



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 29 August 2017**

General Update

Recommendations

GCPH Board members are asked to:

- Note and discuss this update on progress since the last Board meeting on 12th June 2017
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, staffing and partner developments

1. Following approval at the June Board meeting, the team have begun implementing the 2017-18 workplan. Four new work groups, or 'programmes', have been established to replace the thematic groupings in phase 3. A process of transition will be required and associated production of communications materials and website redesign to reflect the new priorities and areas of focus. A new GCPH summary leaflet will be produced in October at which point the website redesign work with our web providers will commence with an anticipated completion date of end-November.
2. We have been informed of changes to the City Council's representation on our Management Board. Colin Edgar, Head of Communication and Strategic Partnerships at the Council will continue but Anne Connolly will be replaced by Kevin Rush, Head of Economic Development within Development and Regeneration Services. We are appreciative of Ms Connolly's commitment and contribution to the Board during her term with us and look forward to continuing our productive relationship with the Council through Mr Rush, who has worked with GCPH in a range of ways over recent years.
3. Following the May Local Government elections there has also been a change in the elected representatives who will sit on our Board: Cllr John Letford and Baillie Russell Robertson replace Baillie Anne Simpson and Cllr Matt Kerr. The Chairman, Carol and Pete met with Baillie Robertson on 16th August and provided a general induction to the role and the work of the Centre and Board member remit.
4. There have been a number of staffing changes. Of particular significance is the departure of our Administrative and Office Manager, Jackie Hale, who has taken up post as Practice Manager within a GP practice within Renfrewshire. Jackie has provided leadership for the Centre's administrative function for the last nine years overseeing many changes associated with our move to Olympia and working with University and Clyde Gateway colleagues. Recruit for a new office manager is underway and in the interim Jennie Coyle, our Communications Manager, has agreed to increase her hours

to four days per week to the end of November to provide a day per week office manager cover. Line management for the three members of the administrative team will be provided by Jennifer McLean for this interim period.

5. We have extended the contract of Cat Tabbner, our Community Engagement Manager, in line with the rest of the team (until 30th June 2018). Marie Martin has left her post as Public Health Research Specialist supporting *Understanding Glasgow* and recruitment to her 0.5 FTE post is underway.
6. Filling these posts may be challenging given our current funding only runs until the 30th June 2018. We continue to explore with NHSGGC the scope to put existing staff contracts onto a firmer footing.
7. Three PhD students commenced What Works Scotland/GCPH paid internships on 3rd July 2017. Rachel Hewitt, Katharine Timpson and Ida Norberg will produce scoping reports on the future role of social protection in relation to: the promotion of health and wellbeing; the changing nature of work; and exploring an alternative system of social protection. We routinely have requests to host internships but in this instance we recruited proactively and through a competitive process in partnership with What Works Scotland. We will reflect on the usefulness of the internship for both recipients and the Centre.
8. Following the securing of funding from ESRC, AHRC and JRF, the coming months will see the arrival in the Olympia Building of staff from the UK Collaborative Centre for Housing Evidence (CaCHE). Staff based at Olympia will include Prof Kenneth Gibb (Director), two full-time administrators, a part-time admin assistant, two PhD students, a postdoctoral researcher (with 3 to follow in subsequent years) and a knowledge exchange officer. This will increase pressure on shared space in the Hub but the presence of the team and the additional administrative capacity will assist GCPH's collaborations with the University.
9. A second collaboration with the University, relating to the development and evaluation of Children's Neighbourhoods in Scotland, has also secured additional funding. Baillie Gifford are providing 50% funding for a research fellow, which the University will match; and a number of businesses have also agreed support for on-the-ground activities following a visit to Dalmarnock Primary, and the co-ordinating mechanism of the national SNAP network process.
10. Delivery of New Perspectives in Health dimension of Centre's work. Following discussion with the team, a Board member and EMT, we propose internal delivery of this aspect of the Centre's work for 2017-18. As is described in the Appendix to this update, this is a solution to the challenges of commissioning external support on a shorter funding timeframe and an opportunity to work with different providers of training and development opportunities.

Outputs and activities

11. This section summarises the Centre's outputs and activities since the last EMT in line with the agreed approach to monitoring and reporting. It includes events and seminars, publications, media and communications activity.

Comment [JC1]: Board meeting

Events and seminars

12. *Young Carers in Glasgow: health, wellbeing and future expectations*. 19th July 2017. This discussion seminar of a small invited audience presented findings from research GCPH has completed on young carers. Using data from the NHS GGC Health and Wellbeing survey which involves 11,215 secondary pupils in Glasgow, it explored the prevalence of young carers, types of health conditions requiring care, and the impacts on their health and future aspirations, after leaving school. The seminar provided space for partner agencies to consider the scale and challenges that mainstream and specialist services could face in responding to 'hidden care' when the Young Carers Statement is introduced next year. In particular, how responses across education, children and adult, community planning and financial inclusion services can be strengthened was discussed. The event was chaired by Susan Orr, Head of Children's Services (South), Glasgow City HSCP with Fred Beckett, Young Carer Lead for Glasgow City HSCP, providing an overview of the forthcoming legislative changes. A seminar report will be available soon and participants were emailed after the event by Community Planning colleagues and encouraged to contribute to the consultative draft of the Glasgow Community Plan.
13. The Young Carers work has already evidenced impact with translational activity through traction generated by the Social Work Department's response to the report. They plan to quote the research in a presentation to the corporate carers meeting involving leads from NHSGGC. They also plan to meet with the Carers Trust lead in August and will use the research to influence thinking in voluntary sector nationally.
14. Council induction session. On 22nd August the team will brief councillors on the Centre's work and outputs at City Chambers. Presentations will focus on GCPH, its purpose, aims and ways of working (PS), patterning of health and inequality in Glasgow, including new trends and developments (Bruce Whyte), place and community as sites for action (Jill Muirie) and how our outputs can best support elected members (discussion).

Centre contributions to partner events

15. There was representation from GCPH at The NHS Board's Public Health Seminar on 1st August. Carol Tannahill presented on Population Health: trends and implications, describing the role of Public Health Organisations and incorporating analyses carried out by Bruce Whyte and David Walsh. In a session on welfare reform, implications for health inequalities and potential responses, Pete Seaman presented findings from the Building Connections work led by Jamie Sinclair.
16. GCPH contributed to a 'community conference' organised by James Dornan MSP focusing on social isolation in June. The morning brought together housing association and third sector representatives to discuss support for connecting communities with potential of social prescribing highlighted.
17. NHS Scotland event '*Working differently across boundaries transforming health and social care*' at the SEC on 20th-21st June. Jennifer McLean displayed and presented a poster: 'Striking a balance: asset-based approaches in service settings'. GCPH presence was also through a stand to showcase relevant work.
18. Russell Jones and Kelda McLean hosted a visit on 4th July of nine environmental/biology post-graduate students from four colleges in the USA on a study abroad summer course organised by Thomas More College. We provided them with an overview of GCPH, the current programmes of work, a brief history of our work on health

and sustainability and the Weathering Change project exploring community resilience in the face of climate change.

