what still remains to be done and where the resilience concept might take us next.

Centre contributions to partner/other events

22. Pete Seaman delivered a session to Pollokshaws Area Network on loneliness and social isolation (15.01.18). Carol presented at the Ferguslie Park Community Conference, on approaches to improving community health (19.01.18), and to the Sistema Scotland Board (13.12.17) on the evaluation findings and policy connections.

23. The team continues to contribute to university courses and this has included David Walsh delivering a lecture on health inequalities to undergraduates on the Sociology of Health and Illness Honours Course at Glasgow University (16.01.18) and presenting to/sitting on a panel for Glasgow University students on influencing policy ('Evidence, evaluation and policy') (06.02.18). Cat Tabbner taught on the Health Promotion Course for Glasgow University's MPH students (a co-delivered seminar with a Links Worker) (15.02.18). Jennifer McLean and Valerie McNeice will be delivering a half-day workshop on asset-based approaches for occupational health students doing an MSc at GCU (01.03.18). Cat Tabbner and Pete Seaman delivered a lecture on principles and practice of community engagement to MPH students at GCU (05.03.18).

24. The *Children's Neighbourhoods Scotland (CNS) project* was officially launched on 9th February at the Glasgow Women's Library in Bridgeton. This collaborative project involves the Robert Owen Centre at Glasgow University, What Works Scotland, GCPH and Education Services at GCC. Organised by the CNS project team, the event was an opportunity for stakeholders and organisations to meet and share learning and maximise impact from this unique collaboration. Focusing on Bridgeton and Dalmarnock as the first children's neighbourhood, the event was opened by Councillor Susan Aitken, Leader of Glasgow City Council who highlighted the bespoke nature of each

neighbourhood project, that, while drawing on a global evidence base, will engage with each community on their own terms. Chaired by Chris Chapman, Director of Policy Scotland, the event also saw presentations from Douglas Hamilton from the Poverty and Inequality Commission and from Jackie Redpath from the Greater Shankill Partnership, with closing remarks from Jackie Brock, Chair of the CNS Advisory Group. Delegates also took part in a series of quick-fire round table discussions, led by CNS researchers, with opportunities for networking over lunch.

25. *Foundations for wellbeing: building connections between public health and housing*, Wednesday 14th March, The Lighthouse. In 2017 the Scottish Public Health Network collaborated with a wide range of stakeholders to develop a 'best practice resource' on how the public health and housing sectors in Scotland could work together more effectively to reduce health inequalities. This joint NHS GGC/GCPH workshop has been organised to discuss this topic and explore local collaborative action. The event will be chaired by Linda de Caestecker and will include presentations from Emily Tweed on the ScotPHN report 'Foundations for well-being: reconnecting public health and housing' and Carol Tannahill and the Wheatley Group on the latest local evidence on health and housing. Facilitated discussions will consider the role of public health in health and housing and explore how to maximise opportunities to work together to meet the current challenges. A the time of writing 50 people had confirmed their attendance.

26. We will have a presence at the annual NHS Scotland event being held at the SEC on 18-19 June 2018 through an exhibition stand and possibly via a presentation. The theme of this year's event is 'Delivering Now, Improving for the Future'.

Publications

The following reports have been published since the last meeting.

27. *Building Connections: co-locating advice services in general practices and job centres*. Jamie Sinclair (December 2017).

28. *Evaluation of the Glasgow Lone Parent Project.* Commissioned report by Dudleston Harkins Social Research (February 2018).

Forthcoming publications

29. *A synthesis of the learning from the Glasgow 2014 Commonwealth Games Clyde-sider study* (March 2018). This report summarises key findings from our study of the Glasgow 2014 Commonwealth Games clyde-sider volunteering programme, drawing on key learning from three surveys and qualitative research. The study was designed to gather learning on the expectations, experiences and long-term impacts of volunteering on applicants, capturing the views of both those who were selected and those who were not successful with their application. Recommendations are offered in relation to how future mega-event volunteering programmes can be designed and delivered in the interests of inclusivity and diversity, as well as for how mega-event volunteering programmes can be used to support volunteering increases within the general population.

30. *Evaluation of Glasgow's volunteer charter* (March 2018). Glasgow's Volunteering Charter was launched in 2016 to support the delivery of Glasgow's Strategic Volunteering Framework. The Charter encourages organisations across the city to sign up to one of two pledges: to increase the number of volunteering roles within the organisation; or to increase the diversity of the volunteer workforce. This report offers learning from a process evaluation of the Charter undertaken by GCPH. The evaluation involved

interviewing ten contacts from signatory organisations and a feedback session with eight members of staff responsible for designing and delivering the Charter.

31. *Weathering change final report* (April 2018). This collaborative action research project with GCC, Greenspace Scotland and Sniffer explored community resilience in the face of climate change with local residents, community-based organisations and public sector organisations in three neighbourhoods in north Glasgow. A number of priorities to support the processes of change were identified by the participants including: making better use of vacant and derelict land; encouraging better partnership working; linking up existing growing projects across the neighbourhoods; and improving active travel. The report focuses on how to move the identified priorities forward, transferable learning from the approach taken and how to engage communities on climate adaptation. The findings will be reported to the GCC 'Environmental, Sustainability and Carbon Reduction' Committee.

