



**Glasgow Centre for Population Health
Management Board Meeting
Wednesday 20th December 2017**

General Update

Recommendations

GCPH Board members are asked to:

- Note and discuss this update on progress since the last Board meeting on 29th August 2017.
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, partnership and staffing

1. Discussions continue on developing our Memorandum of Understanding with our core partners including developing our relationship with Glasgow City Health and Social Care Partnership. To this end, Carol and Pete met with David Williams to discuss links and areas of potential support. It was agreed that GCPH will not be represented on the IJB but can offer support through IJB committees and HSCP strategic planning groups. After follow-up meetings with Allison Eccles and Fiona Moss, a GCPH contribution to the Senior Management Team will be explored for the New Year.
2. The vacant Office Manger post has been filled by Janet Robison who joined us on 7th November from a Project Co-ordinator role at NHS Lanarkshire. Janet will be seconded until the 30th June 2018 in the first instance. Janet has settled-in rapidly and established a strong understanding of the post and positive relationships with the administrative team. Thanks and appreciation to Jennie Coyle and Jennifer McLean who provided additional support during the period of reduced office and administrative management capacity.
3. The position in relation to funding and staff contracts remains unresolved at the time of writing. Discussions with the Chief Executive of NHSGGC have highlighted the need for a sustained ongoing funding stream, and also the importance of clarifying the relationship of GCPH to the reform of public health in Scotland. The former is being followed-up by the Chief Executive; the latter through the processes outlined in paragraph 4.
4. The Centre is contributing actively to influence the Reform of Public Health process where opportunities arise. This includes Carol's continued membership of the Public Health Reform Oversight Board and Pete joining a group led by Professor John Frank on the instruction of Marion Bain to look at criteria which could inform the development of Public Health priorities in the New Year. Marion visited the Centre on 4th December to hear about GCPH's way of working, nature of the partnership, corporate processes

and functions, introduction to the programmes of work and meet some of the team in programme groups.

5. The GCPH risk register is being reviewed and updated. The EMT considered the current draft at its December meeting and proposed a degree of simplification. Discussion with the GCPH staff team is proposed for early in 2018, with a revised register coming to the March meeting of the Management Board.

Developments

6. Policy recommendations for the Council budgeting process have been submitted by GCPH following requests from Cllrs Letford and Gow. These focussed on the extension of financial advice services in GP settings (prepared by Jamie Sinclair), a food hub (Jill Muirie) and car-free day in the city (Jill Muirie and Bruce Whyte). A follow-up meeting took place on 7th December.
7. David Walsh and Lynn Naven continue involvement in a multi-partner collaboration led by Prof Clare Bambra (University of Newcastle) to submit a funding bid to UKPHR utilising the 'natural experiment' presented by welfare reform to explore impact on health inequalities. After an extended period of discussion between the partners (including MRC/CSO SPHSU, Universities of Liverpool, Sheffield and LSHTM) the development has now reached a crucial point with the production of a concept note to outline research questions, with a strong focus on mental health, and partner contributions. David will continue to be the link for GCPH connecting a Scottish arm led by Dr Vittal Katikireddi (MRC/CSO SPHSU) to the Centre's work plan.
8. The three interns completed their social protection placement with us at the end of September leaving a draft report investigating existing evidence on basic income and potential health and wellbeing impacts, gaps in knowledge and limitations. The interns returned to lead a session at the November team meeting focusing on their experiences of the internship and an exercise to explore the issue of values underpinning future social protection. The interns have agreed to support later dissemination through events via fora such as the Poverty Leadership Panel.
9. Council Induction Session 22nd August 2017. A team including Carol Tannahill, Jennie Coyle, Jill Muirie, Bruce Whyte, James Egan, Chris Harkins and Pete Seaman attended and presented an introduction to the Centre's work to the new intake of elected Council members. The format and discussion encompassed an introduction to the Centre and its distinct way of working (PS), current trends in health, inequalities and health profiles (BW) and place-based approaches (JM) with Carol leading a conversation on how the Centre can best keep in touch and support Councillors. We received feedback on our Council e-updates which will assist in their continuing development. The session was attended by 13 councillors along with Colin Edgar.
10. Chris Harkins led a session at GCPH for a group of health geographers from Dundee University on the work of the Centre. Contributions included perspectives on place and health (Russell Jones), excess mortality in Glasgow City: connecting place-based decision-making to generational health outcomes (David Walsh), service delivery within place and community: insights from Deep end GP surgeries (Jamie Sinclair) followed by visits to Govanhill Housing Association and Big Noise.
11. We have received a request from the Course Leader of the MSc in Public Health at Glasgow Caledonian University for a 15-day student placement from January – April 2018.

12. Julie Gordon of the North West Locality Health Improvement team has requested the Centre provide assistance in providing experience or insight into the variety of roles at GCPH to support an individual who has come through the Bridging Service. Bruce Whyte is developing a short programme of meetings for the candidate.
13. Robert Wood Johnston Foundation Glasgow/Pittsburgh collaboration. A delegation from Glasgow was hosted in Pittsburgh for the week 2nd-9th September including Pete, Michael Ward (GCC), Trevor Lakey (NHSGGC), Des McNulty (Policy Scotland, University of Glasgow), Graham Watt (Deep End, University of Glasgow) and Jamie Cooke (RSA). The week included a meeting with the Mayor of Pittsburgh and Director of Allegheny County, sessions on place-making, the future of work and universal basic income, a discussion of how Glasgow and Pittsburgh are measuring their resilience journey and a playing of the Glasgow Game. Priorities for the coming months include investigating the two cities' responses to opioid use, food insecurity and the future of work.
14. The Glasgow Food Policy Partnership's application for a Sustainable Food Cities Co-ordinator Grant to develop the Partnership has been successful. Funding for the post will be matched by Glasgow City Council, with the co-ordinator to be based at GCPH.
15. The Centre is now represented on the Public Health Joint Working Group comprising representatives from GCHSCP, NHSGGC, Clyde Gateway, Glasgow Life, the Wheatley Group, SportScotland and Community Safety. The October meeting focused on tackling mental health through employment and the Centre was represented by Jamie Sinclair.
16. Pete and Jennifer McLean met with Irene Oldfather, Director of Strategic Partnerships at the ALLIANCE to explore common areas of work and possible connections. The ALLIANCE's primary role is the distribution of the self-management fund and using patient voices to challenge and develop existing practice. We identified shared interests in areas of loneliness and isolation, utilising community assets and positive stories of ageing. We discussed the ALLIANCE's ambition to explore how care homes can be understood as community assets and used to promote intergenerational connection. We highlighted Thriving Places, Children's Neighbourhoods Scotland and the GCPH/Social Research Hub continuing community engagement as points of contact as well as the life-course dimensions of Programme 1. We committed to reading two recent bids based on Bridgeton/Dalmarnock and reflecting on how we might build links between the ALLIANCE and the team's programme of work for 2018-19.
17. Chris Harkins provided an input to the Chief Medical Officer's Annual Report focusing on Big Noise as an example of a community project with potentially exciting implications for health, wellbeing and reducing inequalities.
18. Sport and Physical Activity Group. A request was minuted in the November meeting of this cross council and NHS group to include GCPH in its leadership. Pete responded indicating interest in making tailored contributions where necessary.
19. The Chair of the Strategic Board for the Community Planning Partnership in Glasgow has requested a GCPH presence on the Board. Our organisational status means that we cannot become a member of the Board, but will attend and contribute to meetings.

Outputs and activities

20. 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

21. The *10th GoWell Annual Event* was held on Wednesday 20th September at 200 St Vincent Street, Glasgow. The event was attended by 70 delegates. Bailie Russell Robertson opened the event followed by a plenary presentation from Ade Kearns on the findings from the analysis of changes reported in the main GoWell survey from 2006 to 2015. Delegates then broke into one of four workshops relating to: housing and health; learning from GCPH's evaluation of Sistema Scotland's Big Noise programme; resilience in communities: perspectives from policy and lived experience; and examining the 'power' in community empowerment. Feedback received on the event has been very positive. A report of the event is being produced.
22. The annual *Public Health Information Network Scotland (PHINS) Conference* was held on 29th September at the Glasgow Royal Concert Hall and was attended by 350 delegates. David Walsh and Bruce Whyte were part of the organising committee and we also contributed through a GCPH stand and live tweeting at the event. Themes explored during this year's event included 'new insights into health and health inequalities in Scotland' and 'actions to address health inequalities in Scotland'. A range of topics were explored including Scotland's Burden of Disease and implications for planning; mental health, recession and implications for public health policy; physical activity and obesity; and lay understandings of health inequalities. The event was filmed and the video recording of each of the presentations is available from the ScotPHO website.
23. *M74 study: Findings and implications for policy and practice*. 24th October 2017. This small workshop for an invited audience (18 attendees) presented the findings from the M74 research study and discussed the implications for future policy and practice. Findings were presented by Louise Foley, from the UKCRC Centre for Diet and Activity Research (CEDAR) at Cambridge University and attendees included Transport Scotland, Clyde Gateway, Glasgow City Council and Sustainable Glasgow. How the findings can inform safe and attractive opportunities for active, sustainable travel in Glasgow and elsewhere was discussed.
24. The first lecture of Seminar Series 14 commenced on 25th October with Pete White, CEO of *Positive Prisons? Positive Futures* delivering a seminar entitled '*From prison to parliament – bringing dark experience to light*'. *Positive Prison? Positive Futures* is a Scottish charity representing people with lived experience of punishment, working to reduce the harm caused by offending and re-offending. The speaker described progress made in Scottish policy, practice and legislation by exploring whether the experience of prison can be better used to set people on positive trajectories. The seminar was chaired by Judith Robertson, Chair of the Scottish Human Rights Commission and was attended by 100 delegates from a range of organisations and backgrounds, many of whom were new to our Seminar Series. A follow-up workshop for a small invited audience on Friday 27th October provided an opportunity for a more in-depth discussion.
25. *Public Health Shared Learning Event on the Glasgow Health and Inequalities Commission*. 22nd November 2017. This event, the latest shared learning session between GCPH, NHS Health Scotland and GCHSCP, explored the process and recommendations of the Glasgow Health and Inequality Commission. Forty-seven

people attended to discuss how the recommendations could inform practice. Note of discussions and conclusions to follow. The final report of the Commission was presented to the GCC City Administration Committee on 12th October and was published thereafter. There was an agreement to the development of an action plan with clear responsibilities for the various recommendations.

26. *Glasgow's Healthier Future Forum 20: Power, health and social justice* was held on 28th November 2017. The focus of this GHFF was on how power might be redistributed more equally with communities and explored opportunities provided by the Community Empowerment Act as well as sharing perspectives, experiences and learning with those working to redistribute power across settings. The event was attended by 150 delegates from a range of backgrounds including community organisations, individuals working to improve and change different aspects of their communities and services, community councils and third and public sector colleagues.
27. *Building Connections programme report launch*. 4th and 6th December 2017. These small discussion events for an invited audience were held to coincide with the publication of the findings from the Building Connections demonstration programme. The events were aimed at senior managers and decision-makers from the Scottish Government, local authorities, third sector agencies and public sector services. They involved discussion of the findings and implications for practice at a local level, as well as how the work might inform broader strategic approaches.
28. The second lecture of Seminar Series 14 took place on Wednesday 6th December at the Kelvin Hall, Glasgow. The lecture entitled *'Museums and Public Health in Glasgow – the lessons of history'* was delivered by Mark O'Neill (Former Head of Glasgow Museums) and explored historical and recent evidence to formulate some conclusions about the potential of museums to improve health and wellbeing. It also explored what the contemporary role of museums as part of a shared public sector contribution to human flourishing might be and how that contribution can be maximised. A follow-up workshop with colleagues from Glasgow Life is being organised which will support the development of Mark's argument for a planned publication *'Connecting Museums: Health, Community, Inclusion'*. This will be edited by Mark O'Neill and Glenn Hooper with Pete making contribution to a chapter.

