Glasgow Centre for Population Health
Management Board Meeting
Monday 3 September 2018

General update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last Board meeting on 20th June 2018. We would welcome discussion specifically on items 1 (Olympia developments) and 8 (child poverty and Universal Credit).
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, staffing and partnerships

1. Glasgow University's lease for the third floor of the Olympia Building reaches an optional break point in March 2019. The lead-in to this is an opportunity for the Social Research Hub's partners to assess progress against its founding objectives. An Olympia Partner Strategic Group met in August to discuss demonstration of progress against original objectives to i) develop a distinctive portfolio of projects focused on inequalities, social justice, wellbeing, attainment and inclusive growth; ii) share learning on the effective use of evidence for policy development; iii) generate new forms of knowledge and engagement to make innovative thinking more accessible to policymakers, practitioners, educational providers, commerce and communities; iv) ensure benefit for the local community and v) develop a city-region, national and international profile and reputation. The case can be made that location of the Social Research Hub in the Olympia Building continues to make both financial (from an Estates perspective and in terms of predicted income) and strategic sense in relation to the above aims and objectives. The strategic group will explore priorities taking advantage of the co-location of GCPH and University partners for future activity, building on the gains made to date, for example in developing Children's Neighbourhoods Scotland and the location of CaCHE. This will include a focus on how development of future collaborations can align with GCPH's aims and objectives and issues of city and national profile.

2. The team has completed annual appraisals and objective setting, with the process of uploading on the new Turas system underway. All team members have completed their mandatory LearnPro modules.

3. The Centre has a small endowment fund that holds a donation from the Robert Wood Johnson Foundation. We have protected this income to fund staff development opportunities that will increase capacity in key areas across the team. Following an invitation for requests, a number have been approved including attendance on the *Place to Be* leadership course for two Programme Managers and providing GIS training for a PH Research Specialist.

4. Public Health Research Specialist Dr Oonagh Robison left the Centre on 13 August to begin a new post as Senior Research Officer at the Scottish Government. A part-time Public Health Research Specialist post also remains vacant from the last financial year. After reviewing alternative options, it was decided that both posts are necessary to deliver on our work plan commitments, and provide key skills within the team. The part-time post will support the maintenance of the Understanding Glasgow website (which also provides the necessary data for monitoring progress towards partnership strategic objectives), the production of Children and Young People's Report cards, and projects to support active travel. The full-time post will make a substantive input into the Stepping Stones evaluation and assist in the development of Programme 1's welfare reform work.

5. Following from the Risk Register item at the June Board meeting and the suggestion GCPH consider any areas of business that hold discrete risks to reputational damage through non-delivery, we have reviewed our work plan with an eye to any specific areas of risk. A number of projects have greater risk associated with non-delivery particularly those with a high profile, or implications for partner relationships. Currently in place is a system of identifying work as 'Core' or 'In Development' and a traffic light system to indicate risks associated with non-delivery at mid-year and end-year reporting. It was concluded this system satisfactorily takes account of work with greater risk of reputational damage associated.

6. We continue to support the national Reform of Public Health through the Director's membership of the Public Health Oversight Board and our endorsement and ongoing promotion of the public health priorities. Our communications manager and the public health reform communications and engagement manager meet regularly and are developing plans for one or two collaborative seminars and follow-up policy workshops (as part of our seminar series); a workshop with the Welsh Future Generations Commissioner; and membership of a communications and engagement advisory group. Several members of the GCPH team also contributed to the recent engagement event on Leadership for Public Health Research, Innovation and Applied Evidence. Following her meeting with the GCPH Management Board in June, Eibhlin McHugh (Co-Director of the Reform Programme team) has fed back a number of messages that she took from that discussion, including:

- the risk of fragmentation, if the Commissions don't pick up on cross-cutting themes;
- the critical role of a relatively local collaborative space and strong partnership relationships, and of on-going iterative dialogues to shape implementation and ensure that research is close to action;
- that long-term relationships focussed on 'common good goals' make the difference;
- the importance of organisational identity and its role in promoting shared ownership;
- the critical roles of leadership and culture; and
- the opportunity to enable better decision-making by giving decision-makers and politicians at a local level good access to data.

Developments

7. An agenda item at today's meeting will allow discussion of plans in development for the Centre to support the design and delivery of the proposed Glasgow Health Summit.

8. We continue to explore how our work can support local obligations to the national Child Poverty Delivery Plan and local action plans. Members of the team (Carol Tannahill, James Egan, Bruce Whyte and Pete Seaman) recently met with Sandra McDermott of the Poverty Leadership Panel and Rosie Ilett, Glasgow Child Poverty Co-ordinator to

discuss alignment of our work to support their aspirations and ambitions. We were informed of a £2 million investment to provide holistic support to mitigate negative consequences of Universal Credit roll-out in Glasgow. We discussed how the effectiveness of this investment could be evidenced to support a renewal of investment for future years. Potential indicators of impact identified included foodbank use and sanctions, and comparison made with outcomes from other UK locations. We highlighted the requirement, given the complexity of both the roll-out and intervention, for investigative qualitative data on experiences from service users and delivery staff. GCPH will continue discussion of potential input in-house. We will forward the NHSGGC Employment Group paper and our Evidence into Action briefing on child poverty to Ms McDermott and Dr Ilett and discuss work planned by JRF. Ms McDermott will also forward background reports.

9. GCPH have also met with Dr Sonya Scott of NHSGGC and Jim McCormack of JRF for an exploratory discussion of the opportunities the Child Poverty Delivery Plan's reporting obligations to be used to shift action towards social determinants. Focussing on child poverty and the economy, we scoped potential linkages and entry points including City Deals, inclusive growth and transport. Links with DRS, Scottish Enterprise and other City Deals will be pursued by Dr Scott. GCPH will keep in touch with the child poverty agenda in the development of our inclusive growth activity.

10. We are responding to the Scottish Parliament's Social Security Committee's call for evidence on the potential impact of Universal Credit on in-work poverty and have been invited to give oral evidence to the enquiry on 13th September.

11. Russell Jones represents the Centre on Clyde Gateway's Population Health group and recently completed a rapid literature review to identify barriers to mental health and early years' services. The findings of the Mental Health Commission report on services - that most aspects of clinical care were perceived to be satisfactory but that the vast majority of clients are unemployed and many lonely and isolated, with little social structure, hope for the future, with low expectations of quality of life - suggest that the focus could be shifted to address the determinants of mental health, instead of placing the focus on clinical services addressing mental health problems. This echoes the focus of the recent Glasgow Health Inequalities Commission report on mental health. The Centre will continue to be involved with any further developments stemming from this.

12. GCPH met with Professor Cam Donaldson and Dr Olga Biosca of the Yunus Centre, Glasgow Caledonian University to discuss a possible collaboration to follow the successful Jonathon Murdoch 2016 seminar 'the hidden financial lives of low-income households'. We are exploring the possibility of collaborating on an event in February / March 2019 around money, income, debt and health. Potential content would explore findings from GCU's FinWell project, which seeks to develop fair credit responses, GCPH's work on personal unsecured debt and welfare reform.

13. The Centre has responded to a request for stakeholder views as part of the CSO review of the MRC/CSO Social and Public Health Sciences Unit.

14. The Centre has been approached by Mark Ruskell (MSP)'s office for help in providing evidence to the 20 mph bill that he is introducing to the Scottish Parliament. The request was to replicate a Welsh study, which highlighted the potential reductions in casualties associated with the introduction of a 20 mph limit on urban roads. The same model and assumptions can be applied to Scottish road and casualty data to provide an estimate of the impact on casualties of introducing a 20 mph speed limit on Scottish roads. Bruce Whyte has agreed in principle to undertake this. The main output of this work will be a table showing the potential casualty reduction and associated cost savings based on

different modelled assumptions. This would be used as evidence in support of the bill as it proceeds through the three-stage process of going through Parliament.

15. Funding is being sought by the Murdoch Children's Research Institute, Melbourne, Victoria, Australia for a feasibility and short-term impact study of an Australian version of Healthier, Wealthier Children via a small, randomised controlled trial. If funded, Lynne Naven will join the Advisory Group. The Centre is also offering advisory support to a Yunus Centre bid to the National Institute for Health Research to undertake an evaluation of Men's Sheds.

Outputs and activities

16. 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 digital activity.

Events and seminars

17. Glasgow's Healthier Future Forum 22: Creating healthier futures – a discussion across generations' will be held on the morning of 11th September. Being led by Cat Tabbner, our Community Engagement Manager, this event is being co-designed and planned with young people, their youth organisations and services. Building on the momentum being generated by Year of Young People 2018, the aim of the morning is to facilitate an intergenerational discussion that enables young people and adults to take stock of current efforts and consider how we can strengthen collective action with young people to create healthier, fairer futures. The format will mainly be workshops on a range of topics including youth health; peer education; learning, skills and qualifications; and youth volunteering.

18. Seminar Series 15 will commence on 18th September with a collaborative seminar with RSA Scotland entitled 'Is a basic income good for your health?'. Evelyn Forget, Professor of Economics and Community Health Sciences at the University of Manitoba will lead this seminar, sharing her experience and learning from evaluating Manitoba's Income experiment. In place of a morning workshop, a session with those involved in Scotland's basic income pilots and the Basic Income Steering Group is being held the next morning. Prof Forget and GCPH have also been invited to present to the Cross Party Group on Basic Income later that day.

19. Planning is well underway for the other five seminars to be delivered as part of Seminar Series 15 on a range of topics including climate change and public health; food systems; micro-finance; diversity leadership and racial/ethnic inequalities; social enterprise as a public health intervention; mental wellbeing; and place and health. The Board will be updated on progress with the Seminar Series as it develops. Topic and speaker suggestions continue to be welcomed, particularly if Board members have pre-existing established contact.

Centre contributions to partner/other events

20. On 20th June, Oonagh Robison co-led a workshop 'Mixed methods in action: rewards and challenges for social researchers' for PhD researchers, with a colleague from the University of the West of Scotland at the Scottish Graduate School of Social Science Summer School.

21. Lisa Garnham is presenting interim findings from the Housing through Social Enterprise study at a variety of forums including an MRC/CSO SPHSU lunchtime seminar on 21st

June; at the European Network Housing Research Conference in Uppsala Sweden from 27-29 June; and at the Social Enterprise World Forum Academic Symposium at Glasgow Caledonian University on 10-11 September.