32. *Future of social protection* (April 2018). Produced by the three social protection interns reviewing literature on alternative approaches to social protection. With evidence that current austerity programmes are failing to ameliorate the harshest effects of poverty, the report is intended to stimulate discussion on the future role of social protection and the values that may underpin it and fit within a wider context of rapidly changing labour markets, climate and ecological challenges, and intergenerational fairness, gender and equality group justice. Rather than making the case for a singular solution, the report explores some of the wider challenges and opportunities that might need more attention, particularly for those Scottish local authorities exploring the concept and feasibility of a basic income.

33. Three reports are also due to be published by GoWell over the next couple of months: *Food and beyond: exploring the food bank experience; Village life: the early experience of living in the Commonwealth Games Athletes' Village development, Glasgow;* and *Monitoring the impacts of the Commonwealth Games and regeneration on the East End of Glasgow: headline indicators 2012-2016.* The GoWell Knowledge Exchange Forum now meets regularly to agree priorities for dissemination, and opportunities to ensure that GoWell outputs reach the most appropriate decision-making and policy forums. All three of these reports are being published to coincide with other Scottish Government related reports with publicity being led by the Scottish Government.

34. Other GCPH briefing papers and reports in development include: representing Dennistoun project; neighbourhood change project; citizenship in the early years; CHANGE project one year evaluation; money advice worker in primary care settings pilot roll-out evaluation and report on earnings inequalities.

Consultation responses

35. We have responded to, and published our responses to, the following consultations:
    - Scottish Government consultation on 'A healthier future – action and ambitions on diet, activity and healthy weight' (January 2018)
    - Glasgow City Council's consultation on Glasgow City Charter (January 2018)
    - GoWell submitted a response to the Scottish Government consultation on developing a fuel poverty strategy for Scotland (January 2018)

36. We are co-ordinating a response to the Scottish Government consultation on 'A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections', which closes at the end of April.

37. We have also been asked to respond to the Scottish Parliament's Education and Skills Committee inquiry into the impact of experiencing poverty on the attainment and wider achievement of school aged children. The closing date for submissions is 22 March.

Media coverage

38. GCPH consultation response on low emission zones featured on *CommonSpace* website: "Improving air quality is a social justice issue", public health experts say (30.11.17).

39. Martin Stepek (CEO, Scottish Family Business Association) wrote a column for the Sunday Herald on our GHFF 20 event "'Power is a very heavy, dangerous tool': mindfulness by Martin Stepek" (10.12.17).

40. GCPH mentioned in *Scotsman* article on school food environment by Dr Anne Ellaway: 'Weighty problem of schoolkids' diet not helped by fast food at lunchtime (1.2.18).

41. GCPH evaluation of Sistema mentioned in *Herald* article 'Big Noise celebrates 10 years in Raploch – and its founder hopes for further expansion of music scheme' (1.2.18).

42. The launch of Children's Neighbourhoods Scotland was covered in the *Herald's* 'Agenda' section, with a piece written by Chris Chapman, Director of Policy Scotland: 'Forging a plan to put poverty in its place' (09.02.17) and also featured in the *Evening Times* article by Cllr Susan Aiken 'Public transport issues in the city need to be addressed' (13.02.18).

43. Bruce Whyte was interviewed by *BBC Eorpa* on the health impact of the Commonwealth Games. He drew on our cycling analysis data, GoWell East and our study of the Clyde-sider volunteering programme for this. The programme is due to air in March.

Digital

44. The number of people following the Centre's Twitter account continues to increase at a rate of around 3-4 per day (currently standing at 4,099 followers).

45. We continue to receive a lot of engagement with our infographics – both online and off. Recent infographics have included an update to our child poverty infographics, key findings from the Building Connections report and an infographic on museums and health pulling out some key messages from Mark O'Neill's seminar. Sheena Fletcher has been invited to deliver a lunchtime seminar at the MRC on how we use infographics as part our communications approach, which she will deliver on 6th March.

46. The latest issue of the GCPH e-update was circulated in January and had a 37% open rate (1,007 people) and a 24% click rate which is comparable to previous e-updates. We have now moved from quarterly to bi-monthly e-updates so our next e-update will be circulated in March 2018.

47. The second of our shorter more tailored e-updates was sent to GCC elected members in February and had a 39% open rate. We will send these shorter e-updates on a monthly basis.

48. Work has commenced on the refresh of the GCPH website and is due to be complete by end-March 2018. Similar timescales apply to the revised GCPH booklet.

GCPH
March 2018

Glasgow Centre for Population Health
Management Board Meeting
Monday 12 March 2018

Budget position: Month 10, January 2018

Recommendations

The Management Board is asked to note:

- A change in the format of the table to report expenditure already committed which then highlights the expenditure expected in the final two months of the year.
- The Centre's financial position for the first ten months of 2017/18 showing expenditure to date of £1,138,652.
- Minor changes to the forecast full year position for core staffing resulting in a forecast underspend of £11,541.

Commentary on Table 1

1. The column showing planned expenditure is in line with that previously reported to the Board in December.

2. Actual spend to month 10 of £1,138,652 is broadly in line with what would be expected at this point in the year.

3. The further slight reduction to staffing costs has resulted in the overall plan now forecasting an underspend of £11,541.