Centre contributions to partner/other events

29. We participated in several events as part of our collaborative work within the Social Research Hub (SRH) supporting ambitions to engage the public. This included the second annual participation in the *Door Open Days Festival* where we welcomed 101 visitors during the five tours we ran of the Olympia Building. As well as showcasing our work we also heard a wide variety of stories and memories from an engaged public, many of whom knew the building in its previous incarnation as a cinema.
30. In November we participated in two events within the *Festival of Social Science* a 'showroom and café takeover' at IKEA on Saturday 4th November. This was followed by an evening event on 9th November at the Glasgow Women's Library aimed at engaging local organisations and groups. A 'speed dating' format allowed participants to engage with a variety of GCPH and SRH work with contributions from GCPH communications, our work on sustainable inclusive places, the Representing Dennistoun project, CaCHE, Children's Neighbourhoods Scotland, and the CHaNGE project: Childcare and Nurture, Glasgow East. Jessica Watson, the joint GCPH/UoG Community Engagement Officer organised these events.

31. Seven of the team presented at the Scottish Faculty of Public Health Conference *Public Health in Scotland Transcending Boundaries* in Aviemore on 2-3 November representing a broad range of the Centre's workplan.
32. On 22nd November, we co-led a programme theory workshop with colleagues from NHS Health Scotland on Inclusive Growth and the City Deal (Sighthill) as part of our collaboration with David Waite (UofG) on developing an evaluation framework for the city deal. Participants included stakeholders involved in delivering the City Deal project in Sighthill.
33. David Walsh continues to deliver a number of presentations on excess morality and health inequalities. Recent/forthcoming presentations include East Lothian Council in October, the Voluntary Health Scotland conference in November and a lecture to undergraduates on the Sociology of Health and Illness honours course at the University of Glasgow.
34. Pete Seaman provided a plenary to NHS Highland's Research, Development and Innovation (RD&I) conference entitled Resilience and Public Health. Two hundred delegates attended from across NHS Highland.
35. Jill Muirie has made a number of presentations on the Centre's active travel work including a Transport Summit at the City Chambers in September, Cycling Scotland's Annual Conference in October and a Friends of the Earth evening seminar on low emission zones (LEZ) in early November. At the latter, the relationship between transport and population health and the potential role that a LEZ could play in reducing the negative impacts on health was explored. Other speakers included Cllr Anna Richardson, City Convener for Sustainability and Carbon Reduction, Emilia Hanna, Air Pollution Campaigner, Friends of the Earth Scotland and David McColgan, Policy and Public Affairs Manager, British Heart Foundation Scotland. Later in November Jill also presented at a School Run Summit for North West Glasgow organised by the Dumbarton Road Corridor Environment Trust. Other contributors included Cllr Michael Cullen, Sustrans, Living Streets, and local junior road safety officers. The summit was attended by 50 people including representatives from a number of the local schools, parent councils, concerned residents, education services, community councils and Police Scotland. As a result Jill is representing GCPH on a working group to consider joined-up responses to reduce car commuting and increase active travel to school in the North West sector.

Publications

The following reports have been published since the last meeting.

36. *Exploring parenting support*. Valerie McNeice, Rona McDougall and Fiona Crawford (August 2017).
37. *The Deep End Advice Worker project: embedding an advice worker in general practice settings*. Jamie Sinclair (September 2017).
38. *The changing ethnic profiles of Glasgow and Scotland and the implications for population health*. David Walsh (September 2017).
39. *Nurturing citizenship in the early years*. Commissioned research report by the Centre for Child Wellbeing and Protection at the University of Stirling (October 2017).

40. *Exploring the potential impact of sugar taxation on secondary school-age children and young people's dietary intake: an evidence review.* Kate Langley, Jill Muirie, Fiona Crawford and David Walsh (October 2017).
41. *Community Engagement Report: The M74 study.* Fiona Crawford *et al.* (November 2017).
42. *Recent mortality trends in Glasgow: age- and gender-specific mortality compared with the rest of Scotland, 1981-2015,* Bruce Whyte and Marie Martin (November 2017).
43. *Building Connections programme final report.* Jamie Sinclair (December 2017).

Forthcoming publications

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

Consultation responses

45. We have responded and published our responses to the following consultations:
 - Scottish Government consultation on socioeconomic duty (August 2017)
 - Glasgow City Council's Draft Community Plan (August 2017)
 - Scottish Parliament's Social Security (Scotland) Bill (August 2017)
 - Building Scotland's Low Emission Zones (November 2017)
46. We are co-ordinating responses to the Scottish Government consultation 'A healthier future – action and ambitions on diet, activity and healthy weight' (Jill Muirie). Carol has also been asked to convene the development of the Royal Society of Edinburgh's response to this consultation and that on minimum unit pricing.

Media coverage

47. *The Times* covered the recent Young Carers report: "Revealed: Glasgow's army of young carers" (13.08.17) and it was also featured in *The Conversation* "No future – young careers are sacrificing ambitions to look after loved ones" (15.09.17).
48. The Deep End Advice Worker project report was press released and received coverage from a number of sources including: *BBC Scotland News* "GP finance advice scheme boosts income"; *The Herald* "People gain £850,000 by visiting financial advice worker at GP surgery"; *The Scotsman* "Financial advice in GP surgery 'a success'"; *The Courier* "People gain £850,000 by visiting financial advice worker at GP surgery"; *Glasgow Live* (online) "Glaswegians gained £850,000 by visiting financial advice worker at east end GP surgery"; *Aberdeen Evening Express* "People gain £850,000 by visiting financial advice worker at GP surgery"; *Pulse Magazine* (for GPs) "GP practice-based financial advisers secure extra £850k in patient benefits". Jamie Sinclair also interviewed by *Radio Clyde* (13.09.17).

49. GCPH mentioned in *Scotsman* article on physical activity: "Number of Scots exercising regularly 18% lower in poorer areas" (13.10.17).
50. Carol Tannahill in the *Evening Times* on smoking cessation incentives study: "Pregnant smokers in Glasgow could be offered cash incentives to quit" (18.10.17).
51. *Scotsman* article used stats from a GCPH infographic tweeted during Challenge Poverty Week to write an article about this annual campaign "Challenge Poverty Week is a stark reminder for all Scots" (18.10.17).
52. Jill Muirie quoted in an *Evening Times* article on the Sugar Smart initiative: "Glasgow pupils get sugar smart with the North Glasgow Community Food Initiative" (20.10.17).

Digital

53. The *Power as a health and social justice issue* animation, developed in collaboration with NHS Health Scotland was launched on 16th August and has been widely shared and disseminated with key stakeholders and via events, presentations and social media. Initial feedback and web analytics have been very positive and since the animation was launched we have received several requests for it to be used/presented at other events. This included a keynote presentation (Jill Muirie) at the TSI Network National Conference 2017 organised by Voluntary Action Scotland and to showcase the animation followed by panel debate and discussion at an event organised by the ALLIANCE with the Scottish Co-production Network, Scottish Government and Healthcare Improvement Scotland on the theme of 'Power and Co-production' as part of Co-production Week 2017. The impact of the animation is being evaluated through web analytics and feedback on how it is used, by whom and whether it stimulates further discussion or action. This will be reviewed at end-December 2017.
54. 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 3,759 followers). There has been a noticeable increase in people following the GCPH account who are individuals working within public health and other related sectors. Previously the bulk of our followers tended to be other organisations so this is an encouraging trend – it suggests people working within our sector are using our Twitter account as an information source for their professional interest.
55. We actively participated in Challenge Poverty Week (15-22 October) highlighting different aspects of our work focused on poverty. We used the dedicated hashtag to link our content to the wider conversation (#CPW17) and in total the main GCPH account received 243 interactions relating to the campaign, including retweets and likes of GCPH tweets and people tweeting at/about us.
56. The latest issue of the GCPH e-update was circulated in October. It had a 37% open rate (971 people) and a 27% click rate which is comparable to previous e-updates. We have now moved from quarterly to bi-monthly e-updates and our next e-update will be circulated in December 2017.
57. A shorter more tailored e-update was sent to GCC elected members in October 2017, and had a 45% open rate. Following feedback at the session we held with elected members in August, we plan to issue monthly e-updates to elected members.
58. A refresh of the GCPH website is currently in development to reflect the new Phase 4 programmes of work approved by the Board earlier this year and to move to a more

user-led navigation. A paper outlining the rationale and process for the web refresh was discussed and approved by the EMT at their December meeting. It is anticipated the work will commence in January and be complete by end-March 2018.

**GCPH
December 2017**



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Mid-Year report 2017/18

Recommendations

Board members are asked to:

- Note progress to date against the 2017/18 work plan, and advise on elements where challenge to delivery is being experienced
- Advise on emerging priorities and opportunities which the Centre's next work plan could contribute to and support

Introduction

1. This report is an overview against the 2017/18 work plan (Board paper 337). The mid-year report is a core part of GCPH governance processes to ensure that the Management Board is satisfied with progress. The format of the report has been previously approved by the EMT and the Board.
2. A detailed update on each programme and project is provided in Annex 1 in tabular form and is supplemented with an 'at a glance' summary table. The structure of the report reflects the approved work plan with updates for the four Programmes of work (Action on inequality across the life-course; Understanding health, health inequalities and their determinants; Sustainable, inclusive places; and Innovative approaches to improving outcomes) with updates on our strategic context, staffing and resources and communications included.
3. 2017/18 represents a transitional year to the Phase 4 programme structure and its associated eight cross-cutting themes. Internal processes such as new programme meetings, programme manager, research and community engagement meetings have commenced and are improving cross-programme working and support. This year we are also trialling bringing the delivery of the New Perspectives on Health contract in-house. An internal group has been established to identify developmental work that cuts across programmes and the seminar series has delivered two well-received events in the last quarter of 2017. We will review the success of this trial at year end.