22. Chris Harkins and Carol Tannahill helped to organise and run a roundtable in collaboration with Audit Scotland, on 10th August, focussing on measuring the impact of public services on improving outcomes for communities. This built on the GCPH experience of evaluating the Big Noise programmes run by Sistema Scotland, and supports Audit Scotland's interest in developing outcome-focused scrutiny approaches.

23. Oonagh Robison will present on the young carers work at the Society for Social Medicine conference from 5-7 September 'A population approach to the health and future prospects of young carers in Glasgow'.

24. On 7th September, the Centre will be represented at a small conference on heath inequalities and social determinants of health hosted by Baillie Gifford Investments who contribute funding to Children's Neighbourhoods Scotland. Pete Seaman will speak and sit on a panel alongside Yussef Robinson, Investment graduate with an interest in health inequality and Bogi Eliasen from the Copenhagen Institute for Future Studies who will provide Scandinavian and global perspectives. A full update on the Children's Neighbourhoods Scotland developments is presented separately on today's agenda.

25. The annual PHINS seminar will be held on 21st September. Chaired by Gerry McLaughlin (Chief Executive, NHS Health Scotland), the first half of the morning will focus on new findings related to health inequalities and their causes in Scotland and beyond, while the second half of the morning will focus on innovative responses to these inequalities. GCPH were part of the organising committee for the seminar and David Walsh will present new findings on recent trends in earnings and income inequalities.

26. The Faculty of Public Health annual conference will be held on 1-2 November in Peebles. Several members of the team have submitted abstracts and we will also have a GCPH stand.

Publications

27. Following the 2017 publication that looked at outcomes for young carers in Glasgow City, we have recently published a series of follow-up reports for three other local authorities – Renfrewshire, East Dunbartonshire and Inverclyde. Oonagh Robison has also written an accompanying blog.

28. *Supporting community based evaluations of participatory budgeting* (August 2018). The profile of Participatory Budgeting (PB) in Scotland has never been higher and with this increasing profile and resource allocation to PB, comes greater scrutiny of PB processes and impacts. This briefing paper aims to support the evaluation of PB and proposes a logic model to support community-based PB practitioners and community members involved in the planning, implementation, monitoring and evaluation of PB. The paper has been presented at the 'Co-producing Glasgow City Participatory Budgeting Framework' group, which is a multi-disciplinary and cross-party group responsible for steering in the region of £12m of Council budgets across four PB test-sites in Calton, Pollock, Pollokshields and Canal. The briefing paper has also been sent to the national PB working group.

Forthcoming publications

29. *Rising levels of personal unsecure debt: exploring the implications for public health* (September 2018). Unsecured personal debt, including; credit cards, overdrafts and short-term loans, is at its highest level in the UK since before the 2008 economic recession; with the level projected to rise higher still in the coming years. The evidence reviewed in this briefing paper makes clear the risks to public health; those with this form of debt are significantly more likely to have mental health disorders compared to the wider population and there are also proven links to worsened physical health.

30. *Briefing paper 53: Nurturing citizenship in the early years*. Commissioned paper by the Centre for Child Wellbeing and Protection at the University of Stirling (September 2018). This paper summarises the key findings and learning from a commissioned review of the literature last year and subsequent report published in October 2017 that explored understandings of young children's citizenship to provide insights into how practices in early learning and childcare settings can support young children to develop the skills, dispositions, practices and understandings associated with citizenship.

31. *Future of social protection* (September 2018). This was 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.

32. *Exploring neighbourhood change: Life, history, policy and health inequality across four parts of Glasgow* (September 2018). This project set out to explore people's experiences of change in Glasgow focussed on four neighbourhoods: Drumchapel, Easterhouse, Anderston & Finnieston, and Bridgeton & Dalmarnock. Five aspects of neighbourhood change that appear to be important in shaping quality of life, health and wellbeing were identified. These were: the quality of the built environment, particularly housing; the pace and scale of change, in that a gradual, gentle change was felt to be more beneficial; suitable and sufficient new housing for community maintenance and growth; financial support, venues and expertise for community-based activities; and resident control over the neighbourhood, in what amenities are provided, how they are run and who can access them. The findings have implications for the ways in which we design, plan and carry out neighbourhood change, as well as the impacts we might expect from the process of change and how we might monitor them. The report concludes that greater resident involvement in the decision-making processes that underpin neighbourhood change will be required, particularly if neighbourhood improvements are to benefit those most in need of support.

33. *Recent trends in earnings and income inequalities in Scotland* (November 2018). Given the importance of income inequalities as a driver of health inequalities, the aim of this project has been to produce a brief overview of recent trends in inequalities in earnings and income – set alongside other relevant information and indicators as context – for Scotland and Glasgow compared to other parts of the UK. For earnings data, a series of analyses have been carried out for the principal cities of the UK, and the four UK nations, over a twenty year period (1997-2016), focussing on overall earnings inequalities, full-time and part-time employment, different occupation types, comparisons of the public and private employment sectors, numbers affected by low pay, and gender inequalities. These are accompanied by an analysis of broader

household income trends for Scotland and Scottish local authority areas over a slightly shorter time period (1997-2016).

34. Other GCPH briefing papers and reports in development include CHANGE project one year evaluation and money advice worker in primary care settings pilot roll-out evaluation.

Media coverage

35. GCPH mentioned in *Scotsman* piece by Chris Chapman on Children's Neighbourhoods Scotland: 'Professor Christopher Chapman: Community can play a huge part in tackling child poverty' (04.07.18).

36. Excess mortality synthesis mentioned on *BBC Radio Scotland's 'Off The Ball*' football programme (14.07.18).

37. Bruce Walsh/GCPH quoted in *Herald* article about avoidable deaths 'Avoidable deaths on Western Isles much higher than Shetland or Orkney' (19.07.18).

38. Fiona Crawford/GCPH quoted in *Sunday Herald* article 'Why Scotland is getting more overweight – and what we can do about it' (12.08.18).

Digital

39. 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 4,445 followers).

40. We continue to receive a lot of engagement with our infographics – both online and off. Recent sharing of our new graphics representing the website restructure topics have received a lot of engagement online. This topic-based approach allows us to communicate to our audiences that our research is relevant across many different fields. Sheena Fletcher will be presenting a case study of the Centre's infographic work at the British Society for Population Studies conference in Winchester in September.

41. Several members of the GCPH team have published blogs over the summer. These have included: 'The power of connections' by Jennie Coyle on her reflections on our GHFF resilience event and MCR Pathway's Young Person's conference; Jessica Watson on 'Higher or lower: how well do you know Glasgow?' on our experience of developing and using our new community engagement tool; and 'Who cares about data' by Oonagh Robison highlighting the importance of local data for agencies and services planning for the future and tackling inequalities.

42. The GCPH website refresh is ongoing, now in phase 2 of the process. Initial troubleshooting is complete and focus is now turning towards proactively and strategically reviewing and improving content across the site, as well as some technical improvements and updates.

GCPH
August 2018

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Budget position: 4 Months to 31st July 2018

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the first four months of 2018-19 showing expenditure to date of £446,616.

Commentary on Table 1

1. Expenditure to July is in line with the plan.

2. The amount shown as spend at E10 now reflects actual invoices from Glasgow University.

3. Future reports will show planned spend to help forecast the year-end position.

Liz Anderson
September 2018

Table 1
2018-19 Financial Plan

		Planned 2018/19 £	*Spend to July £*	*Balance to be spent/ received £*
	Income			
I 1	Annual SG Allocation	1,250,000	1,250,000	-
I 2	Sponsors Contribution to GoWell & GoEast	83,000	-	83,000
I 3	Other Income	66,500	23,048	43,452
	Total Income 18/19	***1,399,500***	***1,273,048***	***126,452***
I 4	Carry Forward from previous years	***44,687***	***44,687***	***-***
	Total Available 18/19	***1,444,187***	***1,317,735***	***126,452***
	Expenditure			
	Research:			
E 1	Action on Inequality	50,000	14,064	35,936
E 2	Understanding Health Inequalities	40,000	5,684	34,316
E 3	Sustainable Inclusive Places	31,000	(53)	31,053
E 4	Innovative Approaches to Improving Outcomes	20,000	1,614	18,386
E 5	GoWell/GoEast	99,500	29,144	70,356
E 6	Training & Development	25,000	6,405	18,595
E 7	Allocation to Networks	9,500	-	9,500
	Total Research	***275,000***	***56,858***	***218,142***
	Communications:			
E 8	Communications	45,000	10,756	34,244
	Total	***45,000***	***10,756***	***34,244***
	Management and Administration			
E 9	Centre Management, Admin & Running Costs	24,668	2,391	22,277
E 10	Accomodation Costs	118,000	40,677	77,323
E 11	Core Staffing	981,519	335,934	645,585
	Total Management & Admin	***1,124,187***	***379,002***	***745,185***
	Total Expenditure	***1,444,187***	***446,616***	***997,571***
	Balance	***0***	***871,119***	***(871,119)***

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Success indicators discussion paper

Background

1. This short paper is designed to support discussion of the Centre's indicators of success in response to:
- Moving to longer-term three year planning and the related opportunity to review and develop our indicators of progress and how we describe the ways in which investment in GCPH delivers impact.
- A suggestion made at a recent Board meeting (June 2018) to explore the value in showing the direct health and wellbeing impact from our work.

Existing indicators of success

2. As a Centre we have periodically reviewed how we assess and display progress against our aims and objectives. The success indicators published as part of the 2018-19 work plan (Board Paper 358) are designed to serve a number of functions:

- To allow monitoring of progress of individual pieces of work within the Centre's work plan to assist mid-year and end of year reporting.
- As well as programme based indicators, Centre wide indicators show how our work is having impact. These relate to our model of impact and influence (Board Paper 184) which situates our work within wider processes of change and communicates our particular contribution.
- To act as a means of communicating our understanding of our contribution internally and ensuring a strong degree of coherence to this across the team and the work plan.
- To provide concrete examples to communicate to external audiences of how investment in GCPH leads to changes necessary to improve population health outcomes and reduce inequality.

Our current indicators

3. The Centre's Purpose statement reflects our aims and broadly describes our activity. Our purpose is expressed as:

To understand and identify solutions in support of the improvement of population health and reduction of inequalities through generating quality evidence, advice, support and innovative solutions. Our programmes of work are relevant and responsive to our partners' policy and practice, grounded in their contexts, priorities and resources to support processes of development and change.