Liz Anderson
5 March 2018

2017-18 Financial Plan

		Planned 2017/18 £	*Actual at Month 10 £*	*Commited expenditure £*	*Forecast Feb & March £*	*Forecast Full Year £*	*Variance from Original Plan £*
	Income						
I 1	Annual SG Allocation	1,250,000	1,250,000		-	1,250,000	-
I 2	Sponsors Contribution to GoWell & GoEast	108,000	49,350		58,650	108,000	-
I 3	Other Income	106,000	67,852		38,148	106,000	-
	Total Income 16/17	***1,464,000***	***1,367,202***		96,798	***1,464,000***	***-***
I 4	Carry Forward from previous years	***115,432***	***106,877***		-	***106,877***	***8,555***
	Total Available 16/17	***1,579,432***	***1,474,079***	***-***	***193,596***	***1,570,877***	***8,555***
	Expenditure						
	Research:						
E 1	Action on Inequality	71,000	33,439	37,561	-	71,000	-
E 2	Understanding Health Inequalities	33,600	30,884		2,716	33,600	-
E 3	Sustainable Inclusive Places	55,950	8,654	14,008	33,288	55,950	-
E 4	Innovative Approaches to Improving Outcomes	30,500	18,807		11,693	30,500	-
E 5	GoWell/GoEast	120,000	77,231	42,769	-	120,000	-
E 6	New Perspectives on Health	48,000	16,592		31,408	48,000	-
E 7	Allocation to Networks	27,000	21,397		5,603	27,000	-
	Total Research	***386,050***	***207,004***	***94,338***	***84,708***	***386,050***	***-***
	Communications:						
E8	Communications	45,000	25,379	14,388	5,233	45,000	-
	Total	***45,000***	***25,379***	***14,388***	***5,233***	***45,000***	***-***
	Management and Administration						
E 9	Centre Management, Admin & Running Costs	27,000	8,828	579	17,593	27,000	-
E 10	Accomodation Costs	118,000	81,385	17	36,598	118,000	-
E 11	Core Staffing	1,003,382	816,056	23,447	143,783	983,286	20,096
	Total Management & Admin	***1,148,382***	***906,269***	***24,043***	***197,974***	***1,128,286***	***20,096***
	Total Expenditure	***1,579,432***	***1,138,652***	***132,769***	***287,915***	***1,559,336***	***20,096***
	Balance	***-***	***335,427***			***11,541***	***(11,541)***

Glasgow Centre for Population Health
Management Board Meeting
Monday 12 March 2018

Public Health Strategy for Greater Glasgow and Clyde

Recommendations

Board members are asked to:

- Note the work being progressed to develop a public health strategy for Greater Glasgow and Clyde (GGC) and public health priorities for Scotland
- Note the contributions of GCPH staff to these processes
- Discuss the early proposals, and their implications for the GCPH workplan for 2018/19
- Advise on how the GCPH partners would like to see the Centre's contribution to the GGC strategy develop

Background

1. Last year, NHS Greater Glasgow and Clyde established a public health sub-committee of the Board which met for the first time in April 2017. Key duties of the sub-committee include supporting the Board in taking a long-term strategic approach to improving the health of the population, and overseeing the development of a strategic plan for public health.

2. Concurrently, the national process of public health reform involves the identification of a set of public health priorities for Scotland, with the aim of ensuring a clear focus and greater alignment across public health activity being taken forward at national, 'regional', local authority and community levels.

3. GCPH staff are closely involved in both of these processes. The Director is a member of the NHSGGC public health sub-committee and is working with the Director of Public Health in developing the strategic plan. The Acting Associate Director has been a member of the working group convened to develop criteria and a framework for the national public health priorities, and has led the input on this at two of the stakeholder events convened by the Scottish Government's public health reform team. The Director has been asked, along with Colin Mair from the Improvement Service and Professor John Frank from the Scottish Collaboration for Public Health Research and Policy, to review the outputs from the events and recommend to Scottish Government what the priorities should be.

4. The work and expertise of the GCPH has therefore been applied to both the national and the GGC process and is influencing what is being produced. An update on the GGC public health strategy is scheduled to go to the NHS Board in April; and the national priorities will be announced in a similar timescale. The question for consideration by the Board is how the work of the GCPH (both 'what' we do, and 'how' we do it) should be developed going forward in light of this emerging context.

A public health strategy for NHS Greater Glasgow and Clyde

5. The public health strategy is still being developed, taking account of feedback from a range of stakeholders as well as members of the public health sub-committee. Therefore, *what follows relates to current thinking and is likely to develop further*.

6. The aim of the strategy is for Greater Glasgow and Clyde to become an exemplar public health system that:

    - develops and applies public health evidence
    - focusses upstream to address the causes of poor health and inequalities
    - applies a life course approach, starting with a focus on the early years
    - strengthens the role of services in preventing ill health and promoting wellbeing, and
    - protects the public's health from environmental, communicable and other risks.

7. Based on the current draft, a set of priorities are proposed, which can be grouped as (i) thematic priorities, (ii) management priorities, and (iii) resource priorities. These are summarised in Annexe 1. The draft strategy recognises that the national priorities will also be reflected once these are proposed.

8. Six core programmes, for which there will be detailed action plans and outcomes, are being developed. The way in which the current GCPH workplan relates to these programmes is summarised in Annexe 2. There is considerable concordance between the first four programmes and the work of the GCPH team, and less alignment in relation to the programme addressing the quality and impact of services, and the programme on health protection.