Forthcoming contributions

19. Seven abstracts from the team have been accepted for the Scottish Faculty of Public Health Conference *Public Health in Scotland Transcending Boundaries*. These represent a broad range of the Centre's work plan.
20. International Society for Urban Health Conference Coimbra, Portugal, 26th-29th September. Russell Jones will represent findings from Weathering Change, climate adaptation work entitled "*Health Equity: The New Urban Agenda and Sustainable Development Goals*".
21. David Walsh has accepted an invitation to join the organising committee for the 2018 Society of Social Medicine's Annual Scientific Meeting to be held in Glasgow.

Publications

22. *Evaluating Sistema Scotland – Big Noise Torry Executive Report*, Katie Moore and Chris Harkins (June 2017). Supported with a seminar in Aberdeen and press launch on 19th June.
23. *Clyde-sider applicant journeys: Findings from a two year follow-up survey*, Gregor Yates and Russell Jones (July 2017).
24. *Young carers in Glasgow: health, wellbeing and future expectations*, Oonagh Robison, James Egan and Greig Inglis (August 2017).

Forthcoming publications

25. *The Deep End Advice Worker project: Embedding an advice worker in general practice settings*, Jamie Sinclair (September 2017). Findings from an action research study to understand how delivering advice in general practice settings impacts on practice staff and people engaging with the service to develop replicable approaches.
26. *Parenting support: exploring the current landscape in Greater Glasgow and Clyde*, Rona Dougall (NHSGGC), Valerie McNeice, Fiona Crawford (August 2017). This report presents findings and recommendations from qualitative research conducted in late 2016 that explored key informants' views on the delivery and impact of parenting support programmes across Greater Glasgow and Clyde. It builds on earlier work which focused on parenting support in the Glasgow city area, published in November 2016. The findings from both of these reports are intended to inform the development, future prioritisation, planning and delivery of parenting/family support across Glasgow City and the Greater Glasgow and Clyde region.
27. *Exploring the potential impact of sugar taxation on secondary school-age children and young people's dietary intake: an evidence review* (August 2017). An evidence review undertaken in late 2016 by a student intern (Kate Langley) to better understand the likely impacts of tax of sugar sweetened beverages due to be implemented by UK government next year. Evidence suggests SSB taxation could benefit the health of secondary school age children and young people in Scotland particularly those of lower socioeconomic status. This will be published on the website with an accompanying blog and sent to

interested organisations/groups (e.g. Obesity Action Scotland, the Glasgow Food Policy Partnership, the Glasgow Community Food network).

28. *Exploring neighbourhood change: life, history, policy and health inequality across Glasgow* (Autumn 2017). Work completed by Lisa Garnham with support from Pete Seaman utilising secondary sources and participative methodologies to explore processes of change in Easterhouse, Drumchapel, Bridgeton/Dalmarnock and Finnieston/Anderston.
29. *Recent mortality trends in Glasgow: age and gender-specific mortality compared with the rest of Scotland, 1981-2015*, Marie Martin and Bruce Whyte. This study focuses on mortality trends in the city in order to identify progress as well as issues of concern. The report presents comparative analyses of cause-, age- and gender-specific mortality trends over a 35-year period comparing mortality in Glasgow with the rest of Scotland. The findings from this report will be discussed at a future EMT meeting – either through a summary paper or presentation.

Journal articles

30. Walsh D, McCartney G, Collins C, Taulbut M, Batty GD. History, politics and vulnerability: explaining excess mortality in Scotland and Glasgow. *Public Health* 2017;151:1-12.
31. Naven L, Inglis G, Harris R, Fergir G, Teal G, Phipps R, Stewart S, Kelly L, Hilton S, Smith M, McCartney G, Walsh D, Tolan M, Egan J. Right Here, Right Now (RHRN) pilot study: testing a method of near-real-time data collection on the social determinants of health. *Evidence & Policy* 2017. DOI: 10.1332/174426417X14987303892451.
32. McCartney G, Popham F, Katikireddi SV, Walsh D, Schofield L. How do trends in mortality inequalities by deprivation and education in Scotland and England & Wales compare? A repeat cross-sectional study. *BMJ Open* 2017. DOI: 10.1136/bmjopen-2017-017590.

Consultation responses

33. The Centre responded to the Scottish Parliament Restricted Roads (20mph limit) consultation. Our response, led by Bruce Whyte and Fiona Crawford, was fully supportive of the proposal to replace the 30mph speed limit on restricted roads to 20mph. This position is consistent with our previous analysis of evidence and policy recommendations, highlighting measures to reduce the number and severity of traffic accidents and to encourage physical activity and modal shift. The current consistently higher rate of child casualties in deprived communities was also highlighted.
34. The Centre also responded to the Scottish Government's National Transport Strategy: call for evidence 2017. Our response, led by Bruce Whyte, highlighted the relationship between transport policy, inclusive growth and inequalities.

Forthcoming consultation responses

35. The *Inequalities across the life course* programme is compiling responses to two calls: a call for evidence from the Social Security Committee on the Social Security (Scotland) Bill (James Egan is co-ordinating with Health Scotland in response due end of August), and the 'socioeconomic duty' consultation which is seeking views on how the Scottish Government could implement a policy whereby public authorities are asked to do more

to tackle the inequalities of outcome caused by socioeconomic disadvantage (September deadline).

Other resources

36. A short web-based animation on *Power as a health and social justice issue* has been developed through a collaboration between GCPH and NHS Health Scotland, carried out through the Public Health Evidence Network (PHEN). This builds on Health Scotland's work on the theory and evidence relating to power as a fundamental cause of health inequalities and on operationalising power at a community level, and GCPH's work on community engagement and empowerment. Its aim is to support people working in the public and third sectors understand the importance of power in shaping social and health inequalities and encourage consideration of how they can equalise power relations in communities. This is particularly timely as plans to implement the Community Empowerment (Scotland) Act are developing. The animation is a tool that can help stimulate further discussion about the opportunities that the Act brings to share power more equally in communities across Scotland. Launched 16th August.
37. A second animation has recently been produced by GCPH and GCC as part of the Resilient Glasgow work. It tells the story of Glasgow's resilience journey to date and why people and communities are vital to a flourishing city in times of rapid change. It is part of the work related to Glasgow's membership of the Rockefeller Foundation's 100 Resilient Cities Network and the publication of its resilience strategy.