4. The purpose statement highlights distinct principles and the particular contribution GCPH makes to broader efforts to improve population health outcomes and reduce inequality.

5. Our success indicators flow from this, while also making explicit how our work relates to local and national priorities. In the 2018-19 work plan these include:

- **NHSGGC'**s development, delivery and monitoring of the Public Health Strategy. This has translated into a success indicator for Programme 2 that makes explicit our contribution to the development of the monitoring framework for this Strategy.
- **Glasgow City Council** priorities of reducing inequalities through inclusive growth and greater opportunity for citizen involvement in decisions. These translate into success indicators for GCPH of demonstrating an influence in shaping approaches to achieving inclusive growth, their monitoring and evaluation, and with evidence and support for associated community engagement (Programme 3).
- **University of Glasgow**'s development of the Social Research Hub at Olympia as a site for policy-focussed research on health, housing and raising educational attainment. Indicators of success here could include collaborations established, particularly those which have secured external funding. Our community engagement work also provides the opportunity to document outcomes that support University ambitions such as community engagement becoming increasingly embedded across the programmes and undertaken collaboratively across the Olympia Social Research Hub in a manner which engages and benefits the local community.
- The **national priority** to deliver action on Child Poverty is reflected in success indicators demonstrating influence in shaping work with key delivery agencies such as the Poverty Leadership Panel and Community Planning Partnership, together with the Child Poverty Co-ordinator, through appropriate use and translation of learning and expertise (Programme 1 and 4). Two projects (Children's Neighbourhoods Scotland and CHaNGE) have the potential to evidence impact in relation to hard indicators such as nursery take up, as well as influencing wider interventions in neighbourhoods to improve children's wellbeing.
- Other national priorities have become visible since the publication of our work plan such as the publication of national Public Health priorities and we will continue to evolve our success indictors to reflect such developments.

Demonstrating impact

6. Our published indicators aim to ensure we are 'outcome focussed' through actions we have found successful in the past in leading to shifts in policy, practice and types of investments. We think of these as project and programme outcomes. Historically we have not used headline population level health outcomes as an impact measure in recognition that such changes require the concerted actions of a range of partners across multiple policy areas, and it is far from straightforward to assess the contribution attributable to the GCPH. This decision was made by the Board in approving our March 2013 Strategic Statement. Our current success indicators therefore recognise this and attempt to illustrate our *relationship* to change as well as representing programme (rather than population) outcomes.

7. Case studies of impact have been considered an appropriate way of demonstrating how we achieve our markers of success. Examples in the end-of-year report for 2018-19 included our influence on the Child Poverty Delivery Plan and the continuing mainstreaming of understanding of adverse childhood experiences (ACEs) and developing responses to mitigate their impacts on heath, wellbeing and adult outcomes. The narrative that case studies provide can be a clear way of reflecting the collaborative, responsive and flexible way we work to achieve impact. Being collaborative means outcomes may not be able to be prescribed at the outset but are co-created as opportunity arises and negotiated in the partner and policy landscape. The process also extends to timescales that go beyond yearly planning cycles.

8. We propose that in most cases, the current format of success indicators, underpinned by illustrative case studies of how they were achieved, remains the most appropriate means of recording success. This will involve the team routinely tracking and recording successful impacts or work toward developing the conditions (e.g. establishing networks, credibility, convening expertise) that may lead to impacts in future. Establishing at the start of the year which areas of work will be a case study at mid-year and end-of-year, may also strengthen the case studies through highlighting the intentionality behind actions.

Demonstrating direct health benefit

9. The above approach is underpinned by the understanding that the role of the GCPH is to develop insights and evidence that influence processes and lead to system-wide impact and change. The alignment of our work to wider national and city-based priorities and strategies increases the likelihood of the associated outcomes being achieved. In addition, the demonstration of more local and smaller scale health impacts, achieved through our intervention-focussed work (for example in relation to Participatory Budgeting and Healthier Wealthier Children), can provide supporting evidence for particular types of investment and ways of working. In these cases, indicators of *health outcomes* achieved directly as a consequence of GCPH activity (most likely in partnership with delivery organisations) *may* be appropriate. These could strengthen the case made for innovation in approaches to tackle long-standing or emergent health concerns.

10. However, such an approach would not be applicable across the range of GCPH activity, particularly where system-wide impact is the intention. In addition, our role as 'evaluator' necessitates a degree of objectivity and neutrality, which would be impaired should our success be premised on demonstrating health impact.

11. The appendix lists existing success indicators from the current work plan. The following questions are posed to the Board:

- Do these remain the correct indicators in terms of focus and supporting local and national priorities?
- Do they adequately ensure we provide the appropriate support in terms of activities and outputs to support our partners in change?
- How should we demonstrate these indicators over the three year timeframe outlined by the Scottish Government? Are case studies sufficient?
- The health impacts of our programme of work are often framed as narrations of our influence within a wider system of organisations and actors. Should we seek to draw out discrete heath impacts for participants in more on-the-ground work in communities or, where identifiable, population groups/ beneficiaries? If so, should this be increasingly expected in the design of projects?

Pete Seaman
August 2018

Appendix: Summary of existing success indicators

Table 1: Centre-wide success indicators

GCPH purpose and/or aim	Three year success indicator(s)
To build on our national and international reputation as a credible source of evidence, knowledge and insight on the patterning and trends in health, inequalities and their determinants	• Evidence of having worked co-productively with NHSGGC in the identification and monitoring of indicators to track progress against the NHSGGC's PH strategy's headline outcomes. • Evidence of contribution to NHSGGC's PH strategy's programmes of action: supporting practical intervention in the intermediate causes of poor health.
To support the development and application of promising investments and actions to improve population health outcomes	• Evidence of collaboration with GCC, community planning and GCHSCP to support implementation of investments and actions. • Bringing a clear population health perspective to Inclusive Growth work and city deals, Thriving Places, early years and Children's Neighbourhoods Scotland.
To maintain a focus on the social justice and inequality implications of investments, interventions and policies	• Ability to narrate GCPH's role in the process of mainstreaming poverty prevention activity e.g. child poverty mitigation, awareness and responses to Adverse Childhood Experiences and responding to implications of welfare reform.
To maintain a future perspective and display leadership beyond current partner priorities	• Provide examples of our primary role in bringing a new concern or response to an existing issue from the margins to mainstream understandings and practice.
To embed community engagement and participation across our programmes of work and communicate learning from those processes more widely	• Provision of outputs communicating generalisable learning from GCPH work and facilitating their implementation.
To continue to innovate in developing our means of communication	• Increase size and diversity of our network. • Evidence recognition of the impact and role in process of change by key partners.

Table 2: Example programme success indicators

Programme and ambition	Success indicator	Comment
Programme 1: Action on inequality across the life course		
Support for strategic tackling of child poverty	We will have supported the delivery of Child Poverty Delivery Plan utilising expertise with key delivery agencies (PLP, Glasgow Child Coordinator).	Outcome impact could theoretically be measured at a population level and would require GCPH narration of our role in shaping actions leading to outcome.
	Council data has been secured on children who attend nursery (0-3 and 3-5) year olds. Qualitative data from parents who do not engage with childcare. Contributed learning from developmental work such as CHaNGE and Children's Neighbourhoods Scotland.	Potential for impact measures on nursery attendance as an indicator of improved future health outcomes. Potential to collect qualitative data on health and wellbeing enhancing processes during and post intervention. Evidencing health impact of developmental work more realistic and would presumably be used as component of evidence base in making the case for extension and roll-out.
Programme 2 Understanding Glasgow's health		
To influence local and national efforts to better understand and address health inequalities.	Provided support to the Director of Public Health on the development of methods to monitor progress on indicators that can be tracked in relation to Public Health Strategy's objectives. Evidence from stakeholder interviews and assessment 'scorecard' document of influence and progressing of excess mortality synthesis recommendations.	This indicator will be relatively straight forward to evidence.

To update report on international comparative mortality trends: Scotland within Western Europe (the 'Sick man' report).	Alongside delivery of associated outputs, engagement with stakeholders and organisations around implications and actions e.g. NHSGGC, HSCP and GCPH Board.	Narrating the impact of reports may involve accounts of conversations with end users around the implications and translational 'making sense' work led by the Centre with partners.
Programme 3: Sustainable and inclusive places		
To engage and support national and local effort to improve air quality, to support and influence the development of active and sustainable transport through research, community engagement and advocacy.	Evidence and recognition of our influence in key transport strategies. There is evidence that such strategies recognise and reflect importance of transport for health and social justice.	High-level outcomes consistent with our model of impact but as context indicators such as air pollution, traffic accidents and mobility/ physical activity could be used. Although unlikely to shift in timeframe of three years.
Supporting Glasgow to move toward becoming a sustainable food city though cross-city and cross-sectoral representation and commitment.	Our role in connecting and coordinating work on different aspects of sustainable food is evidenced and has enabled a strategic approach to food related issues in the city. This includes evidence of city wide commitment to a food poverty response that goes beyond foodbanks and emergency food aid and which is owned by local communities. We have supported Glasgow City Council's commitment to become a sustainable food city.	
Supporting the evolving definition and understanding of actions to promote inclusive growth	Plans for IG projects and their monitoring and evaluation are informed by a public health and social justice perspective and have engaged with relevant communities. GCPH has collaborated and led with key partners involved in economic development and city deals in the achievement of this. Evaluation and monitoring indicates progress on the above outcomes.	

Community engagement and empowerment (CEE).	GCPH is seen as a source of information and support for partners in the implementation of CEE expectations as outlined in legislation and National Standards. CEE is embedded across the programmes of work at GCPH and undertaken collaboratively across the Olympia Social Research Hub. Established and mutually beneficial partnerships with the organisations represented at the Social Research Hub which engage with and benefit the local community.	
Programme 4: Innovative approaches to improving outcomes		
Participatory budgeting: Supporting progress towards 1% of Council budgets being allocated through PB through preparation and publication of further resources to support practice and ongoing support and assistance to the National PB working group and through membership of new Glasgow City Council PB Advisory Group.	Achievement of 1% target and influence of Centre work in delivery.	First two examples in this Programme represent clear 'end stage' indictors of success. Third example indicates progress at an early stage where longer term outcomes are yet to be defined but we are working on promoting the enabling conditions.
Volunteering: To increase and support opportunity for volunteering as a component of legacy for large event planning in the city. We would wish to see narrowing of the gap in the socioeconomic composition of those who access and benefit from volunteering opportunities through using our evidence and perspective within event planning networks.	Indication of movement in diversity of event volunteers as reported in Scottish Household Survey.	