Strategic context for the work plan

4. The 2017/18 workplan was orientated to the strategic context the Centre operates within as identified and explored through Board development sessions in 2016/17. Elements of this strategic landscape, and our responses to it within the first six months of the 2017/18 include:

- Clearer links with the integrated Health and Social Care Partnership, and membership of the NHS Board's Public Health sub-committee (supporting the NHS Board's responsibilities as a public health organisation). Through these routes we will seek to deploy our evidence and learning to strengthen the focus on prevention, community health, reducing health inequalities, and enhanced healthy life expectancy.
- The emerging implications of the reform of public health in Scotland. We have positioned ourselves to contribute actively and inform this process through the Director's membership of the Public Health Review Oversight Board and Associate Director's membership of a group establishing criteria for priority setting. Marion Bain has visited the Centre allowing us to communicate our approach and model of working.
- The implementation of place-based approaches, Thriving Places and city strategies related to housing; and the associated need for understanding the principles of underlying inclusive growth and social regeneration. In supporting these issues, the 2017/18 workplan includes the Neighbourhood Change project, a Programme of work dedicated to Sustainable Inclusive Places and collaborative geographically focused work such as Children's Neighbourhoods Scotland and the Child Care and Nurture work focused on Bridgeton, Dalmarnock and Shettleston.
- The continuing programme of Welfare Reform including the planned roll-out of Universal Credit in Glasgow for Autumn 2018. The Building Connections project has been exploring transferable learning on how co-location of financial advice services can ameliorate financial hardship. Building Connections also has implications relevant to the aspirations of the new Scottish Social Security Agency, particularly in relation to the principles of fairness, dignity and respect being upheld in service user experience. Developmental work continues on the implications of ongoing welfare changes including conditionality for in-work benefits.
- Supporting the implementation of the Community Empowerment Act. We have collaboratively produced an animation to support Health Scotland's report "Power: A health and social justice issue" and convened an associated Healthier Future Forum. The GoWell Community Engagement post has been realigned to support community engagement perspectives across the Centre.
- The University of Glasgow's investment in the Olympia Social Research Hub which now houses the UK Collaborative Centre for Housing Evidence (CACHE) and members and activity of the Robert Owen Centre, Policy Scotland and What Works Scotland. Through our own and joint working, we help deliver the Hub's defining focus on the interlinked areas of Education, Housing and Health Inequalities. This has included progress on joint projects within the workplan and joint contributions with CACHE to the Festival of Social Science.
- The changed composition of Glasgow City Council's elected membership following the 2017 election. Following an induction session for Councillors held in August 2017 we have engaged with GCC through responding to a request for policy ideas in the run-up to the drafting of the Budget paper and agreed to attend the Community Planning Strategic Board.

Resources and staffing

5. The work plan is being delivered to a budget of £1.25m of core funding from Scottish Government and other income dedicated to specific areas of work amounting to £200,000. The 2017-18 Budget Plan (Board paper 338) sets this out in more detail.

Most of the budget is deployed to meet staff costs. In the first half of this reporting year, we have had vacancies associated with the Office Manager post (now filled), and a Public Health Research Specialist post (still vacant). Another research specialist is on maternity leave (not backfilled); and the Associate Director position remains filled on an Acting basis, until such a time that secure funding presents an opportunity to advertise the position.

New and responsive work

6. New commitments emerged over the first six months of the year. Many of these are captured in the general updates routinely provided to the Board and can include consultation responses, requested presentations, events to support the interpretation of findings with partners or work in response to emergent trends or developmental work. Key examples this year have included the Centre's ongoing support to sessions between Health Scotland, Glasgow City Health and Social Care Partnership and GCPH to support the development of joint working. The Centre recently led the design and facilitation of a session to explore possible responses to the Health Inequalities Commission and is working with NHSGGC to facilitate a session on developing a Public Health strategy in relation to Housing.
7. Other new work includes: developing a collaborative PhD with Urban Big Data Centre to identify the impact on adjacent commercial and residential property prices of new cycling infrastructure; a collaborative proposal with Scottish Universities Insight Institute entitled *Practical Philosophy: Thinking for the Future* on themes of Scotland's future in relation to education, health, politics and the environment; and membership of an advisory group for a systematic review of interventions to boost social relations through improvements in community infrastructure, commissioned by What Works Scotland. We are also contributing to the Population Health Joint Working Group led by Clyde Gateway and the Sport and Physical Activity Group led by Glasgow Life. We are routinely asked to contribute to such management and strategy groups.

Programme updates

8. The sections that follow describe progress on the four Programmes of work that form the core of our planned activity for 2017-18. These summaries are supported by the full Programme update and 'At a Glance' table provided in Annex 1. In determining what has gone well and where challenges remain, programme managers have provided colour coded indications of whether individual projects are on schedule (green) or behind schedule or changed direction in a manner which does not raise concern for the delivery of our core programme of work (amber) or in manner which does raise such a concern (red).

Programme: Action on inequality across the life-course

Background to programme

9. This programme seeks to understand the influence that poverty and new and emerging experiences of inequality exert on health outcomes. It also seeks to move beyond evidence generation to support action on inequality and to help shift the balance of decision-making and investment towards proactive and preventative responses. The work within the Programme recognises that poverty and inequality exert powerful and varied influences across the life-course (in early years, working age and later years) and seeks to develop knowledge about the changing influences that shape experience at different life stages and inform interventions and investments accordingly.

10. Key priorities for 2017/18 include:
- Improving understanding of continuing welfare changes with a focus on the roll-out of Universal Credit and associated developments around in-work conditionality.
 - Exploring the potential of new forms of social protection in a 21st century context.
 - Understanding and promoting equity of access to services by vulnerable population groups.
 - Focusing on early years to improve understanding of the causal pathways between Adverse Childhood Experiences and health outcomes and evaluation of childcare, early learning and interventions.

What has gone well?

11. The report on Young Carers (Health, Wellbeing and Expectations) published in August made significant impact with dissemination used to influence practice and policy. Using data from the NHS GGC Health and Wellbeing survey, the report explored the prevalence of young carers, types of health conditions requiring care and the impacts on their health and future aspirations after leaving school. A seminar was held with an invited audience to explore how responses across education, children and adult services, community planning and financial inclusion services can be strengthened in response to the findings. Forthcoming legislative changes (The Carers (Scotland) Act) set a context for acting on the report. Glasgow City HSCP have urged that the research is reflected in the new Glasgow City Council Young Carer's strategy to be delivered as part of the new Act.
12. The Social Protection Internships in collaboration with What Works Scotland saw three postgraduate interns produce a rapid literature review on possibilities for social protection in a 21st century context. This was an experimental way of working and a good quality first draft was delivered with the interns reporting a positive experience, gaining an insight into the translational aspects of research and the development of new skills (including experience of running a team session to explore values around social protection).
13. The evaluation, led by the Centre, of the Childcare and Nurture in North Glasgow (CHANGE) project represents a key contribution to an important thematic intervention in the city. Focusing on developing new models of childcare and now in its second year, the evaluation team are feeding findings from the year one evaluation into the project's planning and development. Good collaborative links have been made with the Children's Neighbourhoods Scotland initiative at both advisory and evaluation group levels.

Challenges

14. The Centre continues to support the Poverty Leadership Panel as a key mechanism for reducing poverty in the city and part of our commitment includes the development of a PLP monitoring framework which has been produced. However, challenges remain in implementing the framework. It is envisaged that the setting up of a PLP governance group to streamline and refresh the PLP priorities will address some of the challenges.
15. A 'core' project to report the evaluation of Cordia's joint school food policy has been delayed due to staff capacity but is on course to be produced before year end. The 'cost of the school holidays' project also suffered from stretched capacity across the programme and is now being led by colleagues at Glasgow City Council.

Priorities for the remainder of the year

16. Delivery of the Programme's objectives and agreed work plan remains on target for year end. Social protection will continue to be an important theme within the work programme, particularly in relation to the roll-out of Universal Credit (UC). Glasgow City Council will be the last Scottish authority to roll-out UC (September 2018). The

Programme is currently working with GCC and others to identify and prioritise new areas of work. The 'future of social protection' dissemination activity in the new year provides an opportunity to connect with the development and implementation of Basic Income pilots and related work being undertaken by Health Scotland and MRC/CSO SPHSU.

17. Looking ahead to the development of new activity for 2018-19, new and emerging experiences of inequality in relation to health outcomes will continue to be considered in a manner that connects with opportunities and strategies across the city through membership of the Scottish ACES Advisory Group, Child Poverty Action Subgroup and the Deep End GP group.

Programme: Understanding health, health inequalities and their determinants

Background to programme

18. This programme provides analysis to support the developing understanding of trends in health, inequalities and their determinants, to identify emerging issues, and to support the development of policy responses through recommendations. This is achieved through analysis across national, city and local levels and against international comparators. The analyses produced are important in shaping and supporting elements of our workplan.
19. Key priorities for 2017/18 include:
 - Maintenance of Understanding Glasgow and development of this web-based resource in response to emerging trends and wider priorities.
 - Continued dissemination and support for partners in responding to the excess mortality research.
 - National and international mortality analyses.
 - Evaluation of children and young people's profiles.
 - A focus on income inequalities as a fundamental cause of health inequalities including new income and earning analyses, a systematic review and engagement with emerging and developing work in this area.
20. These priorities sit against a context of the widening gap in health (measured for example by life expectancy) between those living in the most and least deprived circumstances and for women in particular over the last decade. Inequalities in income and wealth, key determinants of health inequalities, have also widened in both Scotland and the wider UK. Consequently, priorities for this programme include new analyses of data on income and earnings as well as continued attention to how outputs are made available for use and interpretation to inform practice and policy, through resources such as Understanding Glasgow.

What has gone well?

21. Two key delivery milestones have been achieved in the form of two reports: the cause specific mortality analyses by age and gender; and the exploration of the implications of the changing ethnic profile of Glasgow, West Central Scotland and Scotland. Both were published in Autumn 2017. The updating of the *Understanding Glasgow* indicators continues with full updates made to the population, child population and poverty sections. An evaluation of the Children and Young People's profiles was completed and first draft and conference report given in November 2017. A number of other sections of *Understanding Glasgow* remain partially updated. Partners find the profiles useful in planning, for example with *Understanding Glasgow* data used in Glasgow City Health and Social Care Partnership's 2016/17 Performance Report.

22. Dissemination activities have continued to be a key feature of this programme: including oral presentations, publication of the sugar tax report and several journal papers.

Challenges

23. The main challenges for this programme of work relate to capacity which has reduced since the Programme's designated Public Health Research Specialist left the Centre. The post-holder brought particular skills required to deliver the analytical work within this programme. We are prevented from filling this post in the short term. Another capacity issue relates to the routine task of updating the Community Health Profiles and Children and Young People's Profiles. The Programme continues to seek opportunities for partner resource to be used to fulfil this task over the longer term. There have been some delays on other projects where there is a reliance on partners providing data or analytical support (e.g. the supply of data from ONS which will be used to analyse trends in earning and income across UK cities and age, period and cohort effects analyses and ISD - national excess mortality analysis). Given delays on the social class analysis to be led by MRC SPHSU, it is suggested that this 'in development' project is removed from workplan.

Priorities for the remainder of the year

24. Alongside delivering the existing work programme, a number of commitments will come into sharper focus in the second half of the year. These include the continued involvement in the development of UKPHR bid led by Newcastle University currently intending to explore the mental health impacts of welfare reform. This has potential linkages with Programme 1 and represents an important national network and research opportunity focused on a key change in the determinants of health. Following the recommendations for further research outlined in the 'excess mortality' synthesis report, discussion around developing means of capturing 'unmeasured' differences in the experience of deprivation in Scotland compared with elsewhere in the UK is required. The opportunity to discuss the 'mortality trends' and 'changing ethnic profile' report with Glasgow City Council Health committee will allow a focus on implications for service planning. There is also possibility of involvement in a funding bid aimed at developing a means of measuring poverty-related stigma (with SCPHRP, Poverty Alliance and others) which relates to a Poverty Leadership Panel priority.