Media coverage

38. Valerie McNeice authored an article published in Holyrood Magazine on early years: "GCPH on the Holyrood baby: building resilience through policy" (12.05.17).
39. Jennifer McLean and Valerie McNeice were interviewed for a podcast hosted by Andrew Strong of the Alliance: "Podcast: Emphasising Humanity – Asset-based approaches: The first step to transformation" (16.05.17).
40. Big Noise Torry report covered by BBC News video article "Sistema orchestra makes a Big Noise for Aberdeen children", BBC News article: "Big Noise Torry having 'positive impact', says report" and Aberdeen Evening Express: "Music project hits right note with boost in confidence for Aberdeen youngsters" (19.06.17).
41. David Walsh quoted in the Daily Record after NHS Health Scotland release drug-related deaths report: "Thatcher's destruction of Scotland's industrial heartlands doomed generation to early drug deaths" (26.07.17).
42. Sunday Times article reported on the Young carers report (see paras 11-12) 'Revealed: Glasgow's Army of Young Carers' (13.08.2017).

Social media and website

43. The number of people following the Centre's Twitter account continues to increase at a rate of around 2-3 per day (currently standing at 3,551 followers).
44. In addition to follower numbers increasing, there is a steady growth of profile views on Twitter – people viewing the GCPH profile page. This is notable as the page is accessible to people who may not have a Twitter account (and so are not counted as followers) but are still looking at the Centre's tweets.

45. Website user numbers also show a steady increase in numbers. Looking at data for this calendar year, it can be seen that the excess mortality work, the asset-based approaches research and the syntheses, are the most popular of our outputs. Also notable is the success of the resilience animation which now has over 28,500 views on YouTube. It will be interesting to see if this can be replicated with the follow-up resilience animation and also the power and inequalities animation – both due for launch late summer this year.
46. The latest issue of the GCPH e-update was circulated in spring 2017. Although the e-updates have fairly good open and click rates, these quarterly e-updates are now quite long and detailed. We are currently planning to trial shorter more frequent e-updates and will seek feedback from the GCPH network on this.

Developments

47. This section sets out developments that are additional to the current workplan, notable updates on current work programme activity, and examples of opportunities for impact and influence.
48. Ally MacPhail, Head of Corporate Services of the Social Security Directorate, Agency Implementation Division will brief the team on the emerging plans for Scotland's Social Security Agency in September. It is anticipated there will be a focus on early thinking on local engagement which will allow opportunity to contribute learning from Centre's community engagement experiences.
49. Bruce Whyte has been invited to join the Enabling Economic Growth Working Group of Transport Scotland's review of the National Transport Strategy (NTS) for Scotland. The NTS will set out vision for transport in Scotland over the next 20 years. The specific working group will set out policy proposals on how transport can enable economic growth, assess the requirement to improve physical connectivity nationally and internationally and promote innovation and integrated transport. Bruce has been asked to represent the Centre through contributing an inequalities and active travel focus.
50. *Understanding and improving access to NHS GGC services* is a new research proposal focusing on developing understanding the challenge of 'did not attend (DNA) rates' for initial hospital out-patient appointments. The proposal highlights the following factors as posited to explain DNAs: the impact of poverty on attendance; how particular equality groups are treated by services; the structure of how services are delivered, such as appointment timings and venue distance; and, attitudes within a service, whether explicit or implicit. The proposal seeks to synthesis wider evidence on DNS; undertake secondary analysis of DNA statistics in agreed specialities and; conduct scoping exercise of existing efforts to improve DNA rates. James Egan is the Centre contact for the work and an advisory group will be established in due course following the projects approval.
51. The Centre has been supporting the Poverty Leadership Panel develop its monitoring framework. Following this, a meeting between Gerry Quinn and James Egan explored on going challenges for the PLP and potential solutions. One idea proposed has been the development of a "Tackling Poverty Resource Unit" and the monitoring framework being taken up by Community Planning Partners (CPP) and the Local Output Improvement Plans (LOIP). Consideration has been requested of whether GCPH with others (JRF and

/or University partners) could support these new approaches through provision of critical friendship, facilitative support or taking part in a 'deep dive' test of change.

52. Members of the GCPH team, including the three social protection interns, attended the Basic Income Model event run by the Poverty Leadership Panel and the Royal Society of Arts at Calton Heritage and Learning Centre on 6th July 2017. The session explored issues in the design and evaluation of a Basic Income pilot and provided an opportunity for our social protection interns to meet practitioners in the field of poverty reduction. Carol Tannahill then participated in the Sounding Board event on Universal Basic Income held in the City Chambers on 10th July. These events are informing a proposal for the Council to consider in relation to piloting a version of universal basic income within Glasgow.
53. Fiona Crawford had a successful response to an application to the GGC endowment fund for research/evaluation of impacts of establishment of safe drug consumption/heroin assisted treatment facility in Glasgow City. The HSCP is responsible for the implementation of this new service and the evaluation is being led by GGC Public Health. There are links to liveability and perceived safety of city centre.
54. Gorbals Thriving Place has secured Aspiring Communities Funding for two projects to be implemented over the next 18 months: one on childcare, the other on community budgeting. Some funding (to be matched in kind by GCPH) will support GCPH's involvement in both of these projects to apply existing evidence, and to evaluate to impacts of these new approaches. This continues our direct involvement with Gorbals Thriving Place.

GCPH
August 2017

Appendix 1



New Perspectives on Health: proposal for continuing services formerly provided by IFF

Background

1. Since its inception, the Centre has awarded a contract to an external organisation to deliver the provision of learning, development and facilitation support under the 'New Perspectives on Health' dimension of its work plan. During successive renewals, this contract has been awarded to the International Futures Forum (IFF) with the current term of the contract having ended in June 2017. Given the delay in the Centre's confirmation of funding from Scottish Government, we were not in a position to begin procurement this service by the beginning of financial year 2017-18. The shorter than anticipated funding commitment from our main sponsor (although backed with a 'letter of comfort' for future funding) has changed the terms by which we are able to offer an extended contract to deliver this aspect of the work.
2. The value of the contact for 2012-2017 was £48,000 per annum. The same amount is budgeted for 2017-18.
3. This short paper outlines the services historically delivered within the 'New Perspectives on Health' dimension and offers an option for discussion.

The 'New Perspectives on Health' function of the Centre

4. One of the challenging aspects of the GCPH's work involves keeping ahead of current policy and practice agendas, to cultivate developments in thinking and to help establish new approaches better suited to fostering equitable and sustainable population health and wellbeing in the 21st century.
5. To maintain this future orientation and focus on innovation and development, the GCPH has collaborated with an external partner to bring in expertise, insight and relevant networks to support and develop the staff team and partner organisations. Within this broader remit, we have also had five specific dimensions of delivery to support learning, development and support for facilitation of events. These specific services have encompassed:
 - To conceive, plan, organise and lead the delivery of the GCPH winter Seminar Series.
 - Event facilitation and design, involving the provision of advice on the format, content and support for running the Centre's events, historically including events such as our Healthier Future Forums.

- In-house development support. This has involved responding to requests from members of the GCPH team, designing team development sessions and building capacity and skills within the team to ensure we innovate and maintain a futures orientation to projects and programmes.
- Leadership of innovative ventures, including a 'hands on' approach to the development of new exploratory activity in collaboration with members of the GCPH team and external organisations. Past examples include the Civic Conversation, and support for innovative forms of community engagement.
- Advocacy and support for the utilisation of GCPH findings and outputs, with an expectation that in the delivery of the contract the tenderer will support the utilisation of GCPH insights and outputs through a range of routes and forums and through use of different media.