Later years: to establish a new project exploring practice development in relation to later years, responding to the need of services to take account of the shifting disease burden in relation to demographic change, the need to mainstream preventative approaches and living well in later years.	Evidence of convening networks and co-productively identifying a pertinent set of issues for exploration. Key partners might include HSCP, the ALLIANCE and/or Glasgow Life.	

Glasgow Centre for Population Health
Management Board Meeting
Monday 3 September 2018

Public health strategy and health summit

Recommendations

Board members are asked to:

- Note the public health strategy for Greater Glasgow and Clyde that was approved by the NHS Board in August.
- Note that key organisations within Greater Glasgow and Clyde will be asked to consider how they will contribute to the delivery of the strategy and achievement of its ambitions.
- Note that a health summit for Glasgow has been proposed, to establish core public health priorities and joint actions for the city.
- Agree the GCPH contributions to both the strategy and the summit.

Background

1. The Management Board discussed the draft of the public health strategy for Greater Glasgow and Clyde at its meeting in March 2018. At that point, the following (summarised) propositions were made:

a. Once the strategy is agreed, 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 the strategy.
b. In relation to the proposed thematic priorities, the GCPH contribution should focus principally on the priority of reducing inequalities in health.
c. In relation to the 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 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. 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.
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.

2. The strategy approved by the NHS Board in August takes a slightly different form to the proposal discussed at the Management Board in March. Copies of the approved strategy are attached, and Linda de Caestecker will deliver a presentation on the strategy at the Board meeting, after which there will be an opportunity to discuss next steps and whether the above propositions remain as the basis for the GCPH contribution.

3. It is important also to note that the GCPH workplan approved in June included commitments to:

a. Support the identification of indicators of progress on the Strategy's headline outcomes.
b. Support the development of actions within the Strategy's six programmes; (examples include: action to improve air quality, promotion of active travel, promoting the conditions for improved child health, promotion of participatory budgeting and support for new ways of working to promote supported self-management amongst older populations).
c. Contribute to the NHS Board's service plans for facing the future; (this connects with GCPH analyses of the changing needs of the population and actions which can be taken across the system, including communities as well as practitioners, to adapt to and mitigate projected service demand).
d. Maximise alignment with wider national priorities, including an opportunity for Centre learning and collaboration to support the shift to preventative approaches, and to reduce inequalities through advocacy and community planning.

4. The proposed health summit for Glasgow provides an opportunity to agree with City Council colleagues some specific areas of joint priority, within the framework provided by the strategy. The format and timing of the summit are still being planned, and learning is being distilled from previous approaches to joint priority-setting and action to address the city's health record. A verbal update will be provided at the meeting, and views sought on the approach to take.

Carol Tannahill
August 2018

NHS
Greater Glasgow and Clyde

How Can We Turn the Tide on our Population's Health?

There are over a million of us living in the Greater Glasgow & Clyde area - a fifth of the Scottish population.

Life expectancy across Greater Glasgow & Clyde varies widely and our healthy life expectancy - the number of years we can expect to live without any life-limiting illness - is lower than the rest of Scotland. These health inequalities are unjust and preventable.

We want to narrow this gap and bring our population in line with the rest of the country. However, while the NHS has a vital role in keeping people healthy and supporting them when they become ill, we know that what's going on in people's lives has the biggest impact on their health.

Social issues such as poverty, housing, education, stigma and discrimination all affect our health & wellbeing. It is therefore essential that the NHS works with other organisations and communities to tackle the underlying causes of ill health.

By understanding and preventing risks to our population's health we can turn the tide and increase the number of healthy years we can expect to live.

Prevention is better than the cure

NHS Greater Glasgow & Clyde has just published a Public Health Strategy which highlights our commitment to making prevention a priority.

We want to prevent ill health from happening by helping to create an environment which makes healthy choices easier and supports health and wellbeing through local services.

We know that the earlier we can get involved in supporting people's health the better. Local and national research also helps us focus our activities where they will have the greatest impact.

For Example - Becoming smoke-free

With the numbers of people smoking in NHS Glasgow and Clyde higher than the rest of Scotland, reducing smoking in the population is a priority.

Our Quit Your Way services are designed to make it easy for people to get help and advice on stopping smoking and are located in pharmacies and community venues. They provide support over a number of weeks combined with stop smoking medication, which has been shown to be the most effective way to quit.

By investing in stop smoking services we can have an immediate effect on an individual's risk of developing a smoking related disease as well as their quality of life. Reducing the overall number of people who smoke is also the most effective way of preventing children from taking up smoking.

Tackling inequalities in health

There are huge differences in people's income, health and quality of life across Greater Glasgow & Clyde. Changes to the welfare benefits system have had a profound impact on people's lives and have come at the same time as low economic growth, rising unemployment and increasing levels of personal debt.

The challenges we face are very different from when the NHS was created 70 years ago. We have specific concerns about particular groups such as children in low-income families, lone-parents and frail, isolated older people. We are determined to tackle these issues head on and work with communities to find solutions.

To reduce the differences in our population's health, we must deliver services that take account of people's lives. This means ensuring that people have equal and fair access to all of our services. It also means putting people and families at the centre of their care and treating them with dignity and respect.

For Example - Putting Children First

One in three children in Greater Glasgow & Clyde live in poverty.

We know that poverty can directly affect a child's development, as money affects our ability to provide nutritious meals, books and toys for learning and opportunities to be physically active and socialise. Reducing child poverty is therefore a priority if we are to improve health.

Poverty is caused quite simply by low incomes and high costs of living and 70% of children in poverty live in working households. We are working with partner organisations to increase incomes and reduce costs for families living in Greater Glasgow & Clyde. For example, we are ensuring our staff understand how poverty affects health and are confident to ask patients about money worries, referring them onto services which can provide advice and support.

New ways of working

Tackling the social issues that affect people's health means that the NHS must work across organisational boundaries. By working effectively with other organisations, such as health and social care partnerships, local authorities, the government and voluntary and community groups, we can deliver services for the right people at the right time and in a way which meets their needs.

This focus on joint working is at the centre of the new plan for public health. Working together, we can influence the underlying causes of ill-health.

For Example - Preventing domestic violence

Police records for 2015-16 showed that the highest number of reported incidents of domestic abuse within Greater Glasgow & Clyde took place in West Dunbartonshire. It was estimated that 1 in 10 children in the area were adversely affected.

NHS Greater Glasgow & Clyde worked with West Dunbartonshire Health and Social Care Partnership to gather evidence on what action could be taken to reduce domestic abuse.

Recommendations are now being taken forward by a group of local partners which will strengthen the support for victims and apply measures to prevent domestic violence. They also aim to recognise and address the impact of violence on women and children.

The 'Big Six' Actions

1. **Understand the health needs and experiences of our population so we can work with our partners to address them**
2. **Tackle the causes of poor health which lead to health inequalities such as child poverty and education; lack of employment and job security; access to public services; insufficient housing and challenging personal circumstances**
3. **Promote health and wellbeing at all life stages, recognising the importance of a healthy start in life for all children, the impact of mental health on physical health, the importance of self care in reducing the impact of disease and healthy ageing**
4. **Affect the causes of poor health which can be changed by creating a culture and environment supportive of health and wellbeing, so that people can easily make healthy choices with support from health and wellbeing services within our communities**
5. **Improve health services by ensuring they are effective, accessible and fair, providing a positive patient experience**
6. **Protect the public's health from environmental, infectious and other potential risks**

"Our population's health truly is everyone's business, which is why our plans will evolve as we engage with our partners and communities over the coming months and years.

From clean water in the 19th Century to the smoking ban in 2006, working together across boundaries has achieved impressive results.

The challenges in the next decade include improving mental health, increasing the number of healthy years we live and creating the right conditions for positive health and wellbeing for all."

Linda de Caestecker,
Director of Public Health

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NHS
Greater Glasgow and Clyde

Turning the tide through prevention

Public Health Strategy

2018-2028




Preface to the Public Health Strategy by the Director of Public Health

This strategy is a first for NHS Greater Glasgow and Clyde. We have many plans, many strategies but we have not previously had one dedicated to the whole of public health. It is also a strategy like no other as it concentrates on how we will work to improve public health as well as describing actions to be taken. The strategy represents the commitment of the NHS Board to prioritise public health by bringing prevention to the fore of its agenda.

We must ensure a great deal more attention is paid to prevention and that there is greater support for clinical leadership of health promoting health services, commitment from senior directors to community planning and shifts of resources to prevention, early intervention and self-care.

The determinants of health are well documented and many of them lie outside the direct influence of the NHS, such as relieving poverty, improving housing or education. A crucial element of the strategy is the effectiveness of our influence on these factors through community planning partnerships and the way we work with Scottish and UK governments and the people who use our services. The NHS can also affect the social determinants of health through the design and delivery of services and has a role in directly delivering health improvement programmes. The evidence for the cost-effectiveness of many lifestyle changes e.g. stopping smoking, losing weight or being more physically active is strong. They can all reduce use of the NHS and other public services as well as prolonging healthy life. However it can be challenging to encourage people to adopt healthy lifestyles without first improving the circumstances in which they live and work, changing environments to support healthy choices and supporting people in decisions about their health.

This strategy provides a spring board to discussions between the Board and Integration Joint Boards (IJBs), with local authorities and community planning partnerships and with Government on activities to improve health in a way that reduces health inequalities in Greater Glasgow & Clyde.

The strategy is expected to inform community plans and Health & Social Care Partnership's strategic plans and we look forward to working with partners to develop implementation plans. The strategy will evolve as we engage with our partners and communities going forward.

This strategy has been developed at the same time as engagement on the new national Public Health Priorities and the national Public Health Reform Programme. Public Health Reform recognises the shared responsibility of all sectors to address the public health challenges within Scotland; by focusing our collective efforts within Greater Glasgow and Clyde, this strategy aligns our approach and priorities. There are also important opportunities to work with the national programme to achieve the greatest impact.