Implications for the GCPH

9. The public health strategy provides an opportunity for a clear and explicit expression of the contribution that GCPH makes to its aim, priorities and programmes. As with other parts of the public health system in Greater Glasgow and Clyde, this contribution should recognise the distinctiveness of our role – features of this including our national as well as local focus, our responsibilities for research, development and future thinking, and the range of partners involved in our governance and delivery processes.

10. What follows is a set of propositions for discussion in relation to how the Centre's contribution might be expressed and developed.

    a. Once the strategy is agreed by the public health sub-committee, it should be central to framing the GCPH workplan going forward. All programme managers and the Centre's leadership should be able to articulate the contributions they will make to delivering the strategy. If the existing programmes remain in the final strategy, the GCPH contributions should be focussed on the first four of these.
    b. In relation to the currently proposed thematic priorities, the GCPH contribution should focus principally on the priority of reducing inequalities in health.
    c. In relation to the currently proposed management priorities, the GCPH contribution should focus on the priorities of 'system leadership for collective action' and 'working with communities'.
    d. In relation to the currently proposed resource priorities, the GCPH contribution should contribute to both, ensuring that our resources continue to be deployed in a collaborative way with a range of partners and communities. There is a call for our work to connect more strongly with the work of the NHS Board, and we should particularly seek to enhance those connections.
    e. It is currently unclear how the Board's sub-committee will want to monitor progress in delivering the strategy, but a distinct annual report from the GCPH could provide a helpful expression of the contribution we are making to both the detailed work programmes and the strategic priorities. The GCPH Management Board might similarly seek to receive feedback on the GCPH's contribution from the chair of the sub-committee.
    f. A proportion of the GCPH workplan should be protected to ensure that we continue to deliver on our other responsibilities, particularly our national contributions, our orientation to the future challenges for public health and the need for new ways of working, our role in methodological development, the further development of the Olympia hub, and our wider research activities.

Summary

11. This paper is being brought to the Management Board at this stage to raise awareness, and seek advice on the approach proposed in paragraph 10. At our June 2018 meeting we are scheduled to bring to the Board the proposed GCPH workplan for the 2018/19 year, and this will provide further detail on the specific contributions that we are recommending the GCPH makes to the strategy.

Annex 1: Summary prepared from the draft public health strategy for Greater Glasgow and Clyde

OUR PURPOSE

To focus NHSGGC on improving the health of people living in Greater Glasgow and Clyde and on reducing inequalities in health

OUR MISSION

To become an exemplar public health system that:

- Develops and applies public health evidence
- Focusses upstream to address the causes of poor health and inequalities
- Applies a life course approach, starting with a focus on the early years
- Strengthens the role of services in preventing ill health and promoting wellbeing
- Protects the public's health from environmental, communicable and other risks

OUR STRATEGIC OBJECTIVES

By 2028 we want to achieve these three outcomes:

1. Evidence of a shift to prevention in strategies, plans, service delivery and resourcing
2. Healthy Life Expectancy in Greater Glasgow and Clyde equals the rest of Scotland
3. Inequalities in health, by socio-economic status and protected characteristics, are consistently reducing over time

OUR THEMATIC PRIORITIES

Reduce the burden of preventable ill-health
Reduce inequalities in health
Promote good mental health across the life course
Sustain a strong focus on the early years

OUR MANAGEMENT PRIORITIES

Demonstrate system leadership to achieve collective action on public health
Support staff to promote better health, prevent ill-health and reduce inequalities
Implement actions to enhance the health and wellbeing of our staff
Listen to and work with communities, citizens and patients, applying what we hear in a co-productive way where possible

OUR RESOURCE PRIORITIES

Make best use of our specialist public health resources through greater collaboration and alignment of priorities within GGC, across the West of Scotland and with national partners
Explore ways of building on our relationships with communities and community planning partners to extend the resources focussed on the public's health and the evidence and experience applied to the challenges

KEY MESSAGES

Our outcomes will only be achieved by working in partnership

We will be more effective if we align priorities across sectors and geographies

The public health contribution to partnerships includes evidence, advocacy for health in all policies, knowledge of the causes of good/poor health; community engagement

NHSGGC can also deploy its own functions differently to help reduce health inequalities (as a procurer, advocate, service provider, employer)

This all needs to impact on citizens and communities – sharing power and information, making a difference to the places people live and work, and the services they access

Annex 2: Connections between GGC Public Health Strategy Draft Programmes and GCPH workplan