Reviewing the delivery of the above services

6. The Seminar Series remains a high profile and identifiable success for the Centre. However, feedback from the IFF and the team indicates that the design and delivery of the seminar series could easily be taken into the hands of the GCPH team. The logistics of running the Seminar Series are currently delivered successfully through the Centre's communications function and there is knowledge and capacity within the team to identify speakers for the foreseeable future. Risks associated with bringing design and delivery completely in-house would be the loss of an 'accountable officer' for delivering the series and the continued curation of a broad and challenging range of speakers.
7. Event facilitation and design support has reduced in the most recent delivery of the contract, in part a reflection of the Centre establishing a strong track record and reputation in delivering events grounded in substantial experience of what works for our audiences. In-house development support has included introductory sessions to IFF ways of working which have been well attended and well received by the research specialist and community engagement cohort of the team. The IFF's contribution to the implementation of the Childcare Pathfinder work has also been valued highly. A team session on 'running successful meetings' was well attended. Leadership of innovative ventures has not been as high profile in the last 12 months with work with GalGael spinning out of the in-house development sessions being the notable activity. This has provided opportunity for research specialists to explore the IFF's suite of transformational skills within a live setting.

The place of the contract in relation to the Centre's phase 4 work plan

8. The phase 4 work plan outlines future priorities for the Centre and how it maintains its 'unique contribution' within the landscape of public health knowledge and action. Key (selected) relevant dimensions include:
 - 1) Support for organisations in taking forward approaches and investments (changes in practice, policy and service delivery) required to achieve the outcome of improved health and reduced inequality in Glasgow and more widely.
 - 2) Maintaining a future perspective and leadership in considering new and emergent issues that may be currently beyond our partners' priorities. We will

also aim to stick with new developments long term. 'Future thinking' is identified as a key characteristic of the Centre's distinctive way of working

- 3) Embedding community engagement and participation across our programmes of work and communicating learning from these processes more widely.
- 4) A programme of work dedicated to supporting the shift in policy and practice towards new ways of working grounded in prevention, a focus on promoting healthy life expectancy and community-based responses to population health improvement. This responds to the expressed need from partners.

9. It is recognised that the above priorities will require continued opportunity for development across the team particularly relating to the practical dimensions of supporting change in practice and approach. External support for these aspects will therefore be a continuing requirement.

Proposal for use of the *New Perspectives on Health* budget for 2017-18

10. Given the above described set of issues the proposal for the next year is that the budget of £48,000 is used differently on trial basis of one year. Key elements include:

- The design and delivery of Seminar Series being brought entirely in-house.
- Additional budget being made available to the Centre's four programmes of work to support development opportunities for staff within each programme to promote future thinking or new skills sets required to support change (indicative amount: £4,000 x 4).
- A budget being made available for collective team development opportunities (e.g. facilitation skills, participatory methodologies or skills for supporting change) or early stage work on a cross programme 'innovative venture'. Its use would be decided with input of the GCPH team (£29,000).
- Some budget will be protected to secure the IFF's continued contribution to the Childcare Pathfinder work (£3,000*).

*working estimate

11. This proposal would allow, on a trial basis, more targeted delivery of the learning and facilitation support component of our budget. It would ease issues stemming from offering a single contract on a shorter timeframe than has been usual in the past and would release budget to support team-led development priorities. On receiving notice of a longer term funding arrangement, we would review the success of this arrangement in comparison with the embedded single contract option. Ahead of returning to the single delivery contract, it would also provide opportunity to work with potential service deliverers.

Additional notes and observations

- We will need to be mindful of maintaining a diversity of speakers including ones who may offer perspectives beyond our current place of comfort or reflecting the Centre's broader culture. Having external oversight made this a possibility.
- Utilise the Board to suggest speakers from outside the Centre team's area of interest.
- Opportunity to partner with other organisations for one-off seminars (as we did with the Yunus centre for Jonathan Morduch).
- Ensuring we continue to develop in-house and maintain our ability to 'push' a distinctive and diverse set of perspectives.

- Moira Fischbacher-Smith will investigate what University staff development opportunities are open to us as honorary staff members and to utilise our partnership with University of Glasgow.
- Also discussed with Moira how our role in future thinking increasingly comes from working alongside organisations that are faced with doing more with less. This involves helping review which types of investments and activities most make sense and deliver multiple outcomes. However, future orientation in such circumstances works best when the solutions are co-produced rather than seen to come from an outside source. Increasingly, therefore, our future development aspect is about skills of 'working with' and encouraging stretch of existing frameworks as much as intelligence around what needs to be done. As such, our in-house development involves both providing a diversity of perspectives and skills of enabling organisations to find solutions.
- Reflecting on the diversity of our team as we recruit in future to provide fresh perspectives.
- Better utilising the University as an option for internships.

Pete Seaman
August 2017



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 29 August 2017**

Review and update of GCPH governance structures

Recommendations

Board members are asked to:

- Discuss and agree the revised terms of reference for the Executive Management Team
- Discuss and agree the revised terms of reference for the Management Board
- Agree next steps in relation to the External Advisory Group
- Agree next steps in refreshing the Memorandum of Understanding between the local partners

Background

1. In September 2016, the Management Board considered a paper focusing on the role of the Board and its members. This had two components: the first relating to the role and function of the Management Board, the second to processes of Board development, which were subsequently taken forward through two Board development sessions and a refocusing of Board meeting agendas.
2. It was agreed that a review and updating of the Board's terms of reference was required, and that this should be carried out in conjunction with a review of the remit of the Executive Management Team (EMT). A separate set of issues were raised in relation to the role of an External Advisory Group (EAG).
3. In addition, the Memorandum of Understanding (MoU), which sets out the agreement between the local partners (NHS Greater Glasgow and Clyde, the University of Glasgow and Glasgow City Council) as to their respective contributions to the GCPH and agreed ways of working, needs to be reviewed. This document was last revised and signed-off by the organisations in 2012 following the last formal review of the Centre and confirmation of continued Scottish Government funding. Through the Management Board, partners confirmed their continued commitment to the MoU in March 2015, agreeing to the proposal that "the existing MoU is extended, with formal review linked to the next GCPH funding review once the timing of this is confirmed" and noting that "although there are some changes in specific contributions provided by the three local partners linked to and following the move to the Olympia Building, the ongoing support will remain broadly within the terms of the current MoU."