Linda de Caestecker

Director of Public Health

Introduction

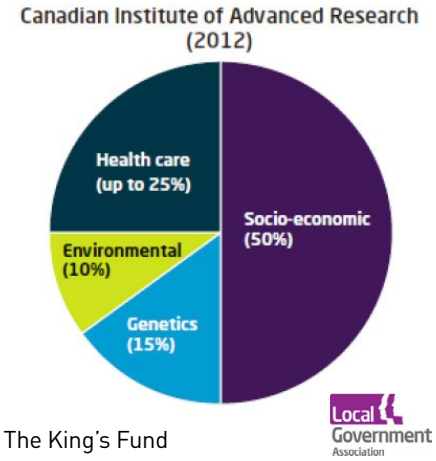
The NHS has a vital role in keeping people healthy and supporting them when they become ill. However, whilst early intervention and self-care can keep people healthier for longer, addressing the wider determinants of health will provide the greatest opportunity to improve health and wellbeing for our population. According to the King's Fund, the factors that impact most on people's health are beyond health services. They are associated with income, social class, education or deprivation. This is illustrated in the chart below from the Canadian Institute of Advanced Research (Figure 1). This means that collaborative working is essential to address the underlying causes of ill-health.

Investment to predict and prevent risks to health can reduce the burden on the NHS and society, support resilient communities and increase healthy years lived. Through discussions at the Board's Standing Committee on Public Health, Health and Social Care Partnerships (HSCPs) and Community Planning Partners, collaboration, coordination and new ways of working have been emphasised as the most important elements of a public health strategy. This means developing common goals for public health programmes and defining how these goals will be measured and delivered.

Improving health also means developing targeted approaches to tackle health inequalities and achieve health equity such as removing barriers to access and delivering services which take account of the social context of people's lives. This strategy sets out NHS Greater Glasgow and Clyde's (NHSGGC) aspiration to deliver a coordinated approach to achieving our public health ambitions over the next 10 years. It forms the basis for collaboration and partnership working in line with regional and national priorities by setting out 6 priority programmes and our approach to public health going forward.

Figure 1: Estimated impact of detriments on health status of the population

(Source: Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002)



The King's Fund

Context

Public Health is truly everyone's business. Every health professional has a role in improving the public's health, in early intervention and in promoting preventive approaches. Many agencies and organisations affect health through their influence on wider factors such as housing, transport, education, equality and social support. NHS Greater Glasgow and Clyde's Public Health Directorate acts to improve the health and well-being of populations through intelligence led preventative action on a range of population health determinants. Health Improvement Teams in HSCPs work with Community Planning partners, local communities and many different services and professionals to improve the health of the population of their area. The Glasgow Centre for Population Health (GCPH) works with a range of national and local stakeholders to undertake research, stimulate fresh approaches and support change processes to improve health and tackle inequalities.

The determinants of health mean that public health works across social, legislative, community and individual change programmes. There are 3 domains of public health with health intelligence being a common thread amongst them.

- **Health Protection;** investigating health problems and environmental health hazards, enabling health protection systems e.g. health management of hazard exposure through to effective immunisation systems for contagions and disease control
- **Health Improvement;** assessing and tracking the health status of populations and devising and applying strategies to improve the health circumstances in which populations live, with particular regard to reducing health inequalities
- **Improving Health Services;** ensuring evidence-based and best value through public health analysis, investigation and comparisons. This includes action to support earliest diagnosis to achieve the best treatment outcomes e.g. screening systems

Demand for services is a key mechanism that drives health care system behaviour. Public Health and prevention is not driven in this way but by a comprehensive assessment of population need and the ability to change risk.

A World Health Organisation Europe (WHO, 2014) report estimated that only 3% (range 0.6 – 8.2%) of national health sector budgets was spent on public health and that those countries that invested more experienced better health outcomes. Within NHSGGC the investment in 2016 was approximately £26m which equates to 1.15% of the NHS budget.

Public Health challenges in Greater Glasgow and Clyde

The population of Greater Glasgow & Clyde currently stands at just over a million people, representing one fifth of the total Scottish population. Over the next 25 years, this population is predicted to increase by 4%, with the over 65 years of age population increasing by 16%.

Life expectancy varies across the Board from 73.4 years in Glasgow City to 80.5 years in East Dunbartonshire, a difference of 7.1 years. This is explained by life circumstances, chiefly socio-economic factors which impact across the life-course, starting in the antenatal period and influencing education, employment, health behaviours and patterns of healthcare use. Healthy life expectancy in NHSGGC, that is years of life an individual lives without any life-limiting illness, is also lower than the rest of Scotland, again with significant variations between men and women and linked to socio-economic deprivation.

Unhealthy behaviours are common across all communities in NHSGGC. However, poverty increases the higher risk of illness and premature mortality through factors which are related to unhealthy behaviours. Those living in poverty are more likely to follow trajectories of limited school attendance and educational attainment, limited job opportunities and unemployment and are more likely to smoke, consume hazardous or harmful levels of alcohol, have a poor diet and have limited physical activity. In addition, male health behaviours tend to be worse than female behaviours, and middle life tends to be the period of highest risk of unhealthy behaviour.

Whilst health inequalities as a result of poverty may be partially explained by risk factors such as smoking and diet, it is likely that their use of and access to health services also underpin this issue. Across all countries, healthcare costs and use rise steeply with age and with the prevalence of long term conditions. Poverty is strongly associated with patterns of emergency and unscheduled care; 72% of the variation in unscheduled care is explained by poverty and social factors, not by system factors. This appears to be true in both primary and secondary care. These findings are found across a number of different health systems and relate to accessibility of services, but also how patient-centred such services are and the culture of how people use services.

Inequalities in income, health and quality of life persist and in some parts of Greater Glasgow & Clyde are widening. There are specific concerns regarding the health and wellbeing of particular population groups such as lone-parents, children and young people in low-income families and frail, isolated older people. There are also growing concerns about mental health and wellbeing across all age groups.

All of these factors contribute to increasing demands on our health and social care system. They highlight the need for a public health response that can work effectively across organisational boundaries to prioritise and provide accessible, preventive services and support for the right people at the right time and in the appropriate way.

Given our current economic context, it is crucial that cost-effectiveness is considered in all of our activities and interventions. The case for investing in public health has been well made in many reports. The priorities set out in this strategy draw heavily on robust evidence from a range of sources such as Frank et al which describes the seven key investments for health equity and Public Health England's 2014 report on the economics of investment in the social determinants of health. These reports show that investing in public health can generate cost-effective health outcomes and can contribute to wider sustainability with additional economic, social and environmental benefits. These benefits are often described as 'social return on investment' which transcend purely financial outcomes.

The recent WHO report on strengthening public health services and capacity describes how public health can be part of the solution to the challenge of increasing healthcare costs and outlines returns on investment in both the short and longer terms. The report highlights the cost-effectiveness of vaccination and screening programmes, the advantages of population level approaches rather than individual interventions and the best buy interventions for non- communicable disease prevention. These have informed the priority programmes and actions of this strategy.

NHSGGC has an impressive history of public health achievements. Even in some of the most intractable issues, we continue to see improvements, for example the decline in smoking rates and teenage pregnancy.

Purpose of the strategy

This Public Health Strategy sets the strategic direction for public health in Greater Glasgow and Clyde, including accountability of HSCPs for their delegated public health functions, and contextualises the challenge to wider partners to improve public health outcomes through collaboration and effective action.

The strategy emphasises the importance of the approach we will take to improve public health. We require to operate as an effective public health system, collaborating to address shared priorities for action. The strategy outlines a series of high level Public Health Programmes, recognising that detailed plans setting out responsibilities, outputs, impacts and timescales are required to support the strategy.

The Moving Forward Together programme crystallises the impact on services of an ageing population and changing ethnic demographics. The explicit recognition that current health and social care service models cannot adequately meet the demand in the future emphasises the importance of prevention and early intervention.

This Public Health Strategy: Turning the Tide through Prevention must therefore create the impetus for this change. To achieve this, NHSGGC will become an exemplar public health system which means there will be a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities.

The aim of the strategy

The aim of this strategy is to accelerate the improvement in healthy life expectancy (HLE) and narrow the gap in HLE within Greater Glasgow and Clyde and between Greater Glasgow and Clyde and the rest of Scotland for both men and women by 2028.

Strategic Objectives

Within public health it is widely recognised that 'it all matters' and in order to improve public health, action is required on many fronts. However, within this 10 year strategy, the public health challenges set out the need for a dedicated focus to deliver the six key objectives:

- To reduce the burden of disease through health improvement programmes and a measurable shift to prevention
- To reduce health inequalities through advocacy and community planning
- To ensure the best start for children with a focus on early years to promote healthy development, good health, wellbeing and quality of life throughout the life-course
- To promote good mental health and wellbeing at all ages
- To use and translate data into meaningful information that can inform service planning and public health interventions
- To strengthen the Board, IJBs and the Scottish Government in their roles as Public Health leaders.

Outcomes

Each public health programme will have a detailed delivery plan linked to the National Indicators (below and Appendix 1) as well as programme specific measures. A detailed monitoring framework for the strategy will be developed with Glasgow Centre for Population Health which will provide long term outcomes, intermediate indicators and programme-specific measures.

- Quality of health care experience
- Healthy life expectancy
- Mental wellbeing
- Healthy weight
- Physical activity
- Health risk behaviour
- Journeys by active travel
- Premature mortality

Our Approach

How we approach public health is important, in terms of what we do, how we work as a whole system and who we involve in creating a culture focussed on improving and protecting population health.

- What We Will Do

We will engage with our communities and our partners to refine and implement this strategy over the next 10 years.

We will work with partners and communities to identify the health challenges within our population and use the best evidence and available assets to address these challenges and mobilise change.

Prevention will be core business of NHSGGC and there will be a shift to prevention in all of our plans and strategies.

Our priorities will be relevant to and addressed in a local context but be of a size and scale to create a population impact.

Our priorities will also reflect the national Public Health priorities and contribute to the outcomes within the National Performance Framework.

We will ensure that all of our services are transparently fair, equitable and empowering and that we take specific action to meet the health needs of equality groups and marginalised communities. This will include supporting equality and human rights work in Integration Joint Boards and Community Planning Partnerships.

We will maximise what we do as an advocate and partner for public health, being clear about our role in preventing - and mitigating the impact of - inequalities in health.

- How We Will Do It

We will work as a whole system across Greater Glasgow and Clyde to improve public health, focussed on the priority programmes within this strategy while taking into account local needs and variations.

We will work collectively as co-producers of population health improvement and health equity with community planning partners.

We will demonstrate the values of human rights, respect, equality, dignity and kindness as a Board, as teams and as individuals.