Programme: Sustainable and inclusive places

Background to the programme

25. This programme supports processes of change to help Glasgow become a more inclusive, resilient and sustainable city through informing and supporting policy and partnerships. Evidence, evaluation and engagement with partners are utilised in relation to key priorities nationally and locally including urban planning, transport, open space, economic growth and sustainability.
26. Key priorities for 2017/18 include:
- Drawing together GoWell learning into a range of dissemination outputs, and maximising opportunities for application of this learning.
 - Development of a city-wide sustainable food partnership.
 - Continuing to support the creation of healthy urban environments through collaboration with partners such as Sustainable Glasgow, Thriving Places and the third sector.
 - Research into the private rented sector, in partnership with Glasgow City Council and other relevant housing research organisations.

- Translating work from the Commonwealth Games volunteer study into transferable and applicable recommendations.
- A focus on transferable learning stemming from the Centre's historical and current community engagement work.

What's gone well?

27. The Glasgow Food Policy Partnership's profile in the city is increasing following the role of interim Chair being filled by this Programme and an intensive period of engagement over the summer. This is underlined in the Council Strategic Plan 2017-2022 which includes a commitment to making Glasgow a 'Sustainable Food City' with the GFPP identified as a key partner. Further progress is shown in the securing of Sustainable Food City Coordinator Grant in partnership with the Soil Association and GCC. The Partnership Coordinator will improve communications, maintain stakeholder relationships and provide administrative support for the network. Relatedly, the URBACT project has been working with GCC to develop an action plan to support Possilpark to become more food resilient. Through the appointment of Propagate there are plans to source a vacant shop in the community to serve as a temporary food hub to test a model of innovative practice in relation to food and community resilience.
28. The M74 study was published by the National Institute for Health Research (NIHR) in June 2017 and the GCPH-led community engagement report was published in November 2017, supported by a stakeholder workshop to discuss findings.

Challenges

29. High levels of demand on the two community engagement post-holders has meant some of the planned work has not progressed as rapidly as planned hence an 'amber' rating. The synthesis of GCPH community engagement is likely to be a shorter document than anticipated focusing on transferrable learning. Other 'core' projects with amber ratings include the *Weathering Change* report which has been drafted and sits with project partners for review. 'In Development' projects such as Children's access to greenspace and Private rented sector housing research have progressed at slower rates than anticipated but are not understood to be suffering significant risks to delivery.

Priorities for the remainder of the year

30. The subject of inclusive growth and how this relates to work on social justice and health inequalities has been a key feature of recent conversations within the remit of this Programme's work. Ongoing work in collaboration with University of Glasgow in Sighthill provides an opportunity to develop this area of focus. The *Weathering Change* work is highlighted as 'amber' and is due to report at a revised date of early 2018. Work to consider how the learning from that project can be applied to support community resilience is taking place (including plans to produce a 2-page summary document and a presentation to Glasgow City Council's Environment, Sustainability and Carbon Reduction Committee).

Programme: Innovative approaches to improving outcomes

Background to the programme

31. The aim of this programme is to support 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 in relation to a combination of challenges around demography (such as an ageing population), the increased contribution of psycho-social

disease conditions as a proportion of the disease burden and resource pressures associated with inequalities and reduced public sector spend.

32. Building on the reputation of the *asset-based approaches and resilience* theme of Phase 3, which displayed leadership in the translation of new approaches to tackling inequality, the programme will work with partners such as Glasgow Life, the Link Workers Monitoring and Evaluation Group, the Public Health Evidence Network, Glasgow City Council's Resilience Strategy and networks established through Animating Assets, to support transitions to new ways of working.
33. Key priorities for 2017/18
 - A briefing paper "Evaluating the health and social impacts of participatory budgeting" to support knowledge translation around an innovative approach with demonstrable community impact.
 - Publication of the Commonwealth Games Clyde-side study.
 - Evaluability support for a Glasgow Life, Wheatley Group intervention to utilise Glasgow's Museums to support social connection and resilience.
 - Exploring the sustainability of asset-based approaches through follow up of Animating Assets research sites.
 - Developing our learning on available evidence on the benefits of play and translation into policy into practice through a briefing paper.

What's gone well?

34. The Pittsburgh collaboration continues to engage a wide network of organisations in the city including University of Glasgow, NHSGGC and Glasgow City Council in sharing practice. In terms of outcomes, a follow on research grant to explore interventions and approaches to tackling loneliness and isolation (again to Robert Wood Johnson Foundation (RWJF)) is being developed. The publication of the Commonwealth Games volunteer study, the delivery of the 'Power' animation (and its positive reception and associated Healthier Future Forum) and the Centre's role in the delivery and translation of the Health Inequalities Commission's report on Mental Health all highlight the programme's role supporting partners to make sense of new ideas and consider implications for practice.

Challenges

35. The researchers in this programme have offered a high degree of cross-programme support, making major contributions to projects which appear in other areas of the workplan. Examples include the CHANGE project and Children's' Neighbourhoods Scotland work and contributions to the *Building Connections* and Social Protection projects in Programme 1. The successful delivery of a report exploring the literature on citizenship and early years highlights how exploration of new approaches can support work elsewhere across the Centre's workplan.
36. This factor combined with reduced capacity as one programme manager currently acts in the Associate Director role and the second provided line-management cover for the administrative team for three months of the reporting period. The programme's research specialist has also been on maternity leave since August.
37. Proposed project work with Glasgow Life (Museums) stalled due to capacity issues at Glasgow Museums and an internal review of approaches has been undertaken. We have been asked to be part of a meeting early in 2018 to re-instigate the befriending work and potential evaluation but we will also be aware of alternative approaches required in response to changing priorities.

38. There is a developmental focus to the programme's work this year, particularly in relation to following on from the work on asset-based approaches; and an aspiration to explore the role of play within public health approaches. Both are informing and being explored as part of the CHANGE and Children's Neighbourhoods Scotland work. The developing a 'perspective on evidence' dimension to the programme, and exploring the cost of the maternity pathway remain at early stages of development. The developmental nature of the asset-based work has suffered from the programme's capacity being stretched across the team resulting in initial explorations of further work being limited.

Priorities for the remainder of the year

39. We await the confirmation of plans for Link Workers' roll out. When the situation becomes clearer the team's role in the Advisory and Monitoring and Evaluation groups will commence utilising our learning from Building Connections.

Communications

40. A refreshed communications strategy for Phase 4 was presented to the Management Board in August 2017. This reviewed the communications objectives to continue delivering on what has worked well in previous years but also meet phase 4 priorities and opportunities provided through co-location in the Olympia Social Research Hub (SRH). The revised approach includes tailoring our messages and outputs to key audiences and supporting the process of implementation and change (see Phase 4 Communications Strategy paper).

What has gone well?

41. Awareness of GCPH and our relevance to different audiences has grown through a number of avenues including linking our work to public conversations and debates through social media and bringing fresh topics and speakers to the seminar series. The Communications team now routinely support public engagement activity through the Social Research Hub – in the reporting period, including the annual Doors Open Day festival and two events within the Festival of Social Science through a 'showroom and café takeover' at IKEA and an evening 'research speed dating' event at the Glasgow Women's Library.
42. Metrics demonstrate the progress made in extending the Centre's reach and engagement beyond existing networks. This includes attracting 250 new subscribers to our network (now totalling 2,883 subscribers) and 480 new Twitter followers (total followers now 3,897) since April. There has also been a noticeable increase in people following the GCPH account who are individuals working within public health and other related sectors.
43. We have also seen an increase in new visitors to our websites. Between April and November, a total of 21,050 'unique users' visited the GCPH website, and 25,650 visited the Understanding Glasgow website. Of these visitors, 64% and 72% respectively were new to the sites.
44. Other indicators of increased reach include the first two seminars in Series 14 (Pete White and Mark O'Neill) and our GHFF 20 event attracting new and more varied audiences. This was driven by the topics of these events, as well as by sending targeted invitations and utilising different networks to publicise the seminars. Participants included community justice colleagues and organisations with a specific focus on supporting families involved in and beyond the criminal justice system; people working in and representing the museum and heritage sector; and a range of community based

organisations and community workers focused on improving the circumstances of people and communities. This extension of reach is important, given our commitment to good health being an outcome of a complex system of influences and opportunities within the city.

45. The Communications team have continued to support programme activity including the power animation in the *Innovative Approaches* programme and Building Connections in *Action on Inequality*.
46. The *Power as a health and social justice issue* animation was developed in collaboration with NHS Health Scotland through the Public Health Evidence Network. This animation has been widely shared and disseminated with key stakeholders and via events, presentations and social media – those included in the original dissemination plan but also from invitations and requests for it to be used at other organisations' events and networks following the initial dissemination activities. The impact of the animation is being evaluated through web analytics and feedback on how and by whom it is used and whether it stimulates further discussion or action.
47. The second example is the Building Connections programme which is a collaborative project involving GCPH, JRF and What Works Scotland developed to test approaches to delivering co-located services in two GP practices and one job centre in east Glasgow. This involved working in partnership with a range of organisations delivering the co-located services. The publication of the evaluation of the first two practices in October gained a lot of traction online and with the media. The final evaluation, published in December, was supported by a number of small discussion events for an invited audience of senior managers and decision-makers from the Scottish Government, local authorities, third sector agencies and public sector services. A parliamentary briefing is also being organised by JRF for January 2018.
48. The collaborative nature of these outputs, involving large national/high profile organisations, and the relevance and timeliness of the work seem to have been instrumental in the engagement and traction they have gained.
49. We actively engaged with the new intake of Councillors through an elected member information session at the City Chambers and tailored our monthly e-update on the basis of feedback received.

Challenges

50. One of the ongoing challenges we face is ensuring there is balance of understanding and awareness of the broad range of our work. It is important that we are known as much for our work with key partners and communities to support processes of change and implementation of potential actions as for work on increasing understanding of the causes of the city's poor health and health inequalities. Our Communications formats and outputs will look to support this balance.
51. It is important that our outputs and activities are timely yet alert to potential sensitivities and implications for stakeholders that may follow from media reporting and interpretation. This is given added impetus through the fact that information is now more generally shared online. Being aware of *when* and *how* our work is being used and interpreted and having an opportunity to shape use and interpretation is an ongoing issue. Ahead of publication, two-way communication and close working with our partners is vital to minimising any risks related to timing and interpretation of findings.

Priorities for the remainder of the year

52. The priority here is to continue to develop how the communications function supports processes of implementation and change through formats that aid discussion, inform action and investment. In Phase 3, we developed new outputs such as syntheses, publication of our consultation responses and manifesto recommendations. In Phase 4 we will increase our focus on being proactive with recommendations ('beyond consultations'). Another priority for this year is the website refresh and production of supporting materials to reflect our 2017-18 workplan and eight cross-cutting themes.

Conclusion

53. Although the majority of 'core' projects are on course for delivery, across the work plan there are indications of reduced capacity impacting on more developmental work. However there are also examples of work 'in development' shaping other pieces of work across programmes rather than growing into standalone projects. It will remain important to be vigilant to staff capacity over the next six months. We await more detailed news of our funding arrangements beyond June 2018 and planning and team engagement within this process will come into sharper focus.