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
1. Understand the needs of the population, how these vary by subgroup and change over time	i. Ethnicity (1): the changing ethnic profiles of Scotland and Glasgow and the implications for population health	Analyses of population projections alongside review of evidence in the literature	Understanding changes to the composition of the population, including associated risks of disease (and therefore use of services) among sub-groups.	A key programme of work which contributes to the public health observatory function and capacity for the city, identifying patterns and trends in demographic profile, the drivers of health and implications for mortality and morbidity risk. A role in distilling implications for future planning of services could potentially increase for this programme in future. Key emphases on subgroups include children and young people (CYP report card) and neighbourhoods (community profiles). Work highlighting time trends includes the changing ethnic profile of the population and comparison of Glasgow's health with other places, identifying and
	ii. Ethnicity (2): ethnic diversity as a protective effect for population health	Quantitative analyses examining (a) the impact of greater levels of ethnic diversity on mortality rates and (b) the important role of country of birth	Part of the above: understanding of the health characteristics of the population and how this may be changing.	
	iii. Age, period and cohort effects in mortality in Scottish and other UK cities	Quantitative analyses	Understanding particular morbidity and mortality risks of sections of the population (e.g. particular age cohorts within Glasgow).	
	iv. Excess mortality synthesis	Synthesis of research evidence	The lessons learned and outlined in the excess mortality report are key to understanding reasons for poor health in the city and wider region. The recommendations continue to be brought into national and local policy forums.	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
	v. Children report card for Glasgow	Proposal to produce report summarising children's health and social circumstance in Glasgow. Will potentially also include evidence for actions	Relevant for understanding children's life circumstances, highlighting the inequalities they face and providing a focus for evidence based action	recommending actions to reduce widening inequality in health outcomes.
	vi. Understanding Glasgow and local health profiles	Local resources that highlight trends and inequalities in key health and social determinant indicators	Relevant for understanding health drivers in Glasgow. Resources like the Glasgow Game can be used to seed new thinking about how health and social inequalities can be tackled.	
	vii. Report on 'Recent mortality trends in Glasgow: 1981-2015'	Mortality analysis	The findings provide a description of comparative mortality trends in Glasgow and the rest of Scotland over the last 35 years.	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
2. Tackle the fundamental causes of poor health and of health inequalities - these causes are the basis on which inequalities are formed - and mitigate their effects	i. Systematic review of international trends in socio-economic inequalities in mortality ii. Projects developing interventions to break the cycle of poverty and produce a series of outputs with a longer term aim of supporting responses to address identified inequalities. Historically, Healthier Wealthier Children, Cost of the School Day and Building Connections: all of which are influencing national and local policy and plans. Currently, lone parents work and young carers	Systematic literature review. Project led by NHS Health Scotland and MRC SPHSU. However, GCPH's contribution is significant.	Will provide further evidence of the role of fundamental causes (income, wealth and power) in widening health inequalities in Scotland and elsewhere There is scope to share the learning from the Lone Parent Development Project beyond Glasgow to help improve responses from mainstream services to better meet the needs of groups known to have poorer health, social and economic outcomes.	The Centre's work plan addresses the fundamental causes of poor health in two ways: (i) analysis of the role of fundamental causes in widening equality and making recommendations; (ii) through developmental work that seeks to identify actions and resources which can interrupt, mitigate or prevent the fundamental determinants widening inequalities in health. These often develop innovative ways of working in collaboration with key delivery agencies. Projects in the first area include: • Systematic review of international trends in socio-economic mortality • Analysis of earning and income inequality

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
	iii. Earnings inequalities	Quantitative analyses	Providing further evidence of widening of earnings (and wider income) inequalities – as a driver of widening health inequalities – in Glasgow and other Scottish and UK cities	as drivers of health inequality • Informing investments to reduce health inequalities. Examples in the second area include work that builds on analysis and understanding of new, emerging or poorly understood forms of disadvantage and develops coalitions of change within the partner landscape to support delivery of national and city level strategic objectives. These include HWC, CoSD and Building Connections. Learning from evaluations can support 'ways of working' as much as recommending the application of certain interventions, in recognition of the
	iv. (Contribution to) Informing investment to reduce health inequalities (III) project.	Modelling of impact of interventions	Can provide evidence of impact (or otherwise) of national and local interventions to narrow health inequalities	
	v. Children's Neighbourhoods Scotland. Improving outcomes for all children and young people in n'hoods with high levels of poverty. Locality based and empowerment focussed. Joins up services and efforts to tackle poverty	Strategic support, evaluation and evidence.	Embeds collaborative efforts through place-based focus. Ensures better co-ordination and integration of local support systems for children and families.	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
				appropriateness of co-producing actions sensitive to local conditions, opportunities and needs.