We will support our staff to promote better health, prevent ill-health and reduce inequalities in their individual settings and workplaces.

We will support actions to enhance the health and wellbeing of our staff.

We will ensure the best use of current public health resources including collaboration and alignment of priorities with our partners and public health organisations such as Glasgow Centre for Population Health.

- Who Will be Involved

We will listen to and work with our communities, citizens and patients to understand their needs, priorities and views about improvements.

We will build on our relationships with communities and community planning partners creating a multi agency public health workforce to address our shared priorities.

Our Role as a Public Health Organisation

By working across Greater Glasgow and Clyde as a whole system we are committing to becoming an exemplar public health organisation.

Pivotal to this expanded focus for Public Health within NHSGCC is our ability to provide a strong and cohesive direction for all our constituent parts and the partners and communities we work with. Working in partnership, we can achieve more than the sum of our parts, and can influence not only the quality of services provided to our population but also the circumstances and opportunities available to people where they live, work, learn and play. By working as a Public Health system we will focus our activities where they will have the greatest impact on improving population health.

01 - As a partner

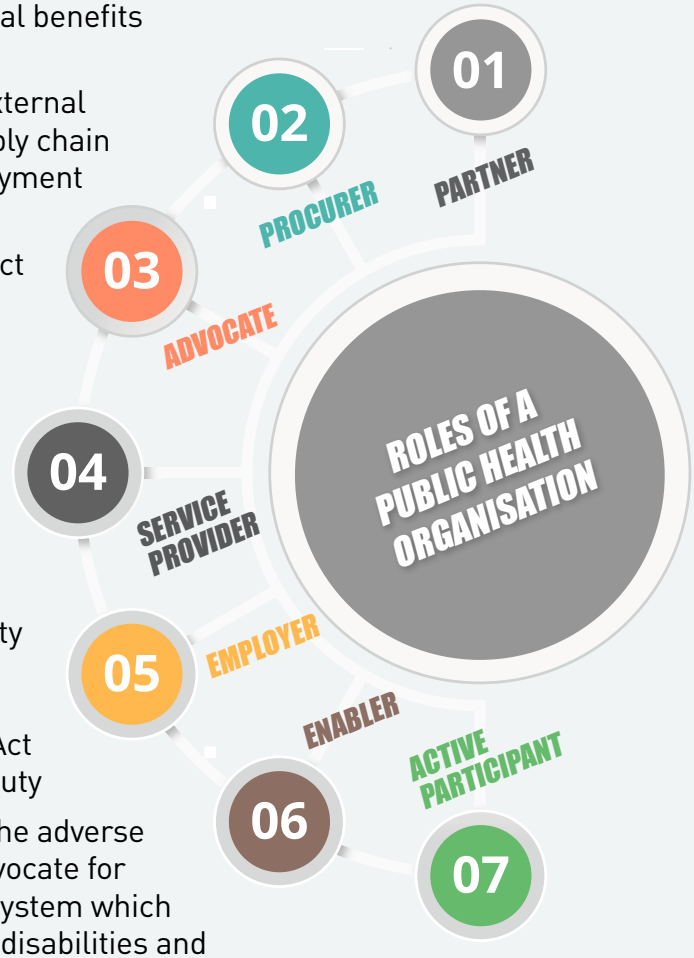
- to meet the ambitions of Public Service Reform, for example by supporting the application of the Community Empowerment (Scotland) Act 2015 to improve mental and physical health
- to routinely involve third sector partners alongside other public services in planning and delivering services,
- to play a full and effective role in Community Planning and the delivery of Local Outcome Improvement Plans,
- to influence public sector budgets and services to improve public health outcomes

02 - As a procurer of goods and services

- to support communities to use social benefits clauses
- to advocate for the living wage in external contracts and ensure the NHS supply chain supports good work and fair employment practices
- to ensure capital investments impact positively on communities

03 - As an advocate for communities

- to advocate for the inclusion of a health perspective in all aspects of social policy and advocate for progressive taxation
- to advocate for a reduction in poverty and socio-economic inequality by actively working to meet the requirements of the Child Poverty Act 2017 and the new Fairer Scotland duty
- to work in partnership to mitigate the adverse impact of welfare reform and to advocate for a fair and dignified social security system which supports lone parents, people with disabilities and other vulnerable groups
- to drive change through a strengthening of leadership for community experience and empowerment



04 - As a service provider

- to provide services which are fully patient centred, accessible and inequalities sensitive
- to address the inverse care law and provide services which are proportionate to need and at their best where they are needed most
- to design and deliver services focussed on prevention and which support health and wellbeing and reduce health inequalities

05 - As an employer

- to deliver a staff health strategy which supports health and wellbeing, longer fulfilled working lives, fair work principles and creates a positive working environment for all staff
- to promote health and wellbeing through treating employees with dignity and respect
- to maintain a credible and competent dedicated public health workforce which is fit for purpose to lead the delivery of this strategy, as well as providing support and development to enable the wider workforce to contribute to public health

06 - As an enabler to empower communities

- to work alongside communities in co-producing good physical and mental health across the life course
- to involve and empower diverse communities, build social capital and develop good relations between groups
- to operate in ways that share power and influence more widely, as one aspect of addressing the fundamental causes of health inequalities

07 - As an active participant in creating a healthy environment

- to support investment in integrated transport and active travel
- to develop sustainable environments that are designed to support health for current and future generations
- to apply place-based approaches to reduce the inequalities in the quality of neighbourhood environments within Greater Glasgow and Clyde including access to good housing and a reduction in homelessness
- create exemplar public health environments across the NHS estate

Shared Roles and Working across Boundaries

The dedicated public health workforce within the Board, HSCPs and GCPH is well placed to provide evidence and data on best practice as well as realistic application in local and specific contexts. However, improved health outcomes will be generated through the policies and practice of our wider staff groups, partner agencies and policy makers. Coherence between national, regional, local and community based approaches is important to maximise the impact of public health policies and practice in the following plans:

- Local Outcome Improvement Plans
- HSCP Strategic Plans
- NHSGGC Moving Forward Together programme
- Health Promoting Health Service framework
- NHSGGC Corporate Priorities and Operational Plan
- Regional Plans

Programmes for Action

The Public Health Programmes outlined in this section reflect the Board's commitment to addressing the challenges outlined within this public health strategy. They also describe activities which will be expected to be included in HSCP delivery plans. These actions will be delivered through the approaches set out above – both in relation to the Board's role as a Public Health Organisation and the shared roles with others.

There are six core public health programmes underpinning this strategy all of which require cross sector collaboration:

1) Understanding the needs, experiences and assets of the population, how these vary by sub-group and change over time.
2) Tackling the fundamental causes of poor health and of health inequalities - these causes are the basis on which inequalities are formed - and mitigate their effects.
3) Applying 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.
4) Intervening 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.
5) Improving health services by ensuring effectiveness, accessibility, equity and best value, and strengthening the health impact of other services across Greater Glasgow & Clyde.
6) Protecting the public's health from environmental, communicable and other potential risks.

This strategy seeks to ensure that NHSGGC will adequately resource these activities in order to prevent avoidable ill-health, including intervening early in life and in the course of diseases. Within NHSGGC this will involve a shift in focus and resources from treatment to prevention.

The programmes for action have been aligned to the 6 national priorities as shown in Table 1.

a) Place and Community

b) Early years

c) Mental Health and Wellbeing

d) Harmful substances (including tobacco, alcohol and other drugs)

e) Poverty & Inequality

f) Diet and Physical Activity

Table 1: Public Health Programmes for Action and Health Priorities for Scotland

Programmes for Action	Links to Health Priorities for Scotland
Programme 1: Understand the needs of the population	✔ Place and Community
Programme 2: Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects	✔ Poverty and Inequality
Programme 3: Apply a life-course approach, recognising the importance of early years and healthy ageing	✔ Early Years and Children ✔ Diet and Physical Activity
Programme 4: Intervene on the intermediate causes of poor health and health inequalities	✔ Mental Health and Wellbeing ✔ Poverty and Inequality
Programme 5: Improve the quality of services	✔ Place and Community
Programme 6: Protect the public's health	✔ Harmful Substances ✔ Poverty and Inequality

Programme 1. Understand the needs of the population

- → Provide public health surveillance and evidence-based intelligence to support decision-making for improving the population's health, health service effectiveness and addressing health inequalities. This will include the Board's transformational plan, reviews of unscheduled care, regional planning, development of realistic medicine and community plans
- → In collaboration with communities, inform and create opportunities to improve health through the co-production of place-based approaches
- → Utilise the skills and resources of Glasgow Centre for Population Health and others to inform NHSGGC's horizon scanning for future public health and service challenges
- → Monitor health intelligence resources to ensure that they are maintained and developed to a level to understand population need,
- → Collaborate with partners to strengthen the analysis of economic impact of prevention programmes

Programme 2. Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects

- → Work in partnership with others to mitigate and prevent health inequalities which have been caused by poverty (including child poverty), income insecurity (debt, low wages, labour market conditions) and the impact of welfare reforms
- → Promote health literacy and equitable access to health information across the population through Support and Information Services, interpreting provision and development of a Patient Information Management policy
- → Ensure sufficient public health resources for a credible public health response to neighbourhood quality, housing, homelessness and health in partnership with local stakeholders
- → Develop stronger emotional resilience and mental health and wellbeing, through mobilising sustained, multi-partner approaches and ensure a sufficient proportion of new investment for mental health is allocated to improvement in mental health wellbeing
- → Provide advocacy, health intelligence and facilitation to the new Social Security Agency to maximise people's access to best start and benefits and ensure recurring funding for proven successful co-location models such as in Deep End practices, Long Term Conditions Financial Inclusion service, Royal Hospital for Children support service and Healthier Wealthier Children
- → Work alongside communities to build social capital, strengthen community assets and develop good relations between diverse groups

Programme 3. Apply a life-course approach, recognising the importance of early years and healthy ageing

- → Develop programmes which take account of the variety of health needs linked to the life course and key points of transition
- → Continue investment in the implementation of the New Universal Pathway, Getting it Right for Every Child (GIRFEC) and Curriculum for Excellence to ensure that children and young people benefit from early interventions within maternity and health visiting services and school-based support. Maintain a focus on supporting parenting and attachment; readiness to learn and attainment; relationship development and employability skills and physical health needs such as oral health, immunisation, sexual health and weight management
- → Provide targeted support for vulnerable groups based on learning from Family Nurse Partnership, Adverse Childhood Experiences (ACEs) and poverty mitigation approaches such as cost of the school day
- → Advocate for policies to support 'good work' practices with local employers and within NHSGGC to promote staff health and wellbeing
- → Provide public health support to service development/redesign and innovation with the potential to improve health and reduce inequalities at key life stages e.g. Best Start; Addictions; Dementia Strategy; bereavement support and Carers Act implementation
- → Develop programmes of Supported Self-care to increase healthy years lived