**Pete Seaman and GCPH
December 2017**

2017-18 Workplan 'At a glance'

Mid-year update

PROGRAMME	AREA OF FOCUS	PROJECTS		
Action on inequality across the life-course	Child Health	Children's Profiles	Core	Green
		Early Years Review	Core	Green
		Childcare Pathfinder Evaluation project	Core	Green
		Adverse Childhood Experiences	Core	Green
		Evaluation of joint food policy	Core	Amber
	Scottish Children's Neighbourhoods	Initiative development and awareness	Core	Green
		Community Engagement	Core	Green
		Developing Theory of Change	Core	Green
		Communications Strategy	Core	Green
	Disrupting Cycle of Child Poverty	Healthier Wealthier Children	Core	Green
		Cost of the School Day	Core	Green
		Cost of the School Holiday	Core	Amber
		Children and Young People as Carers	Core	Green
	Citizenship and Early Years	Nurturing citizenship in early years	Core	Green
	Adult Years and Working Age	Building Connections	Core	Green
		Welfare Reform and Deep End	In Dev't	Green
		Contemporary Debt and Health	Core	Amber
		Access to service by vulnerable groups	In Dev't	Green
	Future of Social Protection	Three PhD internships	Core	Green
		In-work conditionality	In Dev't	Green
Understanding health, health inequalities and their determinants	Understanding Glasgow	Website maintenance	Core	Green
	Excess mortality research	National Excess mortality analysis	Core	Green
		Three cities research (4 projects)	Core	Amber
	National and international Analysis	6 analytical projects	4 Core	Core projects green
	Neighbourhood profiling	Neighbourhood change and 5 analytical projects	4 Core	Green
Health Inequalities	Informing Investments to reduce Inequalities and 4 analytical projects	All Core	Green	
Sustainable inclusive places	Sustainable travel and transport	South City Way Monitoring	In Dev't	Green
		Trends in bus, car ownership and walking	In Dev't	Amber
		M74 study dissemination	Core	Green
		Glasgow City Deal	In Dev't	Green
	Healthy Urban Environments	Weathering Change	Core	Amber
		Children's access to greenspace	In Dev't	Amber
		Private rented sector housing	In Dev't	Amber
	Sustainable Food	Glasgow Food Policy Partnership	Core	Green
		Glasgow Community Food network	Core	Green
		URBACT- food resilience in Possilpark	Core	Amber
		Dalmarnock Food Hub pilot	In Dev't	Green
	Community Engagement and Empowerment	Synthesis of GCPH CEE work and learning	Core	Amber
Innovative approaches briefing paper		In Dev't	Amber	

		Evaluability Assessment of Community Empowerment Act	In Dev't	Green
		Social Research Hub Community Engagement	Core	Green
	GoWell	Communications and dissemination	Core	Green
Innovative approaches to improving outcomes	Participatory budgeting	Evaluating the health and social impacts	Core	Amber
	Volunteering and participation	Commonwealth Games Volunteer Study	Core	Green
		European Championships	In Dev't	Amber
		Evaluation of Volunteer Charter	In Dev't	Green
	Social enterprise as health interventions	Homes for Good evaluation	Core	Green
	Asset-based approaches across services and settings	Synthesis and communication	In Dev't	Amber
		Sustainability of Animating Assets	Core	Amber
		ABAs in Primary Care	In Dev't	Amber
	Culture and health	Representing Communities follow-on and dissemination	Core	Green
		Glasgow Life befriending	Core	Amber
		Cultural services and health	Core	Green
		Community Centres PhD	Core	Red
	Exploring assets through play	Briefing paper	Core	Amber
	Developing a perspective on 'evidence'		In Dev't	Amber
Link Worker follow –on support	M&E and Advisory groups	Core	Amber	

Annex 1
Mid-year review 2017-18
December 2017

Detailed Programme Updates

Programme: Action on Inequality across the life-course

Programme Leads: Fiona Crawford and James Egan

Programme support: Lynn Naven, Oonagh Robison, Bruce Whyte, Jennifer McLean, Valerie McNeice and David Walsh.

Other contributors: Jamie Sinclair, Pete Seaman (Building Connections) Lizzie Leman (SCN)

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
Child health	Children's Profiles	BW, FC	Final presentations in May 2017 Possible presentation at FoPH conference (Nov 2017).	Core Children and Young People's profiles for Glasgow neighbourhoods and Evidence for Action Briefings. (Evaluation of impact of profiles to be undertaken in May/June 2017 – covered under the " <i>Understanding Health</i> " programme. Decisions about updating and future profiles will be informed by the evaluation and influenced by national discussions on future profiling outputs).	Presentations delivered and one made recently to Chilean academics for Children's Neighbourhoods project Evaluation report has been completed and going through publishing process. Presentation on profiles and their evaluation given to the Faculty of Public Health conference.	G
	Early years review	FC, VM	Completion of second stage qualitative research regarding parenting programme delivery in Clyde partnership areas (July 2017)	Core Scrutinise and report on the impact of family/parenting support programmes and initiatives on child and family outcomes.	Complete - research conducted, written up as a short report and disseminated across GGC children's services and through GGC public health directorate	G
	Childcare Pathfinder	FC, VM, BW	Baseline profile of and	Core Three-year collaborative project	Year 1 evaluation nearing completion Baseline profile of project geographic	G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	Evaluation Project		baseline Childcare data (August 2017) Qualitative research with parents/carer , parent/carer survey and telephone interviews with local childcare providers (Summer 2017)	(commenced October 2016) being delivered by Children in Scotland, Glasgow City Council and GCPH funded by BLF aiming to establish improved, innovative, affordable, and sustainable childcare in three East Glasgow neighbourhoods: Calton/Bridgeton; Parkhead/Dalmarnock; and Tollcross/West Shettleston. GCPH leading mixed methods evaluation of the process and impacts of the project.	area produced, baseline childcare data obtained from GCC, qualitative research commissioned and undertaken by Duddleston Harkins, telephone interviews complete. Year one evaluation report in preparation. Process evaluation methodology agreed and initial data collection underway.	
	Adverse Childhood Experiences (ACEs)	FC, DW	Completion of systematic review by early 2017	Core ACEs research group (DW, FC plus NHSGGC (Michael Smith), Glasgow University (Andrea Williamson) and NHS Health Scotland (Katy Hetherington, Gerry McCartney): current focus is to provide a better understanding of causal pathways related to links between ACEs and health outcomes. There are two overlapping components: (1) undertaking systematic literature review of the association between socio-economic status and ACEs; (2) supporting other research that will explore expert knowledge of evidence from all relevant disciplines, of various pathways linking ACEs to social, economic and health related factors.	Systematic review ongoing and within projected timescale. FC and Andrea Williamson currently analysing data from online survey of 43 expert practitioners/academics that forms 1 st phase of Delphi Poll in order to test out a cross disciplinary conceptual framework of theories and evidence that explain (or refute) the role that Adverse Childhood Experiences have on outcomes. Second phase will be undertaken in early 2018.	G G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
				Contribution to joint priority setting and action through Scottish Child Public Health Group/Scottish DsPH group in order to improve life chances for children and families.	Continues	
	Action research with three schools on implement'n and monitoring/ evaluation of GCC Education and Cordia joint School Food Policy.	JM	Final report Summer 2017	Core In final stages of this project: working with two remaining schools to identify findings and recommendations. Report to be used for engagement with Education department rather than publicly available.	Progress has been delayed due to competing priorities. Completion of a final report is still planned to be achieved this financial year.	A
Scottish Children's N'hoods (SCN)	Initiative development, awareness raising and embedding in local community Confirmed SCN neighbourhood area and boundaries Community engagement	JM, CT, LL	Phase 1 & early Phase 2 of planned approach Establish steering gp, SCN team and schedule of meetings Appoint Local Co-ordinator and prepare Dalmarnock	Core Joint initiative between What Works Scotland, Robert Owen Centre in GU, and GCPH to 'develop a way of working that provides an overarching synergy supporting the development of CYP in Dalmarnock.' Will build on and extend GCPH's community engagement and partnership working with local services and residents in surrounding East End communities and on the Centre's work on asset-based approaches across settings. Lizzie Leman has been appointed as a UoG Knowledge Exchange and Impact	The work of Children's Neighbourhoods Scotland continue to development with pace and direction and is engaging with children and families in Bridgeton and Dalmarnock and organisations working in the area. Initiative renamed to Children's Neighbourhoods Scotland (CNS) to reflect the inclusive nature of the work. The CNS planning group and Research and Evaluation group both (ROC, WWS, GCPH) meet monthly. The multi-agency CNS Advisory Group meet quarterly, chaired by Jackie	G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	<p>and analysis of local context</p> <p>Development of a shared SCN Theory of Change and evaluation plan</p> <p>Development and agreement by partners of project plan and communications strategy</p>		<p>Primary School as first SCN.</p> <p>Identify indicators of change and methods</p> <p>Press launch– Summer 2017</p> <p>Delivery launch of Dalmarnock SCN - Autumn 2017</p>	<p>Fellow to support the development, implementation and evaluation of the initiative.</p>	<p>Brock, CEO of Children in Scotland.</p> <p>The Local Co-ordinator has been appointed and the initiative is supported by a part-time administrator. Recruitment is underway to appoint 2 Research Associates.</p> <p>Extensive engagement and discussion has taken place, and continues, with local stakeholders across statutory, community, third sector and private sector.</p> <p>A local context paper has been developed with the aim of bringing together statistics on the neighbourhood, current known service and activity provision for children, families and young people, other initiatives in the area and qualitative data gained from conversations with parents and the local workforce.</p> <p>The Theory of Change for the initiative is in an early draft and a community session on the model is planned for January 2018.</p> <p>The CNS website and twitter account are now up and running and an initiative logo and flyers for use in the community have been developed. A learning event was held in October, This brought together those from a range of statutory and third sector</p>	