4. The current paper brings this suite of issues back to the Management Board for further consideration.

Executive Management Team

5. In September 2016, the Board requested that the EMT review its terms of reference and that these should be brought back to the Board to consider in relation to its own remit. Members of the EMT have commented on the group's remit, and confirmed that it reflects the function that they understand they are fulfilling. They also expressed satisfaction with the frequency and nature of the meetings. In addition, they identified the following as requiring greater clarification
 - a. the accountability relationship back in to the Management Board
 - b. that the role of the EMT is not directly about operational decision-making, but rather is about providing collective advice and guidance to the GCPH Directors.
6. Appendix 1 contains the proposed revised remit for the EMT, taking into account this feedback. Members will note that membership comprises a sub-group of the Management Board (or someone delegated by a Board member). EMT considerations directly underpin the recommendations and papers that are brought to the Board for consideration.
7. The Board is asked to discuss and agree this remit for the EMT.

Management Board

8. When considering the Management Board terms of reference in September 2016, members stated that the existing terms were a good reflection of the Board's responsibilities. Suggested revisions were proposed to ensure greater emphasis/clarity on the following issues:
 - a. that a more direct, operational contribution is required from Board members than is the case in other Boards – this being a reflection of the partnership nature of the GCPH
 - b. that Board members have a role both in disseminating and in supporting the application of the work of the GCPH within their own organisations and to others
 - c. that the Board has four broad roles: setting strategy; overall governance; stakeholder relationship management; and ensuring and supporting a healthy and effective organisational culture. The last of these was absent in the previous terms and should be incorporated in the revision.
 - d. that the distinction between accountability for leadership (which appropriately sits with the Board) and responsibility for delivery (which sits with the GCPH team) should be clearer.
9. These points have now been incorporated into a draft revised terms of reference which is attached as Appendix 2. The Board is asked to discuss this, and subject to any additional revisions, agree this revised remit.

External Advisory Group

10. A group of external advisors was established when GCPH was set up, to provide an external perspective on the Centre's work, ensuring connections with other relevant developments across the UK and providing comment on the quality and direction of travel. The External Advisory Group (EAG) usually met twice a year, and was chaired by

Sir David Carter, a previous Chief Medical Officer in the Scottish Executive. Members of the Executive Management Team joined EAG meetings, as did the Chair of the Management Board.

11. Following 8 years of chairing the EAG, Sir David Carter stood down following the last external review of the Centre's work, in 2012. The Group had provided very helpful advice over the period of the review and recognised that there was not an immediate need to reconvene. The group has been in abeyance since that time and a new chair has not been approached/appointed.
12. The Board is asked to consider whether it would value the re-establishment of a group of external advisors and, if so, provide a steer on purpose and composition.

Memorandum of Understanding

13. As noted above, an extension to the current partner Memorandum of Understanding (attached as Appendix 3) was agreed by the Management Board in March 2015. Since then there have been significant developments, in particular the establishment of the Health and Social Care Partnership/Integration Joint Board (IJB) and the University's Social Research Hub, to which GCPH contributes. It is therefore recommended that the Memorandum of Understanding is updated, through a series of bilateral discussions with each of the local partners – led by the representatives on the EMT together with the GCPH Director(s).
14. Following consideration, the Glasgow IJB is not proposing to extend its involvement to full 'partner' status. However, further work will be undertaken to establish a clear understanding of the relationship between the GCPH and the IJB, to ensure that the potential of those links is realised.
15. The Board is asked to agree that the MoU should now be updated, and to consider the best route to achieving this.

Prof Carol Tannahill
Director

Appendix 1

Glasgow Centre for Population Health Executive Management Team

Terms of Reference

The Executive Management Team (EMT) meets at least once a quarter and comprises one senior representative from each of the partner organisations, together with the GCPH Director and Associate Director. The partner representatives are either members of the Management Board or their delegates.

The EMT embeds partnership in the more direct management decision-making processes of the GCPH. Its role is to work with the Director(s) in overseeing the Centre's programmes of work, ensuring that they add value to the work of the core partners, and that the partners fulfil their commitments to the Centre. The members act as primary points of contact with the partner organisations, and provide advice and support to GCPH staff.

Working within the strategic and financial plans agreed by the Management Board, the EMT advises on new developments, priorities, budget allocations and implications of findings. This advice informs the papers and recommendations taken to Management Board meetings for formal consideration and decision.

Membership as at August 2017:

- NHS Greater Glasgow and Clyde: Dr Linda de Caestecker, DPH
- University of Glasgow: Dr Peter Craig, representing Prof Laurence Moore, Director MRC/CSO Social and Public Health Sciences Unit
- Glasgow City Council: *to be confirmed in light of new Management Board membership.*

Appendix 2

Glasgow Centre for Population Health Management Board

Terms of Reference

Role of Glasgow Centre for Population Health Management Board

The Management Board will, collectively and severally, ensure good governance of the Glasgow Centre for Population Health on behalf of the core partners, and provide leadership, advice and support to the Centre's management team and staff. Its strategic role is to ensure the overall delivery of the Centre's work and its continued relevance to, and interface with, partners' interests. The Board also has responsibilities for ensuring that the organisational culture supports staff wellbeing and development, and reflects the GCPH's values and working principles. The Management Board will work closely with the Executive Management Team to ensure that the Centre's work is fully operationalised and supported appropriately by partners, and will take cognisance of the views and opinions of the External Advisory Group.

Remit and responsibilities

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

Ways of working

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

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

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

On an ongoing basis, members of the Board will have a role in disseminating supporting the use of the Centre's work within their own organisations and networks.

Membership

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

The Board will be quorate when there is at least one representative present from each of the partners and GCPH.

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

Membership as at August 2017

Scottish Government:

Mr Daniel Kleinberg, Head of Health Improvement

NHS Greater Glasgow and Clyde:

Mr John Brown, Chairman

Dr Linda de Caestecker, Director of Public Health

Dr Michael Smith, Associate Director for Mental Health and Addictions

Dr Sonya Scott, Consultant in Public Health

Glasgow City Council:

Cllr John Letford

Baillie Russell Robertson

Mr Colin Edgar, Head of Communication and Strategic Partnerships

Mr Kevin Rush, Head of Economic Development

University of Glasgow:

Prof Laurence Moore, Director, MRC/CSO Social and Public Health Sciences Unit

Prof Nick Watson, Director of What Works Scotland

Prof Emma McIntosh, Deputy Director of HEHTA

Prof Moira Fischbacher-Smith, Assistant Vice-Principal Learning and Teaching

Glasgow Integration Joint Board:

Mr David Williams, Chief Officer

Glasgow Centre for Population Health:

Prof Carol Tannahill, Director

Dr Peter Seaman, Acting Associate Director

Appendix 3



**GLASGOW CENTRE FOR POPULATION HEALTH
MEMORANDUM OF UNDERSTANDING
BETWEEN CORE PARTNERS
FOR PERIOD 1 APRIL 2012– 31 MARCH 2015**

1. **The Glasgow Centre for Population Health** ('the Centre') was established in April 2004 as a setting where academics, policy-makers, practitioners and local people come together to understand and improve population health in the Glasgow city region, working in a sustained way to yield fresh thinking and mobilise new solutions. Following a formal review of the Centre's achievements, commissioned by the Scottish Government in 2010, a further phase of funding has been agreed for the period from April 2012- April 2015.
2. The **purpose** of this document is to set out the basis of the agreement reached by the core partners of the Glasgow Centre for Population Health in relation to its purpose, resourcing and governance arrangements.
3. The **core partners** of the Glasgow Centre for Population Health are:
 - (i) NHS Greater Glasgow and Clyde
 - (ii) Glasgow City Council, and
 - (iii) The University of Glasgow.