Programme 4. Intervene on the intermediate causes of poor health and health inequalities

→ In conjunction with partners, strengthen the Board's role to develop a 'Health In All Policies' approach to create a culture and environment supportive of health and wellbeing including: reducing the harm associated with drugs and alcohol; creating a tobacco free society through protection from second hand smoke and prevention of uptake of tobacco smoking; increasing the availability of affordable healthy eating opportunities; addressing determinants of good mental health such as nurturing early years, active citizenship and participation, promotion of wellbeing within diverse communities and addressing the negative impact of discrimination and exclusion on health

→ Provide effective training for front-line staff within NHS and partner organisations to raise health issues, promote behaviour change and refer patients/clients for health improvement support as part of a social prescribing approach

→ Provide evidence-based high quality and accessible condition-specific patient information equitably to all patients and promote health literacy within vulnerable groups

→ Review and where possible strengthen health improvement programmes to address modifiable risk factors for major disease

- Improve access to weight management services (particularly for pre diabetic / diabetic patients) and uptake of self management of weight interventions
- Increase uptake of physical activity and therapeutic exercise programmes (e.g. Live Active) through expanded health referral pathways targeting least active groups
- Systematic implementation of the adult mental health framework; responding better to distress with increased access to mental health and wellbeing support (social prescribing; peer support; social connection)
- Routine identification and early intervention on drug and alcohol concerns in services including hidden harm for dependants, improved case finding and recovery support
- Increased referral and engagement with effective smoking cessation programmes with focus on vulnerable groups including mental health patients, prisoners and deprived communities
- Improve maternal and infant nutrition to support the establishment of healthy eating from an early age

Programme 5. Improve the quality of services

- → Implement national developments and guidance to existing screening programmes and ensure compliance with standards; enhance uptake for those programmes and population groups where uptake falls short of national standards
- → Maximise the potential of primary care including the new GP contract to address health inequalities and health improvement within communities
- → Support Moving Forward Together transformational programme to increase prevention and reduce inequalities through routine holistic assessment of individual needs and patient centred care planning, particularly in relation to Chronic Disease Management and targeting supported self care interventions
- → Ensure strong clinical leadership is supported in every service to increase referrals to health and wellbeing services
- → Maximise opportunistic intervention within routine health care provision in primary and secondary care (including the new GP contract; clinical pathways and guidelines) to connect patients with non clinical services which improve their health outcomes
- → Promote mental health for people with long term conditions / Promote physical health for people with mental health conditions; "healthy body and healthy mind" through implementation of the physical healthcare policy and mental health strategy
- → Deliver the activity in 'Meeting the Requirements of Equality Legislation: A Fairer NHS Greater Glasgow and Clyde 2016-2020 and other related legislation including the British Sign Language Act and the new Fairer Scotland duty
- → Develop a human rights approach to delivering services which means empowering people in our care to know and claim their rights and ensuring that we are respecting, protecting and fulfilling those rights

Programme 6. Protect the public's health

- → Design and implement the Vaccine Transformation Programme ensuring that NHSGGC's high childhood immunisation uptake rates are maintained and adult rates are improved
- → Resource and deliver prevention and treatment services to reduce transmission of HIV
- → Develop, monitor and evaluate innovative prevention, diagnostic testing and treatment services for Blood Borne Viruses, HIV and sexually transmitted infections, achieving the aim of eradication of Hepatitis C, including the provision of a sustainable hepatitis C service within our prisons
- → Prepare and deliver a statutory Joint Health Protection Plan with our Local Authority partners, outlining local priorities and unique challenges in health protection, the resources, planning infrastructure and workplan for responding to communicable disease and environmental hazards within Greater Glasgow & Clyde
- → Implement work on violence prevention, hate crime, gender based violence (including sensitive routine enquiry, human trafficking and female genital mutilation) in line with national guidance
- → Work with partners to implement legislation creating safer and healthier environments through tobacco control, alcohol licensing and planning regulations
- → Promote good sexual and reproductive health and support implementation of the review of sexual and reproductive health services

What needs to change to achieve the aims of this strategy?

This strategy is being developed at the time of Public Health Reform and it is recognised that opportunities to work differently nationally, regionally and locally will continue to be shaped following publication of the strategy. A number of changes which will support the delivery of this strategy in the context of reform can be identified at this time:

- Collaborative leadership for public health with high visibility provided by the dedicated public health workforce
- Improved collaborative working between and amongst the Directorate of Public Health and HSCP health improvement teams.
- Consideration of the critical mass of health improvement resources to ensure continued development and delivery
- Establishment of a strong national public health agency and involvement in revised structures for local public health to improve effectiveness
- Review of role of Director of Public Health in a national, regional and local context
- Planning and development of Local Public Health Partnerships, adding value to existing arrangements
- Influencing budget decisions to achieve a longer term funding approach
- Strengthening the effectiveness of Community Planning
- Strengthening our public and community engagement approach to be empowering and inclusive
- Leadership and resources to enable primary and secondary care providers to undertake prevention
- Building our contribution to public health intelligence through collaboration and partnership across our public health networks

Priorities in 2018/19

Action will be taken forward on all of the above programmes but there are 6 specific priorities in the short term:

Table 2: NHS Public Health Priorities linked to Public Health Priorities for Scotland

NHSGGC Public Health Priorities	Public Health Priorities for Scotland
• Promotion of Mental Health and Wellbeing through the delivery of actions identified in the DPH Report 2017	✓ Mental Health and Wellbeing
• Contribution to reduction in child poverty through the production of joint Child Poverty Action plans with Local Authority partners	✓ Poverty and Inequality
• Review health improvement programmes for Maternal and Infant Nutrition; Physical Activity; Smoking Cessation and Addictions	✓ Diet and Physical Activity ✓ Substance Misuse
• Delivery of the Vaccination Transformation Pre-school Programme	✓ Early Years and Children
• Reduce inequalities in uptake of screening programmes through targeted intervention plans	✓ Poverty and Inequality
• Strengthen links to support community planning activities and engagement with communities and third sector organisations	✓ Community and Place

Governance

Implementation of the strategy will be led by the Director of Public Health and team working with health improvement teams in the HSCPs and with CPPs. The Board's Public Health Implementation Group (formerly the Health Improvement and Inequalities Group) will have a key role in overseeing implementation reporting to the Corporate Management Team. The Board's Public Health Committee will receive progress reports at every meeting and will subsequently report to the NHS Board.

Appendix 1: National Indicators

National Indicator	Definition/Variable	Baseline Figure		Baseline Year		Most recent figure		Most recent year	
		NHSGGC	Scotland	NHSGGC	Scotland	NHSGGC	Scotland	NHSGGC	Scotland
Quality of health care experience	% whose care was described as 'excellent' or 'good' from Care experience survey	TBP	90%	TBP	2009/10	86%	83%	2017/18	2017/18
Healthy Life Expectancy	HLE published yearly by ScotPHO	N/A	61.1	N/A	2009	N/A	61	N/A	2016
Mental wellbeing	Mean WEMWBS score from SHeS	49.6	50	2008	2008	49.1	49.8	2016	2016
Healthy Weight	% with BMI of 30 or more	26%	27%	2008	2008	27%	29%	2016	2016
Physical Activity[1]	% meeting CMO recommendations	62%	62%	2012	2012	61%	64%	2016	2016
Health Risk Behaviour[2]	% with 2 or more risk behaviours	63%	65%	2012	2012	67%	63%	2016	2016
Journeys by active travel	Journeys to work made by active or public transport	36%	31%	2006	2006	36%	31%	2016	2016
Premature Mortality	European Age Standardised mortality rates per 100,000 for people under 75 in Scotland	646.9	520.4	2006	2006	517.1	439.7	2016	2016

Key:

TBP To be provided

N/A Yearly HLE figures are not produced at NHS Board level by ScotPHO

1. Questions in SHeS regarding physical activity changed in 2012 to conform with updated CMO guidelines, resulting in 2012 being the earliest possible comparison
2. One of the risk behaviours considered was physical activity, resulting in 2012 being the earliest possible comparison

References

World Health Organisation Regional Office for Europe (2014) 'The case for investing in public health'. World Health Organisation.

University College London Institute of Health Equity (2014) 'Understanding the economics of investments in the social determinants of health'. Public Health England.

'The inverse care law is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served'. Proposed by Julian Tudor Hart 1971.

Frank et al (2015) 'Seven Key Investments for health equity across the lifecourse' SocSciMed 140: 136-146

Glasgow Centre for Population Health
Management Board Meeting
Monday 3 September 2018

Children's Neighbourhoods Scotland

Recommendations

Board members are asked to:

- Note and discuss the proposals to develop a network of Children's Neighbourhoods within the West of Scotland.
- Advise on connections to be made in support of this development.
- Consider the governance role of the GCPH Management Board and how it would like to be involved in this new programme.

Background

1. The GCPH, together with colleagues from Policy Scotland and What Works Scotland, has been involved in developing and introducing a Children's Neighbourhoods approach in the Bridgeton/Dalmarnock area. We have learned a lot from this initial site, secured strong partnership support, put in place a research and evaluation strategy, and (through the national Child Poverty Delivery Plan) secured resource to further develop and spread the approach. Work is now starting to prepare the ground for this growing programme.

Implications

2. This is a significant new development, which has resulted directly from the co-location of Glasgow University and GCPH staff within the Olympia Building. The proposal involves the recruitment of a Programme Director and Communications and admin support within GCPH; a research and evaluation team employed by the University of Glasgow; and a cohort of local coordinators (potentially employed in a third sector organisation through a procurement framework). Grant funding will come to the GCPH and then be allocated on to the University and other suppliers.

3. Work is currently being taken forward to finalise the budget proposal and grant award agreements, clarify governance arrangements, develop job descriptions, and agree the approach to spread within Glasgow City. It is being discussed at the Community Planning Executive Group meeting on 29 August, and the Strategic Board on 11 September.