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
3. Apply a life course approach, recognising the importance of a healthy start in life and the need to maximise opportunities for health and wellbeing at all life stages	i. Understanding, preventing and responding to adverse childhood experiences through multi-agency hub. Identifying new opportunities to strengthen action on ACEs nationally and locally across health and partners as they emerge through policy, practice and research.	Communication: organisation of national conferences and speaker inputs to conferences and meetings, panel discussions. Development of practice response. Production of national guidance for education staff on using the Pupil Equity Fund (PEF) to tackle adverse childhood experiences within and beyond school widely used in decision making on use of funds.	Childhood and family adversity have profound effects on health and wellbeing across the life course, as acknowledged in NHSGGC DPH report	A range of the Centre's projects focus on supporting and developing approaches to improve health and wellbeing and maximise the impact of service investment across the lifecourse. These focus mainly, but not exclusively, on the early years and parenting (working age, young adulthood and later years also feature). Such work often establishes the coalitions required to make and embed cross system change and to develop and evaluate innovative, evidence informed practice. Current work includes our ACEs work, Young Carers report, Childcare and Nurture work and Children's Neighbourhoods Scotland. Areas for future development in terms of translational learning could include work supporting the
	ii. Young Carers report (2017) used data from the Glasgow secondary schools health and wellbeing survey to investigate prevalence in the city, differences in health/wellbeing and post-school expectations.	Communication: shared learning event with invited stakeholders. HSCP Director keen to see the research reflected in Glasgow's new young carer strategy. From April 2018 councils and health boards will be required to provide a Young Carer Statement identifying and providing eligible support to those providing care.	Contributes to public health shared roles and work across boundaries: • Using whole-school approach to introduce concept of caring. • Utilising ongoing efforts to improve youth mental health to ensure all carers receive eligible support. • Encouraging adult services to adopt routine enquiry to help identify young carers and ensure	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
			their interests are considered. Applying learning to support others' priorities: Glasgow City Community Planning (youth employment) and Financial Inclusion Strategy (young people accessing services).	transition from school to work and later years.
	iii. Childcare and Nurture in Glasgow East (CHANGE). To establish improved, innovative, affordable and sustainable childcare in three Glasgow East communities.	Mixed method evaluation. Findings feeding back to project planning and Scottish Government policy development.	As a 'best buy' for public health, supporting the development and evidence for practical preventative solutions through high quality childcare.	
	iv. Co-producing care with service users living with dementia ('Meaningful Day')	Action research assessing the impact and scalability of intervention and supporting application of person-centred approaches in other settings.	Promotes quality of life, wellbeing, social inclusion and empowerment of older people. Improving healthy life expectancy.	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
4. Intervene on the intermediate causes of poor health and health inequalities: these are the wider environmental influences on health including access to services, equality and human rights and other aspects of society	i. Healthier, Wealthier Children (HWC) project leading to learning outputs that supported the project's roll-out. Other alliances have involved supporting the Cost of the School Day (CSD) in Glasgow hosted by Child Poverty Action Group (Scotland) and working with the General Practitioners (GPs) at the Deep End project. The GP work has also involved developing links with the JRF led Building Connections programme.	Action research/ development of interventions, production of resources to support practice development. Evaluation of testing the delivery of advice services in deep End GP practices.	Knowledge translation on practices and principles of working across systems (HWC), undertaking local test of change (Deep End and Building Connections) and engaging other sectors shaping the determinants of health (eg. Education). Important material contributions are made to supporting households on low incomes through income maximisation and improved access and use of services.	Develops interventions in co-productive relationships with delivery partners to produce measurable outcomes for those experiencing poverty and disadvantage. (HWC and other FI, income maximisation work). Further, work such as Building Connections has supported the growing understanding of how to approach the development of innovative practice, responsive to local need and dynamic circumstances. Working with partners to develop environments to support health, applying place-based approaches to reduce inequalities, and applying the evidence and learning from GoWell..
	ii. Volunteering and participation. Supporting translation of learning around benefits of and impacts of volunteering.	Evaluation		

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
	iii. Participatory Budgeting Supporting community-based practitioners in evaluating PB processes and impacts in the following six areas: People, Process, Projects, Participation, Power, Place	Evaluation reports	Supporting knowledge translation around an innovative approach with demonstrable community impact.	
	iv. Glasgow Food Policy Partnership. v. Supporting development of the Sustainable Food City focussing on priorities of: • Food insecurity • Sugar reduction and healthy eating • Public sector food procurement • Food waste	Working with partners and stakeholders to influence decision making for change	Addressing obesity/ supporting healthy weight, developing food and cookery skills and sustainable healthy food procurement for public sector. To work alongside communities in co-producing good physical and mental health. Involving diverse communities, build social capital and develop good relations between groups. To share power and influence as one of the fundamental causes of health inequalities	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
	vi. Inclusive growth framework	Knowledge exchange/ knowledge into practice emergent from City Deal pilot. Logic modelling to support inclusion focused programme theory for Sighthill City deal project and identification of progress indicators.	Emergent learning on how growth can be utilised to support PH outcomes and reduce health inequalities.	
	vii. GoWell: research and learning project to understand the effects of neighbourhood regeneration on health and wellbeing	Longitudinal and cross-sectional data from 15 neighbourhoods; additional research in East End related to the Commonwealth Games; comparisons provided for all Glasgow and the Transformational Regeneration Programme as a whole.	Provides evidence about the impacts of regeneration, and recommendations for approaches to address health and its determinants within communities. Insights also into experiences of different ethnic groups, and the implications of regeneration for wider surrounding areas. Strong partnership with Scottish Government, NHSGGC, Wheatley, Clyde Gateway and NHS Health Scotland – with knowledge exchange forum in place to support use of findings.	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
5. Improve the quality of the health and care services across NHSGGC and strengthen the health impact of other services in the area	i. Assessing and responding to complex needs through evaluation of public injecting facility. Working to identify realistic solutions with local organisations and communities.	Collation of information on impact of public injecting on individual and community wellbeing. Working between issues and services such as public injecting, homelessness and other vulnerabilities.	Working in an integrated manner between GCC and NHSGGC.	
	ii. Supporting scaling of asset based approaches to reduce the burden of preventable disease and alleviate the pressure of increasing demand on health and care services		Alleviated preventable disease burden, reducing demand on services, promoting self-care, community participation and empowerment to address social determinants of health inequalities.	

Core programme within PH strategy	Project description	Type of learning (e.g. data analysis, communication, evaluation, development of practice responses)	How it can contribute to PH strategy	Summary
6. Protect the public's health from environmental, communicable and other potential risks	i. Observational research to quantify drug-related litter and neighbourhood incivilities in Glasgow city centre and East End Glasgow			Most of the GCPH work relevant to this programme falls within our approaches to understanding and supporting the development of sustainable, inclusive places – for which the quality of the environment and the relationship between health and planning are crucial.