Additional partners may be added in the future.

4. As core partners, these organisations **commit to**:
 - (i) Working together on an equal and sustained basis, giving strategic and practical support to the development and activities of the Centre
 - (ii) Providing leadership, resources (including staff time) and expertise to the Centre
 - (iii) Participating actively in the Centre's activities and its governance and management processes
 - (iv) Acting as advocates and champions for the Centre in different forums
 - (v) Responding to the outputs and findings of the Centre, bringing their organisational weight and commitment to supporting the Centre's findings and any resulting recommendations
5. The Centre has received **support** from the outset from the Scottish Government, and will seek to develop further support (in the form of funding

and other means) from a variety of sources, such as national and international funding agencies. The Centre will not accept support from sources whose activities are inconsistent with public health aims.

6. The Centre will also develop a range of working relationships with other organisations and centres, including affiliated MRC Units and other Universities. Its **ethos** is to be inclusive, and to bring together a wide range of perspectives and expertise in the common pursuit of securing better health in Glasgow.
7. The **vision** for the Glasgow Centre for Population Health is agreed as being to develop in Glasgow a research and development facility of international repute which will make a significant contribution to transforming the health of the Glasgow city region. This will be achieved through building as complete an understanding as possible about the key processes and systems impacting on health in Glasgow, and through working in a sustained way with these processes to yield better, more equitable, population health outcomes.
8. The Centre has its own distinct **identity**, which will be supplemented by explicit recognition of the core partners to the Centre. For particular initiatives where additional support has been secured from another source, that source will also be explicitly acknowledged.
9. Governance and strategic leadership is provided by a **Board of Management**, on which each of the core partners is represented at senior level. The Board meets every three months, and comprises two representatives from each of the partners, together with the Director of the Centre and a representative from the Scottish Government Health and Wellbeing Directorates. The Board is chaired by the Chair of NHS Greater Glasgow and Clyde, with a Vice Chair from one of the other partners.
10. The Centre has an **Executive Management Team** which meets approximately every six weeks to lead, develop and operationalise the Centre's activities. This management team involves a representative from each of the partners. At the core of the management team is the Centre's Director, responsible for ensuring the successful establishment and running of the Centre, and for coordinating all activity in the realisation of the Centre's vision and achievement of its objectives. Individual members of the management team take lead responsibility for different aspects of the Centre's work as well as having a concern for the totality.
11. An **External Advisory Group**, comprising respected, senior professionals from a range of relevant fields of expertise, provides strategic advice and feedback to the Centre's Management Team and Board.
12. Additional committees may be established on a short-term basis for specific purposes (such as the consideration of funding applications, or to oversee issues of research governance).
13. The Centre is **hosted** by NHS Greater Glasgow and Clyde, and is subject to the Board's governance and accountability processes. This arrangement will be kept under review by the Board of Management, and is subject to change should alternative organisational models (such as charitable status) be assessed as preferable in the future.


14. Resource deployment will be in line with an **annual business plan** agreed by the Board of Management. Resources will be deployed through each of the partner organisations, as well as through additional routes commissioned externally to the partners. In all cases these resources will be ring-fenced and subject to the Centre's accounting and audit processes.
15. The core partners hereby commit to supporting the Centre to April 2017. It is anticipated that the three partners will contribute on an approximately equal basis over this period, and should any disparities emerge, these will be considered by the Management Board. The partner commitments are hereby agreed as follows:
- (i) **NHS GREATER GLASGOW AND CLYDE**
 - Funding of the Director's post
 - Financial management and governance
 - HR and recruitment services and support
 - Communications, media and PR support
 - (ii) **GLASGOW CITY COUNCIL**
 - Office accommodation and support with maintenance of property
 - A regular attachment(s) from Council Services to carry out research, with the length and time commitment to be negotiated for each individual
 - IT support
 - Design support for publications and other materials
 - (iii) **UNIVERSITY OF GLASGOW**
 - Participation of academic staff in GCPH research programmes
 - Provision of venues for GCPH events
 - Assistance to the Centre in responding to external calls for bids
 - Awards of honorary academic status as appropriate to GCPH staff

In addition, all partners commit to attending Management Board and Executive Management Team meetings.

16. The Centre commits to providing an annual seminar for each of our partners to report on work and to review and discuss its implications.

This Memorandum of Understanding is agreed by NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow.

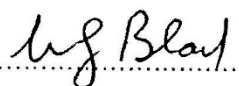
Signed:



Andrew Robertson OBE
Chair
NHS Greater Glasgow and Clyde

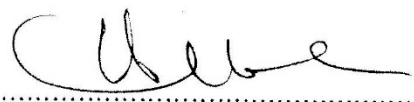
Date:

22nd March 2012



George Black
Chief Executive
Glasgow City Council

21st April 2012



Anton Muscatelli
Principal
University of Glasgow

10/4/2012



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 29 August 2017**

Budget position: Month 03 June 2017

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the first three months of 2017/18 showing expenditure to date of £321,540.
- Minor changes to the forecast full year position in two areas; namely the balance carried forward from 2016/17 and the estimated spend on core staffing.

Commentary on Table 1

1. The column showing planned expenditure is in line with that previously reported to the Board in June.
2. Actual spend for the first three months of £321,540 is broadly in line with what would be expected as the new work programmes get underway.
3. The amount carried forward from 2016/17 at line I4 has reduced by £23,354 due to items of expenditure incurred in this financial year that relate to prior years' work programmes.
4. The full year forecast for core staffing at line E11 has been reduced to reflect current vacancies within the Centre.
5. The reduction in carry forward (I4) is off-set by the reduction in core staffing allowing the financial plan to remain in balance.