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
					organisations working in Bridgeton and Dalmarnock to learn more about the approach being suggested. A formal launch of the initiative is scheduled for the early new year.	
Child health	Preparation of paper on health care savings in early childhood associated with exclusive breastfeeding versus formula feeding	BW	Plan to submit to journal in autumn 2017	Legacy project Writing and editing research paper based on previous breastfeeding research programme data with 'Tomi Ajetunmobi and three other authors.	Draft currently being circulated around lead authors.	A
	Paper modelling impact of smoking in pregnancy on child health outcomes	BW	Modelling continues no firm publication dates	Legacy project Study using breastfeeding dataset (from project mentioned above). Role on ISD advisory group and contributing eventually to an academic paper.	Draft circulated to lead authors for comment	A
Disrupting the cycle of child poverty	Healthier Wealthier Children	JE, LN	1) Jun '17 2) Autumn '17	Core 1) Paper for publication - at stage of finalisation. 2) Conducting interviews with FI leads to update running costs of HWC project and return on investment - in planning stage.	1) Paper submitted and rejected by Journal of Poverty and Social Justice; reviewing whether to re-focus and re-submit. 2) Interviews in progress. Plan to produce a briefing paper on findings for FI Subgroup.	G G
	Cost of the School day	LN, JE	Draft paper planned for	Legacy project Following the end of the CoSD	Draft paper circulated to collaborators – beginning October. Awaiting input	G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	publication		end September 2017	research in Glasgow city, a peer-review paper is being prepared for publication in conjunction with CPAG and the University of Strathclyde (Dr Edward Sosu).	and comments.	
	Cost of the School holiday	FC, JE	Publish GCPH BP summarising study and recommendations by Autumn 2017	Core Following the finalisation of the feasibility study, led by Glasgow Life, and subject to agreement with partners involved in commissioning and supervising the study it is proposed that a GCPH BP be produced to complement and reinforce learning and actions that have flowed out of the 'Cost of the School Day' research.	Not progressed after discussion with partners as report submitted to Glasgow Poverty Leadership Panel and local action plan now being led by Glasgow City Council Education Services	A
	Children and Young People as carers	OR, JE	Publish report (June '17) and stakeholder event (July '17)	Core Undertake secondary analyses of the Glasgow schools survey (2014) to explore if being a young carer is associated with poorer outcomes and future job expectations, alongside a review of the evidence on health and social outcomes that may prohibit participation in education or labour markets. A final report will be produced with the learning shared with GCPH partners and local networks. Further consideration will be given to undertake primary research with young carers.	Report published and stakeholder event held in Aug 2017. Core analysis and short reports to be produced for other NHS GGC local authorities based on their school surveys, when data received. Additional analysis to be published as GCPH short report. Journal article framing caring as a public health issue being drafted, for submission January.	G
	Evaluation of	CH, CT,	Publish	Core	Evaluation of Big Noise Torry	G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	Sistema Scotland's Big Noise programme	KM	report and journal paper (June – July 2017) Ongoing dissemination and awareness raising	Since 2013 the GCPH has led the evaluation of Big Noise programmes in Raploch (Stirling), Govanhill (Glasgow) and Torry (Aberdeen). GCPH leads the evaluation collaborating with a range of partners including early-years specialists, health economists and national agencies such as NHS Health Scotland, Education Scotland and Audit Scotland. The GCPH evaluation seeks to understand the delivery of Big Noise and its impacts in the short-term, but also track over the long-term, using routine data, participants' health and educational outcomes as well as their contact with the social care, welfare and justice systems, as they transition into adulthood (in comparison to a control group).	(Aberdeen City) published in June 2017, alongside media briefing and seminar with range of partner agencies and community representatives in Aberdeen City. August 2017 publication in the Journal of Public Health: <i>'Transforming lives through music' as a public health intervention: further reflections on our evaluation of Sistema Scotland'</i> . Inclusion of Big Noise evaluation case study within the Chief Medical Officer's annual report (anticipated December 2017). Over 30 dissemination and awareness raising sessions; from community-based talks to presentations at the annual Faculty of Public Health conference and GoWell annual event.	
Citizenship and early years	Nurturing citizenship in the early years literature review	JM, VM	Final report due July 2017	Core This study will explore how citizenship can be fostered in the early years. The focus will be on understanding how citizenship is understood by those responsible for educational provision and childcare in the early years and the practices that they associate with supporting the development of citizenship as a dispositional characteristic or particular actions or expressions of responsibility or concern. Literature review commissioned to	Literature review complete and final report published on the GCPH website (October 2018). A blog on the review is being prepared and early discussions underway with the researchers as to the writing of a GCPH briefing paper and academic paper.	G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
				the University of Stirling.		
Adult years and working age	Building Connections	JS, PS	Final report due Autumn 2017	Core Testing approaches to deliver co-located services in two GP practices and one jobcentre in east Glasgow - working with the DWP at a strategic level to test approaches to improving outcomes for BME communities accessing job centres in the city. The final report published in conjunction with GCPH, JRF and WWS will detail the experiences of the project, identify transferable components of practice and produce a series of recommendations regarding approaches to collaborative working.	Final report published in mid-December and dissemination events held with practitioners and senior managers. Parliamentary event planned for the new year	G
	Welfare reform and Deep End	OR, JE	1 year delivery project which goes live Jun 2017	In Development Monitoring roll out of advice worker embedded in GP practices in (potentially) seven more locations over the next year. Will consist of monitoring GEMAP data; follow up interviews with clients who have gone through the service; key stakeholder interviews; analysis of HI diaries.	Outcome and process evaluation framework signed off, fieldwork being set up for March 2018, with final report due June 2018.	G
	Rising levels of personal, unsecure debt; exploring the implications for public health	CH	BP due late Autumn 2017	Core This briefing paper summarises key literature to explore the public health implications of unsecure debt. Unsecured personal debt, including; credit cards, overdrafts and short-term loans, is at its highest level in	Behind schedule but briefing paper rescheduled for early 2018. Schedule influenced by capacity required for Sistema dissemination	A

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
				the UK since before the 2008 economic recession. The current high levels of unsecure debt is projected to rise even higher in the coming years. Unsecure personal debt is now used for paying for essential household utilities and food, in contrast to pre-recession when this type of debt tended to be used for large consumer purchases such as televisions or white goods. Just over half of people in Scotland with debt consider it to be a significant burden on their life.		
	Access to NHS GGC services by vulnerable population groups.	JE, LN	Start summer 2017	In Development Preparation of paper outlining the extent of DNAs in Glasgow and synthesis of existing policy drivers, literature and work to address DNAs and access issues across NHSGGC. It is envisaged that the paper will inform NHSGGC planners and clinicians on potential further avenues of exploration.	Draft paper completed and shared with NHSGGC colleague. To be discussed again by short-term working group, established to decide on priorities for follow-on action.	G
Future of Social protection	GCPH/What Works Scotland partnership - exploring what a healthier 21 st century social protection might look like.	JE, PS N Watson, WWS	Start June 2017	In Development Three PhD students will be recruited to work with GCPH/WWS to co-produce 3 scoping documents to support the aim of exploring what a healthier 21 st century social protection might look like. The documents will be published on the GCPH/WWS websites and will serve as a foundation to undertake workshops with representatives from across Scotland on the development	Three students recruited (July 2018) to undertake internships over a three month timescale. There were minor revisions to the project aims with students working together on one scoping document, which was completed (Oct 2017). GCPH/WWS drafting/editing of the final document being completed. Project advisory group to reconvene (Jan/Feb 2018) and plan stage two:	G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
				of alternative and 'healthy' models of social protection. Students will have the opportunity to participate in this second stage. Both outputs (producing documents and workshop participation) will provide employability opportunities e.g. involvement in planning and negotiating and increasing awareness of policymaking networks and strategic/planning decision makers.	undertake workshops on the development of alternative and 'healthy' models of social protection.	
	Implications of on-going welfare changes including conditionality for in work benefits	BW, JE, LN & OR	Start summer 2017	In Development This project is in the early stages of development. However, it is proposed that the GCPH will work with NHS and other partners to outline a new piece of work that aims to describe the impact of welfare reform on populations across NHS GGC, using a mixture of data and case studies. The GCPH held a recent meeting with local and national partners to discuss the roll out of Universal Credit across Scotland and its wider impacts. The learning to emerge from this UC work will help shape this proposed area of work.	Meeting facilitated by Health Scotland held (Sep 2017) to develop a Logic Model exploring Universal Credit activities, mechanisms and potential outcomes (positive and negative). Further facilitated meeting planned (Dec 2017) to refine the model which will help shape this proposed area of work. A pilot project tracking media stories referring to UC is currently being undertaken. Informal evaluation of pilot will be undertaken with possibilities of extending this work into a student project.	G
Representation on expert panels, steering groups etc.	Poverty Leadership Panel Child poverty subgroup	PS, JE LN	Ongoing Ongoing	Core	Contributing to ongoing development work on future priorities for child poverty subgroup. Ongoing representation. GCPH hosting governance working group (Nov 2107) to discuss PLP format,	G G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	Governance group	JE, OS			membership, reporting, role of the work streams and priorities. Monitoring framework to be revisited once operational matters addressed by PLP panel.	A
	NHSGGC - Employability Health Strategic Group	JE	Ongoing	Core	Ongoing representation: the planned logic model work on Universal Credit will feed into this strategic group.	G
	NHSGGC - Financial Inclusion planning group	JE	Ongoing	Core	Ongoing representation.	G
	Scottish Government - Welfare Reform Health Impact Delivery Group	JE	Ongoing	Core	Ongoing representation: the planned logic model work on Universal Credit will feed into this strategic group.	G
	Scottish ACES Advisory Group	FC	Publication of a briefing on relevance of ACES for use of the Pupil Equity Fund by Education Professionals	Core Relates directly to tackling family adversity and connecting local and national priorities, learning and action across organisational boundaries.	Briefing produced and published by NHS Health Scotland in June 2017. Widely circulated to education professionals and other groups at a national level. FC continues to sit on and contribute to the work of ACES advisory group chaired by Linda de Caestecker.	G
	Child Poverty Action Group – Early Warning System expert advisory	LN	Ongoing		Ongoing	G

Area of focus	Projects	Lead(s)	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	group.					
	Deep End GP advice work – advisory group (NE Glasgow)	JE, OR	Ongoing		Continued presence on advisory group. Report published in September 2017. This work has links to the ongoing Deep End (GP cluster work) being undertaken by OR and JE, with final report due June 2018.	G

Programme: Understanding health, health inequalities and their determinants

Programme Leads: David Walsh and Bruce Whyte.

Programme Support: Marie Martin, Oonagh Robison, Welcome Wami and external organisations

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
Understanding Glasgow: the Glasgow indicators project	Development, maintenance and updating of health and wellbeing indicators for Glasgow	BW	<p>Updating UG is an on-going process through the year</p> <p>2. To be completed by November 2017</p> <p>3. Discussions completed by August 2017</p>	<p>Core</p> <p>1. Developing and updating the content of Understanding Glasgow (dependent on support from external partners and staff resources within Centre) Key areas include:</p> <ol style="list-style-type: none"> Population Health Poverty (including food poverty additions) Economic Participation Transport Environment Education Children's learning Community Safety (incl. social work stats). <p>2. Developing links to Excess Mortality topics</p> <ol style="list-style-type: none"> Adding selected graphs and text to relevant sections of UG Making links to Excess Mortality report. <p>3. Discussions with external partners regarding support and resources for UG development and updating</p>	<p>1. Full updates made to population, child population and poverty sections</p> <p>Updates made to parts of sections including food poverty, child poverty, fuel poverty, social capital, children's lifestyle, transport to school, life expectancy.</p> <p>Work progressing on update to lifestyle section.</p> <p>Updates to other sections hampered by inability to recruit staff.</p> <p>2. Not progressed due to staffing issues</p> <p>3. Some discussions held with external partners but not all</p>	<p>G</p> <p>A</p> <p>A</p>

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
				<ul style="list-style-type: none"> a. Education Dept, GCC b. NHS GGC c. Glasgow Life d. Community Safety Glasgow. <p>4. Resilience Indicators</p>	<p>4. Resilience indicators and report published on UG</p>	G
Excess mortality research programme	<p>1. Continued dissemination of excess mortality synthesis report.</p> <p>2. National excess mortality analyses: publication of technical journal paper.</p> <p>3. 'Three cities' research (Glasgow, Liverpool, Manchester):</p> <ul style="list-style-type: none"> a. Ethnicity analysis: investigating protective effects for mortality b. Social class analyses 	DW (1-3)	Journal papers for 2 and 3a by end of year	<p>Core</p> <p>1. Continued oral presentations and selected written pieces.</p> <p>In Development</p> <p>2. ISD Scotland encouraged to take the lead (partly to encourage personal development).</p> <p>Core</p> <p>3. 'Remnants' of previous three cities programme of research:</p> <ul style="list-style-type: none"> a. part of broader ethnicity and health research programme, with this part examining the potential protective effects of ethnicity on mortality in Manchester compared to Glasgow (and Liverpool) using the Scottish and English Longitudinal Studies (with ISD Scotland, University of Edinburgh, NHS GGC and NHSHS). <p>In Development</p> <p>b. Led by MRC-SPHSU: GCPH contribution is support for/co-</p>	<p>1. Continues. The 30th – and possibly/hopefully – last presentation was given last week to VHS conference.</p> <p>2. Delayed because of other commitments in ISD Scotland. At a meeting last month, DW agreed to take the lead with the aim of completing the process in the next 6 months or so.</p> <p>3a) Delayed by NRS/ISD Scotland. However, analyses being completed by ISD Scotland this month, with write-up (journal paper) to follow</p> <p>3b. No progress – onus was on MRC-SPHSU to progress this. Suggest</p>	<p>G</p> <p>A</p> <p>A</p> <p>R</p>