Paper GCPHMB/2018/352

Glasgow Centre for Population Health
Management Board Meeting
Monday 12 March 2018

Draft Risk Register

Recommendations

Board members are asked to:

- Note the process which has led to the production of this draft risk register
- Review the attached template and identify any additional risks and consider actions in terms of mitigation, prevention or adaptation

Background

1. As a team we have recently undertaken a review of the context within which the Centre operates, to assess potential risks we might face in the short to medium term. The risk register has been designed to identify:

    a. Categories and types of risk the Centre might face in the short to medium term, their likelihood of occurring and impact if they occurred
    b. The actions we can take to prepare for these possibilities and reduce any detrimental impact

2. As a team we routinely identify potential threats to our ability to operate at the level we and our partners have come to expect. Such scoping features in our work planning and is reviewed when reporting on our work plan. In the 2017-18 work plan we identified uncertainty relating to our funding settlements, the Public Health Reform process, potential changes in the political context (nationally and locally) and the continuing importance of demonstrating and communicating our impact.

Process

3. The GCPH team has met twice (as part of our monthly team meetings) to work through elements of our risk landscape. In the first session an amended version of a risk register produced by the Director was circulated and the team was asked to:

    - Discuss the implications of identified risks for a) their area of work and b) the Centre more widely
    - Identify risks missing, and consider their implications
    - Assess the probability of each risk and assign a risk rating.

4. In the second session the team was asked to group the existing risks and develop responses to key uncertainties in our wider context. Staff were encouraged to reflect on

where we have the power to act. A consideration of both the challenges and additional benefits of new responses was encouraged.

5. The results of this process are described on the appended template.

Team identification of risks

6. There was broad similarity between the previously identified risks (paragraph 2) and those raised by the team. However, a small number had not been previously considered, particularly relating to business continuity and our mandate from communities. The reflection that community mandate was a low impact risk due to our funders not judging us on this criterion may require future exploration.

7. There was a degree of uncertainty in relation to Public Health Reform, although some saw this as providing an opportunity to position ourselves proactively within the emerging context. This is consistent with the approach we had previously prepared.

8. 'Reputational risk' particularly in relation to managing media interpretation of findings was highlighted by the Communications group. Some staff highlighted actions whereby an absence of political acuity could damage GCPH's credibility, but this was understood as low probability.

9. The team highlighted a tendency to engage with those 'who already agree with us' as a potential risk. We have mapped our networks previously (which has demonstrated their breadth) but this risk indicates the need for continued and periodic review of our network connections.

Actions identified

10. The appended template identifies proposed or existing actions to prevent or mitigate potential risks. Examples are an independent evaluation of the Centre's impact and support from external expertise for the Centre's Communications function in relation to describing impact and influence. The production of a business continuity plan in the face of unforeseen disruption is an actionable suggestion.

Next steps

11. The risk register will be used in relation to the development of the 2018-19 strategic objectives as we enter work planning. Board members are asked to score the risk register in preparation for discussion at the meeting on 12 March.

Pete Seaman
Carol Tannahill
February 2018

Risk and opportunity register

Potential risk	**Comments**	**Prevention, mitigation or adaptation**	Probability (Average) 1= low 5 = high	Impact (Average) 1= low 5= high	Risk rating 25= highest
National					
Political context Changes in the policy environment so it becomes less conducive to work on inequality and public health	The team considered this of low probability but with significant impact. Most chose not to comment on this potential risk however one group commented on the *'need to build new relationships and work harder to influence and make the case for our arguments.'*	GCPH to establish effective relationships and esteem with key elected members in GCC, local MSPs and key members of the Scottish Parliament. Longer term, review our messages for multiple traction points. Proactive engagement around policy drafts, impact assessments and continuing to respond to consultations.			
Reform of Public Health in Scotland **i.** Affects the landscape and disrupts the partnerships in which GCPH operates	**i.** Considered relatively high risk but also providing opportunity in being able to influence the process. Relationships with other key partners, such as NHS Health Scotland, identified as at risk of weakening as the organisation invested in understanding the implications of PH reform and finding their niche within a new landscape. Wider organisational change requiring a period of adaptation to a new system highlighted and implications of building relationships between 'first points of contact' across the system. Good relations with existing known contact points supports smooth and efficient operations and flow of information. These are particularly valuable when new policies or procedures are implemented and important given our physical separation from NHS GGC.	**i** GCPH will keep fully abreast of the reform process and actively contribute where appropriate to influence this on the basis of our experience and learning. Continue to invest in strong partnerships and build relationships, to increase the likelihood that these will continue post reform.			