**Liz Anderson
August 2017**

| 2017-18 Financial Plan | | | | | |
|---|---|----------------------------------|-------------------------------------|-------------------------------------|--|
| | | | | | |
| | | | | | |
| | <i>Income</i> | <i>Planned 2017/18 £</i> | <i>Actual at Month 03 £</i> | <i>Forecast Full Year £</i> | <i>Variance from Original Plan £</i> |
| I 1 | Annual SG Allocation | 1,250,000 | 1,250,000 | 1,250,000 | - |
| I 2 | Sponsors Contribution to GoWell & GoEast | 108,000 | 68,997 | 108,000 | - |
| I 3 | Other Income | 106,000 | 12,349 | 106,000 | - |
| | Total Income 16/17 | 1,464,000 | 1,331,346 | 1,464,000 | - |
| I 4 | Carry Forward from previous years | 115,432 | 92,078 | 92,078 | 23,354 |
| | Total Available 16/17 | 1,579,432 | 1,423,424 | 1,556,078 | 23,354 |
| | | | | | |
| | Expenditure | | | | |
| | | | | | |
| | Research: | | | | |
| E 1 | Action on Inequality | 71,000 | 10,653 | 71,000 | - |
| E 2 | Understanding Health Inequalities | 33,600 | - | 33,600 | - |
| E 3 | Sustainable Inclusive Places | 55,950 | - | 55,950 | - |
| E 4 | Innovative Approaches to Improving Outcomes | 30,500 | 4,438 | 30,500 | - |
| E 5 | GoWell/GoEast | 120,000 | 13,247 | 120,000 | - |
| E 6 | New Perspectives on Health | 48,000 | 12,000 | 48,000 | - |
| E 7 | Allocation to Networks | 27,000 | 1,613 | 27,000 | - |
| | Total Research | 386,050 | 41,951 | 386,050 | - |
| | | | | | |
| | Communications: | | | | |
| E8 | Communications | 45,000 | 6,271 | 45,000 | - |
| | Total | 45,000 | 6,271 | 45,000 | - |
| | | | | | |
| | Management and Administration | | | | |
| E 9 | Centre Management, Admin & Running Costs | 27,000 | 3,221 | 27,000 | - |
| E 10 | Accommodation Costs | 118,000 | 24,610 | 118,000 | - |
| E 11 | Core Staffing | 1,003,382 | 245,487 | 980,028 | 23,354 |
| | Total Management & Admin | 1,148,382 | 273,318 | 1,125,028 | 23,354 |
| | | | | | |
| | Total Expenditure | 1,579,432 | 321,540 | 1,556,078 | 23,354 |
| | | | | | |
| | Balance | (0) | 1,101,884 | - | (0) |
| | | | | | |
| * This is the anticipated value as the allocation has not yet been received | | | | | |



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 29 August 2017**

**Development and use of Children and Young People's profiles for Glasgow
neighbourhoods and Evidence for Action briefings**

Recommendations

The Board is asked to:

- Consider the use of the profiles and evaluation findings.
- Discuss how and whether this type of resource should be maintained and developed and by whom.

Why were profiles developed?

The aims of these profiles were to:

- Provide accessible and up to date population health and wellbeing information for policy-makers, planners, service providers and local communities;
- Illustrate children's life circumstances and outcomes across Glasgow neighbourhoods;
- Highlight health and socioeconomic inequalities;
- Provide a better understanding of local circumstances in order to plan services, to monitor progress, and for targeting resources and priority setting.

Another specific aim was to inform the local children's services plan for Glasgow being developed by the Glasgow HSCP. Additionally, it was anticipated that the profiles could help local community and third sector organisations obtain a picture of population health patterns and trends in their local area and that the profiles could also be utilised in educational settings, such as in secondary school modern studies curriculum, college/university courses etc.

How the profiles and evidence for action briefings were developed

The profiles are the product of two years of planning and, once started, took seven months to complete. The work to create the profiles was overseen by a multi-agency advisory group¹ and their construction was undertaken by commissioned analysts from ISD Scotland. In the latter stages of the project, a decision was taken to create a set of Evidence of Action (EFA) briefings to accompany the profiles, linked to specific indicators in the profiles. The EFA briefings were created by a small team drawn from GCPH and NHS Health Scotland².

The profiles and Evidence for Action briefings were published on the Understanding Glasgow website in December 2016. Their publication was accompanied by a news release, social media tweets and a [blog](#).

Main resources

The [profiles](#) cover Glasgow as a whole, the three sub-sectors of Glasgow's Community Health Partnership (North East, North West and South) and 56 neighbourhoods across the city. Each profile comprises a broad range of indicators that illustrate children and young people's health, wellbeing and quality of life. The indicators are organised under seven themes: demography; infant health; culture and environment; crime and safety; socioeconomic factors; learning and education; and health and wellbeing.

[Interactive profile data](#) was published at the same time providing access to a slightly broader set of comparative indicators via maps and graphs.

The [Evidence for Action \(EFA\) briefings](#) are designed to link between intelligence in the profiles and evidence for actions and interventions to address an issue or improve a situation. There are briefings on nine topics, including: child poverty; childhood obesity; access to greenspace; active travel to school; domestic violence and abuse; early learning and childcare; lone parents, safe sleeping position; unintentional injury.

Presentations

In the six months following publication, over 30 separate presentations on the profiles were made. These presentations were given to the Children's Services Executive Group, Glasgow HSCP's Specialist Children's Services, local health improvement teams, local senior officers' groups, local (Council) area forums, the NHS GGC Public Health Directorate, Primary and Secondary Head Teachers forums, community and third sector

¹ Staff from a range of national and local organisations who were involved in providing data, creating the profiles, and providing advice and support, including: Edmund Anderson, David Carr (ISD Scotland), Fiona Crawford, Bruce Whyte, Marie Martin (GCPH), Paul Burton (NHS GGC), Gary Dover, Linda Morris, Rachel Harris, Scott Wilson (Glasgow City Health & Social Care Partnership), Chris Mooney (Glasgow Community Safety Partnership), Donald Lamb, Paul Harkness (SCRA), Rod Walpole (Urban Big Data Centre, University of Glasgow), Susan Orr (Glasgow City Council).

² The team who produced the evidence for action briefings: Jane White, Eileen Scott (NHS Health Scotland), Lynn Naven, James Egan, Fiona Crawford and Bruce Whyte (GCPH).

groups. Other presentations on the profiles were given to visiting study groups and profiles data were used in academic presentations to Nursing, Public Health and Medical undergraduate and post-graduate students.

Evaluation

An electronic questionnaire was sent out in June to users and potential users of the profiles data. Distribution of the questionnaire was directed through contacts made via the various profiles' presentations. Sixty-two usable responses were analysed – another 32 responders were excluded because at the point at which they had filled in the questionnaire they had not actually used any of the children and young people's profiles.

Survey responses provide a very positive view of the use and impact of children and young people's profiles. The profiles are being used by a range of professions and organisations; among survey respondents, they were most highly used by individuals working in the Glasgow HSCP and the City of Glasgow's Education Department. Generally, users found the compilation of evidence on health and social inequalities into one resource very useful to their work. There continues to be a strong demand for further children and young people's profiles, with the majority of respondents indicating that they would like to see the profile updates on an annual basis.

The profiles have been influential in planning and policy across Glasgow. They have been used to: provide a base of evidence; inform debate; decide which areas to target resources; encourage working in partnerships; apply for funding; plan services. The profiles have successfully changed users' ideas about health and social inequalities, and revealed barriers to success. The neighbourhood profiles were particularly influential for schools, giving staff a deeper understanding into the make-up of their catchment area. The profiles have been directly used as a resource when schools apply for Pupil Equity Funding.

Of those respondents who attended presentations on the profiles, most found them to be very useful. It helped them to navigate the profiles themselves and to engage in valuable discussion with other users of the profiles. For some, it refreshed their memory of the profiles and for others it informed them of their existence. They thought that presentations were clear and engaging.