4. This development contributes to a range of policy objectives, and is clearly targeted towards areas and families with high levels of need. It will become a major long-term programme for the GCPH (analogous to GoWell). The purpose of this paper is raise awareness among Board members and to seek any feedback and guidance on the proposal and the approach.

Children's Neighbourhoods and Child Poverty

5. Scottish Government has committed, through *Every Child, Every Chance* the tackling child poverty delivery plan for 2018-2022, to invest in expanding the reach of Children's Neighbourhoods from the original site in Bridgeton/Dalmarnock into a number of additional neighbourhoods. The commitment is as follows:

New Help for Children's Neighbourhoods

We will invest £2 million in the innovative Children's Neighbourhoods Scotland programme, expanding its reach in Glasgow and into another urban centre, a small town and a rural community.

Children's Neighbourhoods Scotland is a distinctive approach to improving outcomes for all children and young people in neighbourhoods with high levels of poverty. Based on experience and practice internationally the approach is place-based and has children, young people and communities at its core. It uses the power of collective action, joining up efforts and services within a neighbourhood to prevent and reduce child and family poverty.

In Scotland, the first Children's Neighbourhood has recently been established in the Bridgeton and Dalmarnock neighbourhood of Glasgow.

The Scottish Government will extend our support in Glasgow, another urban centre, a small town and a rural community - so we understand how transferable the approach is to these settings where child poverty is also unacceptably high. We will invest £2 million in Children's Neighbourhoods Scotland over the course of this Delivery Plan (2018-22) to support this work.

The Children's Neighbourhoods approach involves a local co-ordinator in a child-friendly base - such as a nursery, library, community hub, or school, which is used and valued by the community. A management team looks after the programme locally, providing strategic direction, evaluation and evidence, and development and learning support across the sites. Vitally, children and families are at the heart of the approach - all the outcomes identified, and all the actions to meet them, are developed and agreed locally between families and partner organisations.

Our support for expansion will help us reduce child poverty in a range of ways, but for these new pilots, we will explicitly target economic development and entrepreneurship. This has not been a strong feature of the approach in neighbourhoods in other parts of the UK or internationally, but the Scottish policy context, with its emphasis on inclusive growth, provides an ideal opportunity to test this model.

Resources
£2 million invested between 2018-22.

Impact Summary
Aims to ensure children living in poverty now can fulfil their potential, which may help prevent them living in poverty in adulthood. Some elements, such as the focus on economic development and entrepreneurship, may have the potential to impact on **all four targets** between now and 2030.

6. Children's Neighbourhoods is a distinctive approach to improving outcomes for all children and young people in neighbourhoods with high levels of poverty. The approach is locality-based and has the empowerment of children, young people and communities at its core. Through a sustained emphasis on collective action and the Christie Principles, it joins up efforts and services within a locality to help reduce poverty, extend power within communities, and improve outcomes for children and young people. It also reflects learning from GoWell, that outcomes for children and young people are relatively weakly articulated (and children and young people's voices not strongly heard) in most local regeneration processes.

7. The introduction of Children's Neighbourhoods in Scotland (CNS) draws on expertise, experience and the lessons learned from a range of placed-based initiatives internationally and nationally. These include Children's Communities in a number of sites across the UK such as the Children First Pioneer Projects in Wales, and the Greater Shankill Children and Young Peoples' Zone. Similar models exist elsewhere in northern Europe and in the US (including Strive Together in Cincinatti and Harlem Children's Zones in New York).

8. Within Scotland, the first Children's Neighbourhood has been established in Bridgeton and Dalmarnock, through a collaboration between the Glasgow Centre for Population Health, the University of Glasgow, Glasgow Health and Social Care Partnership, and Glasgow City Council. Other partners include Clyde Gateway, Children in Scotland, and Scottish Business in the Community. Dalmarnock Primary School provides the hub, and a range of statutory, community and voluntary sector partners are committing to aligning their efforts to community-identified priorities, to improve life chances and opportunities for children and young people.

9. The Children's Neighbourhood approach connects with – and aims to bring together – a range of policies and priorities. For example, it seeks to:

- add a clear focus on children and young people's voice and outcomes within regeneration strategies and in Thriving Places;
- support commitments to closing the attainment gap through addressing some of the 'beyond school' factors that impact on attainment;
- help illustrate how economic development and inclusive growth can impact child poverty levels and the prospects for young people living in areas with high concentrations of poverty;
- apply the community empowerment act principles within communities, for example supporting opportunities to orientate participatory budgeting towards child poverty and better outcomes for children;
- support the development of services in neighbourhoods to be more trauma-informed and resilience-building, in line with the aim of preventing and mitigating Adverse Childhood Experiences.

10. Therefore, while CNS is quite distinct from any one of these individual policy commitments, it can act as a glue to strengthen each of them and enhance coherence in their implementation at a local level.

Organisational model

11. The Children's Neighbourhoods approach involves a local co-ordinator based within an organisation located in the neighbourhood (a child-friendly base used and valued by the community, such as a nursery, library, community hub, or school), and a backbone organisation which manages the CNS team, provides strategic direction, undertakes evaluation and generates evidence from the programme and

experience elsewhere, and provides development and learning support across the sites.

12. The local coordinator is the visible expression of CNS in a locality, working with local people and organisations to undertake local needs assessment and asset mapping; listen to children and young people and involve them in decision-making processes; bring key players and community members together; agree priorities and facilitate change.

13. The backbone 'organisation' provides leadership across the network of Children's Neighbourhoods in Scotland, delivers the core infrastructure support, and undertakes the research and evaluation. It will be delivered by the Glasgow Centre for Population Health and University of Glasgow. The 'backbone' will focus on four key activities:

a. Generating and applying research and evidence (knowledge exchange and utilisation).
b. Convening local leaders (collective leadership support and facilitation).
c. Supporting innovation within communities (co-production, entrepreneurship, new responses to priorities).
d. Delivering the infrastructure to scale impact within and across areas (communications, network support, policy-linkage, methodological development).

14. The Scottish Government funding will cover part-costs of both the backbone and the network of local coordinators. The balance of the backbone costs will be secured by the GCPH and University; the balance for the local coordinators will be sought from community planning partners. This will be £40,000 per neighbourhood per annum.

Spreading the model into additional neighbourhoods.

15. As noted earlier, the proposal (and associated Scottish Government funding) is to extend the approach to additional neighbourhoods within Glasgow as well as to add a rural area, a small town and a neighbourhood in an additional urban area. The funding (on the basis of a local 50% match) will support a total of seven neighbourhoods, added incrementally over the period.

16. We propose to apply the following principles in spreading CNS to additional neighbourhoods:

- Targeting to areas with large number of children in poverty (attending both to the prevalence of child poverty and the number of children in the neighbourhood).
- Ensuring goodness of fit with local outcome improvement plans, where there is a clear commitment to tackling child poverty and community empowerment.
- Ensuring a range of sites are included, in terms of scale, context and geography.
- Focussing primarily on the West of Scotland region for reasons of practicality and efficiencies.
- Working where local authorities/CPPs will commit joint funding and practical support.
- Adopting a phased approach to roll-out.
- Within Glasgow City, focussing on Thriving Places, in line with the city's community planning commitments.

17. The proposed phasing is to add two sites in 2019/20 in addition to sustaining the work in Bridgeton and Dalmarnock; add a further three sites in 2020/21; and one more in 2021/22 – bringing us to a total of seven sites by the end of that year. Decisions on the sites to be added in 2019/20 will be shaped also by the enthusiasm of areas to join the programme early.

18. This approach to spread means that there is scope to add either two or three neighbourhoods within Glasgow (in addition to sustaining Bridgeton and Dalmarnock). The number depends on the level of interest and availability of match funding. For each site, the annual funding required is anticipated to be £40,000. A decision is also required as to whether additional Glasgow sites would be added at the same time, or in a phased way.

19. Because CNS is a new development in Scotland, learning and evaluation have a central role to play. The team has started to ensure that the necessary contacts and partnerships are in place with related developments in other parts of the UK and internationally, and we plan to run a series of seminars and learning exchanges to build on that experience and share learning. Materials will be developed (frameworks, tools, case studies, facilitation materials etc) to support the spread within Scotland, based on evidence and experience. We will develop a communication strategy and the CNS website will be a key location for accessing such materials, and enabling interactive learning. We also proposed establishing and coordinating a CNS learning network for Scotland, which will provide peer support for the local coordinators as well as being a means by which coherence and good practice across the Scottish sites is strengthened and supported.

20. The CNS research and evaluation strategy (in development) will set out the approach that will be taken to assess whether the intended outcomes are being achieved. There are broad outcomes that will apply to all sites (improvements to children and young people's health and wellbeing, educational outcomes, quality of place, and ultimately children's life chances), as well as neighbourhood-specific priorities. There will also be process evaluation to establish whether CNS programmes are developing the potential for collective impact with coordinated action across services and sectors, and whether there is a shift in power reflected by clearer voice and influence of the community and its children &young people. The research design takes into account the approaches used to research similar initiatives such as Children's Zones (Dyson and Kerr 2013) and the Children's Communities Initiative conducted by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Institute of Education (SIOE).

Governance

21. A national advisory structure will be established to oversee the expanding programme of Children's Neighbourhoods Scotland. There will be a need also for more local governance processes, both at neighbourhood level and (for Glasgow, given the opportunity for multiple sites in the city) local authority level.

22. The Community Planning Partnership has been asked to consider the governance approach that would be most effective for Glasgow. It is proposed that the Community Planning Partnership would provide the optimal governance route for the programme, given the close alignment with the approaches and priorities of the Partnership, with the GCPP chair providing overall political leadership for the programme in Glasgow.

23. Moreover, if it is agreed that CNS within Glasgow should focus on Thriving Places, there would be value, over time, in integrating CNS planning and accountability

with Thriving Places and in following the model of political oversight with a political lead for each neighbourhood determined by the Administration.

Conclusion

24. This paper is coming to the Management Board at this stage to raise awareness of the development of CNS, and to seek advice on connections we should make and opportunities to maximise the impact of this programme. The combined approach on children/young people and on 'place' – together with the emphasis on empowerment, and on mitigating/reducing poverty – ensure a good fit with both the GGC public health strategy and the national public health priorities. It is also a development that reflects the potential of the Olympia Social Research Hub in a collaboration between Glasgow University and the GCPH, with a direct focus on improving health and social justice within local communities.

Carol Tannahill
August 2018