Potential risk	**Comments**	**Prevention, mitigation or adaptation**	Probability (Average) 1= low 5 = high	Impact (Average) 1= low 5= high	Risk rating 25= highest
ii. Includes GCPH as a core part of the PH workforce and infrastructure, and directly changes our structure and role	**ii.** Current uncertainty surrounding PH reform. Team concern related to our identity and niche post re-organisation with current strength being derived from sitting outside our core partners and independent perspective. More bureaucracy and less freedom in developing a work plan highlighted as potential impact undermining our current responsiveness to external opportunities.	**ii.** Attention will be paid to ensuring GCPH team are informed and prepared for change.			
Scottish Government funding Uncertainty and short-term nature	Team retention and morale repeatedly raised by team with turnover/poor retention highlighted as a potential impact affecting our ability to plan, deliver on plans and build on established relations. Team indicated high staff turnover and poor retention would have implications for wider perceptions of GCPH as a place to work. Variation in the amount to which we are funded would have implications for being able to deliver the quality and quantity of work currently expected of and by us. The importance of maintaining consistent, important and influential relationships over time, particularly in long-term projects such as Sistema, also identified.	GCPH will continue to demonstrate the value and impact of its work and build its reputation as an organisation that represents good value of money. Directors will continue to liaise closely with SG sponsors to seek clarification on future funding. Increase emphasis on income generation from other sources, including research grant funding. Continue to increase efficiencies. Continue to invest in staff training and development so that working at the Centre remains a positive experience with opportunity for professional and personal growth.			
Partner and partnership					
Local partner context Commitment to GCPH reduces, due to financial pressures	Implications of reducing partner resource have already begun to play out, e.g. GCC capacity and decreased partner commitment through decreased resource was likely to increase.	Partner funding beyond scope of our influence			

Potential risk	**Comments**	**Prevention, mitigation or adaptation**	Probability (Average) 1= low 5 = high	Impact (Average) 1= low 5= high	Risk rating 25= highest
Commitment to GCPH reduces, due to changing personnel	Narrowness of our existing relationships and our tendency to engage with those 'who already agree with us.' Group also identified our engagement with 'change makers' as perhaps patchy.	Continue to review our map of connections and identify areas where we have less or reduced coverage.			
Communicating our value i. Value of GCPH programmes difficult to measure due to long-term nature of addressing health inequalities - evidence of change will occur beyond funding phases/ work plans ii. GCPH contribution not easily disentangled from other's contributions to outcomes	One group highlighted that indicators of health are worsening due to changes in the wider context and factors that shape health outcomes. To mitigate this it was suggested we need to report on these measures of wider context. Another group offered that our value often leads to impact and change through our influence and relevance to the right people at the right times. Given impact was seen as low might be worth revisiting.	Well-recognised challenge for all where health improvement is an outcome. We will work with Scottish Government and other key stakeholders to enhance understanding of the outcomes and value of public health work, and will work with partners to ensure that notions of sustainability and long-term planning are embedded across the system. Continue to develop, and advocate for, a wide range of evidence to be applied in measuring health outcomes and health inequalities. Team suggestions of evaluating particular pieces of work or indeed the role of the communications function in terms of impact and influence. We could also seek support of other Communications teams and convene a panel or support group to review and develop practices and principles.			
Credibility with and support with community and citizens	This relates to our 'social licence' to deliver our work plan. Although we routinely engage in community and public engagement, clarity around how feedback shapes our work plan and relevance to communities may be required. Our relevance to local communities can be difficult to communicate as we are not a service delivery organisation. Despite being scored as high probability, their impact was considered low on the assumption that our	Continue to implement Community Engagement and Empowerment Strategy (CEE) and continuous improvement of communications outputs to reach a broad range of audiences to highlight value of			

Potential risk	**Comments**	**Prevention, mitigation or adaptation**	Probability (Average) 1= low 5 = high	Impact (Average) 1= low 5= high	Risk rating 25= highest
	funders do not necessarily look for citizen support in making funding decisions.	GCPH work and outputs. Continue to develop Communications support for CEE as outlined in Communications Strategy.			
'Uncomfortable truths' GCPH outputs or staff conduct *impair the reputation of the organisation* (due for example to poor quality, lack of political acuity, unprofessional behaviour etc)	That our findings reflect negatively on our partners, their policies, actions or priorities. Note. Team scored this as a low risk	Ongoing attention to management capability, expectations and responsibilities of staff, and organisational culture. Further development of the Programme Manager cohort as a collective leadership group. Continued investment in quality and capability of communications and governance processes.			
Reputational risk	Risk of effects on reputation around how our findings are reported and interpreted in media and with local community. Another group identified 'Damage to GCPH credibility through damaging publication, staff opinion or action, not meeting commitments due to pressures and /or media reporting'	As above plus proactive media management of potential sensitive stories or findings. Ongoing communication with partner Comms teams and use of Board and EMT to identify and manage potentially sensitive findings or reporting.			
Internal					
Low staff turnover	Only raised by one group but interesting complement to the 'team retention' issue reflecting limited opportunity within the wider jobs market. Raises question of how to support continuing staff development and our role in contributing to and developing the wider public health workforce.	Continuing professional development has been identified as a means of offering flexibility for both the Centre's corporate skills and for individuals.			

Potential risk	**Comments**	**Prevention, mitigation or adaptation**	Probability (Average) 1= low 5 = high	Impact (Average) 1= low 5= high	Risk rating 25= highest
Business continuity in the face of unforeseen shock	This could involve loss of accommodation or IT due to fire or storm or key partner removing support in a manner that threatens operations. It was suggested the development of a business continuity plan is explored.	Develop business continuity plan			
Change in leadership and/or direction within GCPH	Raised by one group highlighting that connections/influence with Scottish Government could either be strengthened or weakened as a result.				