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	<p>c. Journal paper(s) from 'spatial arrangement of deprivation' PhD</p> <p>d. Continued contribution to advisory group for 'impact of local policy and practice' PhD (UWS)</p>			<p>management of analyses and involvement in writing up of results.</p> <p>Core</p> <p>c. Main journal paper resulting from now-completed UoG PhD.</p> <p>d. Ongoing advisory role for UWS PhD.</p>	<p>given developmental nature this is dropped from list of projects.</p> <p>3c. Resubmitted last week following comments from reviewers.</p> <p>3d. Ongoing</p>	<p>G</p> <p>G</p>
National & international mortality analyses	<p>1. Cause specific mortality analyses by age and gender, Glasgow & rest of Scotland.</p> <p>2. Scottish and European mortality trends analyses for working age populations.</p> <p>3. Life expectancy trends by deprivation</p> <p>4. Age, period and cohort effects</p>	BW (1-4) and DW (4-6)	<p>Project 1 Report completed by June 2017</p> <p>Project 2 - decision on whether to progress this project this year by June 2017 (dependent on having enough trend data)</p> <p>Project 3 - Analyses and write-up of methodology</p>	<p>Core</p> <p>1. Detailed analyses of cause specific mortality by age and gender, comparing Glasgow with the rest of Scotland.</p> <p>In Development</p> <p>2. Analyses of Scottish and European mortality trends for working age populations (15-44 and 45-64). The timing of this work is dependent on having enough European trend data to compare to. Ideally an extra 5 years of data beyond what was published previously by GCPH. If sufficient years of new data then scheduling of analyses will follow.</p> <p>Core</p> <p>3. Analysis of long-term life</p>	<p>1. Mortality report complete and should be published at end November.</p> <p>2. Suggest delaying this analysis until sufficient data are available to provide an extra 5 years of data beyond what was previously published.</p>	<p>G</p> <p>A</p>

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	<p>analyses.</p> <p>5. Comparative analyses of poverty and mortality in parts of Scotland and USA (TBC).</p> <p>6. Trends in absolute and relative inequalities in mortality in Scotland & England</p>		<p>to be completed by August 2017</p> <p>Analyses complete for project 4 by end of year</p> <p>Journal paper for project 6 published by Autumn 2017</p>	<p>expectancy trends by deprivation for Glasgow and rest of Scotland.</p> <p>4. Age, period and cohort effects in mortality in UK cities (with NHSHS and University of Glasgow).</p> <p>In Development</p> <p>5. Being led by NHS Health Scotland and subject to various uncertainties (hence 'TBC').</p> <p>Core</p> <p>6. Analyses of trends in absolute and relative socio-economic inequalities in mortality for Scotland vs. England over 1981-2011 undertaken by ISD Scotland and NHSHS. Contributions to journal paper required.</p>	<p>3. Some data preparation undertaken but analyses delayed by other work.</p> <p>4. Likely to be delayed due to earlier delays. Required data now received (from ONS) but months late. Likely to be into the New Year before there is capacity to start analysing the data.</p> <p>5. New project spec agreed, and resource (i.e. Wellcome) identified to undertake analyses. However, those analyses are on hold until Wellcome's current social class analyses are complete.</p> <p>6. Journal paper published in BMJ Open in July 2017</p>	<p>A</p> <p>A</p> <p>A</p> <p>G</p>
N'hood profiling and analyses	<p>1. Neighbourhood Change project - Understanding health and social trajectories in 2 pairs of Glasgow neighbourh' ds.</p> <p>2. Creation of long-term</p>	BW (1-6) LG & PS (1)	<p>Project 1 (Neighbourhood Change) will be completed by July 2017</p> <p>Project 2 – Trend data available for use internally in GCPH and by others</p>	<p>Core</p> <p>1. Neighbourhood Change project - Quantitative data analysis was completed in March 2017. The write up of the project findings as a whole, including the desk-based research, key informant interviews and peer research is currently underway, for completion in July 2017. A range of alternative outputs are currently being devised in consultation with the Neighbourhood Change Reference</p>	<p>1. First draft completed before researcher went on Maternity Leave.</p>	G

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	<p>(1971 -2011) trends in socio-economic health indicators for Glasgow neighbourh'ds.</p> <p>3.Reporting on findings of Making Data Meaningful project and evaluation of West Dunbartonshire profiles</p> <p>4.Support HS's evaluation of population migration and health in Clyde Gateway area.</p> <p>5.Evaluation and future development of Children and Young People's profiles for Glasgow Neighbourhood</p>		<p>(July 2017) with short accompanying internal report on how trends created (August 2017)</p> <p>Project 5 - Evaluation of Children and young people's profiles completed and written up by September 2017</p>	<p>Group, for delivery in summer 2017.</p> <p>2. Creation of long-term (1971 -2011) trends in socio-economic health indicators for Glasgow neighbourhoods (with ISD Scotland). Trend data available for use internally in GCPH and by other researchers. There will be a short accompanying methodology report on how trends created.</p> <p>In Development</p> <p>3. Reporting on findings of Making Data Meaningful project and evaluation of West Dunbartonshire profiles (working with WWS fellow). Timescales difficult to predict but reporting likely by end of 2017.</p> <p>4. Support in an advisory capacity HS's evaluation of population migration and health in Clyde Gateway area (Health Scotland). Project likely to be over a period of years due to linkage requirements and other complexities.</p> <p>Core</p> <p>5. Evaluation of Children and Young people's profiles and evidence for action briefings will be carried out in May and June 2017, mainly using a Survey Monkey questionnaire (with</p>	<p>2. Data now exists and has been used in CHANGE project. Methodology report still to be completed.</p> <p>3. Progress hampered due to scarcity of evaluation data. Discussions continue Claire Bynner of WWS</p> <p>4. Work now being taken forward by Health Scotland so suggest dropping this project.</p> <p>5. Evaluation report drafted and being proofed. Presentation given at faculty conference</p>	<p>A</p> <p>A</p> <p>A</p> <p>G</p>

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	ds 6. Advice and links with other national profiling work involving the Improvement Service, Health Scotland and the OEPB (Outcomes, Evidence and Performance Board).			Fiona Crawford). Discussions with local and national partners (linked to 6) about whether to update and how to be taken forward during autumn of 2017. 6. Advice and links with other national profiling work involving the Improvement Service, Health Scotland and the OEPB (Outcomes, Evidence and Performance Board). Series of meetings planned into the autumn of 2017.	6. Attending meetings and linking into other national profiling.	G
Health inequalities & their determinants	Informing Investment to reduce health Inequalities (II). Income & earning inequalities analyses. Ethnicity and health project. Longitudinal cohort analyses. Systematic	DW (1-6) and BW (1-3)	Completion and reporting of analyses for projects 2 and 3 by end of year Results of initial analyses for Project 4 by end 2017	Core 1. Contribution to Health Scotland's development of the Ill tool as part of the advisory group. 2. Analyses of trends in earnings and income in Scotland, England, and a range of UK cities and other parts of the UK. 3. Exploration of literature and undertaking of analyses aimed at gaining a better understanding of the implications of the changing ethnic profile of Glasgow and West Central Scotland (and Scotland as a whole) on future health outcomes and inequalities in the city and region (and country).	1. Ongoing involvement on advisory group 2. Ongoing: effected by delays in obtaining the earnings data from ONS, but having obtained them, the bulk of the analyses are now complete. 3. GCPH report published on website in September 2017. First draft of journal paper version complete, and awaiting comments from co-authors. 4. Nature of analyses was changed by the interest of advisory group in exploring different theories of social class and their relevance to health outcomes. This resulted in (a) a journal	G G G G

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	<p>review of socio-economic inequalities in mortality.</p> <p>Public understanding of health inequalities project.</p>			<p>4. Joint GCPH-MRC/SPHSU post, currently exploring the impact of different aspects of social class on health inequalities (with MRC-SPHSU, ISD Scotland, and UCL).</p> <p>5. Led by NHSHS and MRC-SPHSU. Contribution includes undertaking of descriptive analyses and reporting.</p> <p>6. University of Edinburgh led project. Possible advisory role only.</p>	<p>paper being written (led by HS, and recently submitted) and (b) a delay in the analyses being undertaken (by Welcome Wami). However, those analyses are now well underway.</p> <p>5. Ongoing. Recently completed critical appraisal of 70 plus papers; descriptive analyses of data extracted from a large number of papers still to be done (this have been delayed by HS).</p> <p>6. Contributions will be required in the new year.</p>	<p>A</p> <p>G</p>
National and local groups	<p>1. Annual PHINS seminar.</p> <p>2. Input to ScotPHO collaboration in terms of steering group, news alerts and web pages.</p> <p>3. Scottish Health Survey Advisory Group.</p> <p>4. GGC Health and Wellbeing Survey.</p> <p>5. Society for</p>	DW (1, 2 & 5) and BW (1,3-4)	PHINS seminar is 29 th Sept 2017	<p>Core</p> <p>1. Organising programme for seminar.</p> <p>2. Includes ongoing maintenance of web site sections and contribution to steering group.</p> <p>3. Ongoing contribution.</p> <p>4. Ongoing contribution to advisory group.</p> <p>5. Part of organising committee for 2018 conference.</p>	<p>1. Successful event held in September 2017</p> <p>2. Ongoing</p> <p>3. Continues</p> <p>4. Continues</p> <p>5. Continues</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p>

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	Social Medicine annual conference.					