Users generally thought that the profiles were clear and well-presented. The favoured format of profiles were downloadable PDFs, and graphs were popular. Suggestions for new indicators included a happiness indicator, literacy levels in primary schools, and measuring the amount of time children and young people spend looking at electronic screens.

A much smaller sample of respondents had used the Evidence for Action briefings, but even so, their responses were positive. A variety of uses of the briefings were identified:

- to encourage staff to reflect on their local communities and issues
- use in planning discussions and disseminated with other partners to improve knowledge and improve practice
- use in considering the current plan to create a Youth Health Strategy for GC

- use of the obesity briefing to inform services to address teenage obesity
- use of the access to greenspace evidence to inform discussions and plans regarding outdoor learning and progression of planned opportunities
- use of the child poverty evidence to support our understanding of additional areas that we need to consider to reduce barriers to learning
- use when looking at Adverse Childhood Experiences for the children in one school and as part of planning to try to close the attainment gap
- used in presentations to third sector, community groups, children & family staff and health improvement staff and in particular tackling health inequalities - addressing infant feeding/childhood obesity/safe sleeping
- as a research resource and to support Pupil Equity Fund (PEF) proposals
- linking planned/proposed activities with those highlighted in the Evidence for Action briefing to substantiate and validate our rationale behind programme designs.

This section has provided a summary overview of responses from the evaluation questionnaire. A fuller report on the evaluation responses is being drafted.

Web statistics

In the first six months after publication (7 Dec 2016 – 31 May 2017) there were 7,913 unique page views of profiles related resources in this period, accounting for 10% of page views across the whole Understanding Glasgow site during the period. Sixty-six percent of these views were of the static profiles pages, another 26% were of the EfA briefings and 8% of views were of the interactive profiles page.

Other uses

The profiles have been used in GCPH's evaluation of the CHANGE project, which is a Big Lottery funded initiative led by Children in Scotland to develop a new community led model of family support, early learning and child care in the east end of the city. The profile data for three neighbourhoods – Calton & Bridgeton, Parkhead & Dalmarnock and Tollcross and West Shettleston – have been used alongside other data to provide an overall picture of children's health and life circumstances in the CHANGE project area. The Glasgow HSCP has been undertaking analyses of child and language therapy and child and adolescent mental health referrals using data presented at a neighbourhood level.

Conclusions

As with previous health profiles produced by GCPH, there has been a very positive response to the creation of this type of resource from local planners and service providers. As well as being a resource for local health improvement teams, the children and young people's profiles have been of particular use to headteachers and their senior management teams, providing them with a better understanding of the child population in their school catchments and assisting in applications for Pupil Equity Funding.

The format and content of the profiles have been endorsed, and there has been a positive response to the EfA briefings, albeit these appear to be used by a smaller group of people.

GCPH now needs to consider whether to update and develop these resources, and if so, who should be involved in supporting and resourcing this work. Nationally, work is being undertaken to make it easier to access profile data and to streamline the production of profiles. GCPH needs to be aware of these developments and use the evaluation and other relevant feedback to inform our approach to future work of this type.

Bruce Whyte
August 2017

Web links

Profiles -

http://www.understandingglasgow.com/profiles/children_and_young_peoples_profiles

Evidence for Action briefings -

http://www.understandingglasgow.com/profiles/evidence_for_action_briefings

Interactive profiles -

http://www.understandingglasgow.com/profiles/interactive_children_and_young_peoples_data



**Glasgow Centre for Population Health
Management Board Meeting
Tuesday 29 August 2017**

GCPH Board membership of other boards and advisory panels

Recommendations

GCPH Board members are asked to:

- Note the representation of GCPH Board members on other Boards and reflect on how we can best connect with these networks for influence and impact
- Identify key gaps which can be addressed in future development.

Introduction

At the Board development session in February 2017, we mapped and discussed the Centre's network of connections as developed through the GCPH teams' involvement in advisory panels and reference groups. In follow-up, Board members have circulated their membership of other Boards, panels and reference groups. The table attached summarises these responses to date for discussion.

Responses as of July 2017

| Board Member | Involvement with other Boards |
|-------------------------|---|
| Moira Fischbacher-Smith | I'm not on any other Boards at the moment. My external roles are examining roles with other Universities or learning and teaching related activities/networks. |
| Michael Smith | A non-voting member of Glasgow City HSCP Integrated Joint Board, and a Visiting Professor at the Institute for Inspiring Children's Futures at Strathclyde University. |
| Anne Connolly | <p>On the urban big data centre advisory board based at the University of Glasgow but with a UK remit. http://ubdc.ac.uk/</p> <p>There are lots of opportunities for links, particularly on active travel, older people's health, community capacity, links to other universities etc. Bruce has attended a number of their events. I can help makes intros or connections.</p> <p>I am the local authority member on the Glasgow AST for the Children's Panel. https://www.childrenspanelscotland.org/local-authorities-and-asts/glasgow-ast/</p> <p>Links less clear; however, they are interested in hearing about best practice, seminars, training events and how better to understand impact and performance, input from children who have been through the care system.</p> <p>Links to a number of Core Cities working national through my team here: economy, sustainability, digital/ smart, housing, transport, culture, tourism transport etc. May be helpful for links to understanding the city UK agenda.</p> <p>In attendance at most Glasgow Community Planning Boards, although not a member.</p> |
| Cllr Anne Simpson | City Building Merchants House Ops And Scrutiny Committee Clyde Gateway |

| | |
|------------------|---|
| | Licensing Shettleston Are Partnership North East Partnership |
| Emma McIntosh | NIHR Public Health Research funding board (very relevant to GCPH expertise and happy to discuss this) NICE Methods for Economic Evaluation beyond the NHS (Methods group relevant to developing public health economic evaluation guidance) My advisory boards and steering groups are typically project by project but often more clinical trial related. |
| Carol Tannahill | Scottish Government (Chief Social Policy Adviser) Joseph Rowntree Foundation and Joseph Rowntree Housing Trust (Trustee) What Works Scotland (National Advisory Group member) Policy Scotland (Advisory Board member) IPPR Scotland (Advisory Board member) Lloyds TSB Foundation (member of Observers Group for place-based programme) Newcastle Institute for Social Renewal (External Advisory Board member) |
| John Brown | Apart from GCPH and NHSGGC, the only other Board I currently sit on is the Programme Board for NHS Scotland's Health & Social Care Delivery Plan |
| Daniel Kleinberg | Employability Project Board within the SG Member of the Population Health Senior Management Team within the SG (connections to dentistry, primary care, analytical services, mental health and health protection). Predictive Analytics Board as well. |
| Nick Watson | Internal University Boards |
| Pete Seaman | Fair For All Advisory panel, North Ayrshire Council Burrell External Reference Panel Monitoring and Evaluation Scotland's Alcohol Strategy (MESAS) Governance Board Glasgow City Health Inequalities Commission, Mental Health Commission |