Programme: Sustainable inclusive places

Programme Leads: Russell Jones and Jill Muirie

Programme support: Bruce Whyte (sustainable, inclusive travel, Cat Tabbner (community engagement and empowerment), Gregor Yates (healthy urban environments), Jennie Coyle (communications and knowledge exchange and GoWell), Jessica Watson (community engagement and empowerment)

Other contributors: Carol Tannahill (GoWell), David Walsh (GoWell), Fiona Crawford (M74 study), Valerie McNeice (healthy urban environments)

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
Sustainable travel and transport	South City Way monitoring	BW		In Development Advisory role, working alongside the University of Glasgow's Urban Big Data Centre and Sustrans monitoring and surveillance team, in project involving use of Strava data to help evaluate impact of new segregated cycling infrastructure in south of Glasgow. Project spec. and funding still to be agreed but looks likely to proceed.	This work will proceed with BW in an advisory capacity but will not start until the South City Way is in place in about a year's time. Programme manager has also been developing another Strava based project with UBDC to estimate cycling levels in Glasgow and then to use cycling data to estimate cycling's contribution to achieving guideline levels of physical activity and to health economic benefits.	G
	Understanding trends in bus use, car ownership and walking	JM		In Development Explore collaboration with UofG, and possibly SPT, building on forced car ownership GoWell research.	Discussions are ongoing with Julie Clarke from UWS and Iain Docherty from UofG to explore how we can most usefully collaborate. Due to problems in finding time to meet, these discussions are less advanced than we initially hoped.	A
	Analysis of Census travel to work/study trends from 2001 and 2011	BW	Project to start in Aug 2017	In Development Work to be carried out by Physical Activity for Health Research Centre at Edinburgh Uni (subject to accessing data). There are three main aims of this	This project started in September but has been delayed due to delays in getting access to Census data. Recent emails suggests that access to data required is now imminent. BW is meeting with researchers to	A

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				<p>work:</p> <ol style="list-style-type: none"> 1. to examine and model levels and trends of active commuting (walking and cycling) to work and study in Scotland, using 2001 and 2011 census data; 2. to explore how these may differ according to sociodemographic factors linked with health inequalities (age, gender, ethnicity and socioeconomic status); 3. to conduct an economic assessment of the health benefits of walking and cycling (using the WHO HEAT tool). <p>Specification still to be finalised. Impact of recession and young people and car ownership to be included in analysis.</p>	<p>gauge progress in late November and to reschedule timescales.</p>	
	<p>M74 study. As co-investigator contribute to finalisation of research findings, conclusions and recommendations and production of final report and journal article</p>	<p>FC</p>	<p>Targeted briefings; Briefing Paper on findings; GCPH seminar (Autumn 2017]</p>	<p>Core</p> <p>Final report due to be published in June 2017. Dissemination and communication plans are being developed to facilitate impact and influence on policy and practice in Glasgow. Plans include:</p> <ul style="list-style-type: none"> • Email alert to key stakeholders/decision makers with link to scientific summary and full report on NIHR website. • Create and issue a plain English summary of findings for all involved as research participants 	<p>Final report approved and published by NIHR in June. Key stakeholders in GCC alerted but no wider dissemination at that time due to purdah.</p> <p>A range of outputs from study publicised via communications team in late November 2017. Updated section on website highlighting infographic summaries of main study findings, RTA analysis and community engagement programme, links to full research report and plain English summary as well as list of academic</p>	<p>G</p>

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
				<p>or during community engagement to send out (Lou).</p> <ul style="list-style-type: none"> Send out findings alert along with link to community engagement final report, which is finalised (Fiona Crawford/Jennie/Carol Frame). Write a BP based on findings but drawing on other evidence/research on transport and health, particularly active travel synthesis (Fiona Crawford with help from David/Lou). Organise GCPH seminar in the autumn placing findings in wider context of urban liveability/inequalities with an invited round-table the following morning to pursue thinking on actions locally. <p>Collaboration with David Ogilvie and Louise Foley (University of Cambridge) and funding by NIHR.</p>	<p>publications.</p> <p>Decision taken not to proceed with BP and to focus on shorter more accessible outputs.</p> <p>GCPH workshop for key stakeholders held in late October attended by individuals from a range of organisations including Transport Scotland, Clyde Gateway, Glasgow City Council (including 2 elected members), GCPH, Transform Scotland.</p>	
Sustainable travel and transport - Glasgow City Deal:	Knowledge exchange/knowledge into practice collaboration with University of Glasgow and What Works Scotland	CatT, JM, David Waite (UofG)		<p>In Development</p> <p>Exploring how GCPH can support knowledge exchange and knowledge into practice as part of a City Deal pilot. Engaging communities would be a key part of this.</p>	<p>Members of the SIPs team are providing advice to David on this project and team (JM and Catherine Tabbner) are directly involved in supporting this work. A logic modelling, facilitated by evaluators from NHSHS will take place in November which will inform the development of a programme theory for the Sighthill City Deal project which will then enable an</p>	G

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	supporting a pilot project applying the inclusive growth framework (being developed by David Waite at UofG)				informed process of identifying suitable indicators and measures of the project's short and longer term progress and success.	
Healthy urban environments	Weathering Change	RJ, GY, VM	<p>Report on Phase 1 Summer 2017</p> <p>Presentation at ECCA conference June 2017</p> <p>Presentation at Int'l Conference on Urban Health</p> <p>Feed into other Sniffer adaptation activity (ongoing)</p>	<p>Core In collaboration with GCC, Sniffer, Greenspace Scotland (links with innovative approaches programme). Action research exploring community resilience in the face of climate change working with local residents, community-based organisations and public sector organisations in the north of the city.</p> <p>In Development Explore links with other relevant developments (e.g. City Deal/Thriving Places), align with Action Plan for Supplementary Guidance "Green Belt and Green Network" and expand work to other part(s) of the city.</p>	A draft report has been produced and is being reviewed by project partners. The report will be published in early 2018 and presented to the Environment, Sustainability and Carbon Reduction Committee (GCC) in February 2018. Scoping has taken place to consider how the learning from the project may be applied elsewhere. Involved in ongoing work with Sniffer bringing together learning on how to support community resilience (to be synthesised into a two page document with policy recommendations for the Scottish Government).	A
	Children's access to good quality	BW	Completed maps and methodology	In Development Continued collaboration with Urban Big Data Centre (University of	Maps of quality assessed greenspace have been created for east of Glasgow.	A

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	greenspace and play space		report, Oct 2017	Glasgow) and planners in Glasgow City Council to create maps and summary indicators of children's access to 'quality assessed' greenspace across the city. This is a development of a basic indicator used in the CHYPs, which did not take account of the quality of greenspace. The aim is to create maps and summary indicators that can be used to influence discussions and planning decisions in Glasgow. As an example, such resources will be potentially of relevance to childcare developments in Glasgow and some information has already been fed into the Childcare Pathfinder project.	<p>Data has been presented to CHANGE project meetings and a CHANGE event. BW to write a blog for UBDC describing work and making connections to uses in education, the development of new early learning provision and with respect to active travel.</p> <p>Meeting with UBDC and council collaborators to be arranged.</p> <p>Internal methodology report still to be written.</p>	
	Strategic Development Plans Request to change to "Supporting Processes of Change"	RJ, GY, JM, BW, CT, CH, JW	Mostly ongoing Consultation response to Supplementary Guidance on Placemaking and Supplementary Guidance on Green Belt and Green Network June 2017	<p>Core</p> <ul style="list-style-type: none"> Actively maintain links with Clydeplan, GCC and others to stay on top of emerging changes to planning system and continue to exert influence to consider health. Submit consultation responses. Actively engage with City Region City Deals as appropriate. 	<p>Based on discussion with team, we request to change the title of this project to "Supporting Processes of Change" to better reflect not only the formal, but also informal day-to-day connections that ensure health is brought to the table in thinking and discussions.</p> <p>Continue to engage with Clydeplan, GCC, Green Network Partnership, community groups and others to influence policy and practice.</p> <p>Response to Placemaking Supplementary Guidance submitted to Glasgow City Council in July 2017.</p>	G

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
					Consultation response being drafted for Scottish Government on low emission zones	
	PhD student project	RJ	<p>Systematic review article published in SSM Population Health May 2017</p> <p>Additional articles submitted for publication Summer 2017</p> <p>PhD completion Autumn 2017</p> <p>Briefing paper synthesising project Winter 2017</p>	<p>Core</p> <p>External advisor on project on built environment, social capital and physical activity.</p>	<p>Systematic review article published in SSM - Population.</p> <p>Articles submitted to PLOS-ONE and SSM.</p> <p>Viva scheduled for December 2017.</p> <p>Writing of briefing paper to begin early 2018.</p>	<p>G</p> <p>G</p> <p>A</p> <p>A</p>
	Private rented sector (PRS) housing	RJ, GY, OR, LG,	<p>Identification of quant. data sources. (Summer '17)</p> <p>Commission mapping (Summer 17)</p>	<p>In Development</p> <p>Partnership links developed with Shelter and Glasgow City Council DRS:</p> <ol style="list-style-type: none"> 1. Mapping the distribution of PRS across Glasgow and profiling those living there. Including GIS 	<p>Variety of data sources and studies identified. Met with CACHE and Urban Big Data Centre. Decided not to commission but to explore partnership with Urban Big Data Centre for mapping.</p> <p>Met individually with GCC and Renfrewshire Council and presented</p>	<p>G</p> <p>A</p>

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				<p>and stakeholder interviews.</p> <p>2. Identify two or three different areas of the city where PRS is high and comprises different populations to conduct further qualitative. Exploration of the experiences of those living within the PRS.</p> <p>Link with UK Collaborative Centre for Housing Evidence and Urban Big Data Centre.</p>	<p>study idea at the Housing subgroup of the Glasgow City Region. Support in principal gained from 8 Local Authorities to acquire Landlord Register Data for each LA from Scottish Registration Office. Currently following up.</p>	
Sustainable food	Glasgow Food Policy Partnership (GFPP) and Sustainable Food City work.	JM		<p>Core</p> <p>Contribute to the strategic direction of the FPP, support the development of the FPP action plan and lead on relevant projects as appropriate. Focus specifically on food poverty. Jointly fund a PT coordinator for GFPP (with Soil Association) for 1 year who would be located within Olympia.</p>	<p>JM remains the interim Chair of the GFPP and undertook engagement with key stakeholders and Councillors in quarters 1 and 2, to increase awareness of the GFPP and its aims and to increase support for its work. In addition, focused work has taken place with members to agree 4 key areas of work, which will form the basis of the GFPP action plan which is in development. These are: addressing food insecurity; public sector food procurement; reducing food waste; reducing sugar consumption (Sugar Smart campaign). JM has been engaging with partners and supporting related work (e.g. speaking at the launch of the Sugar Smart campaign in North Glasgow) and mobilising support for objections to the Coca Cola</p>	G

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					<p>Christmas Truck visit to Glasgow.</p> <p>In association with GCC and Soil Association Scotland, have submitted an application for a grant for a half time Partnership coordinator (if successful the post will start in February 2018). This post will be match funded by GCPH and GCC. This post will have responsibility for improving our communications, for maintaining stakeholder relationships and for providing administration and support to the partnership. (Update: bid successful)</p> <p>In November 2017, the Council Plan was published which included a commitment to making Glasgow a 'Sustainable Food City' and the GFPP was identified as the key partner- this indicates the support and commitment of the Council to the Partnership.</p>	
	Glasgow Community Food Network	JM		<p>Core Project Support the development and launch of the Glasgow Community Food Network. Note: Due to launch in June 2017.</p>	<p>This community network launched as planned in June. Since then it has become an independent entity (with CIC status) and their funding has been passed directly to them to manage. There were a number of challenges in our management of this funding (which came from SG to support the establishment of the network) but now that this has been passed on, these challenges no longer exist.</p>	G

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					Going forward the GFPP (see above) will have a role in supporting the GCFN as it evolves and tried to establish more financial independence.	
	URBACT	GY, RJ, PS	Draft action plan Spring 2018	Core Working with Glasgow City Council, developing an action plan to support Possilpark to become more food resilient. Meeting requirements of URBACT through ensuring project milestones are met throughout the project. Establishment of governance structure for delivery of project in Summer 2017. Explore links with GFPP.	GCC have appointed Propagate to support the delivery of this project. There are plans to source a vacant shop unit on Saracen Street, Possilpark, to create a temporary food hub. Links are being made, via GCPH, to the work of the GFPP and GCFN (see above)	A
	Provide support to the Dalmarnock food hub social innovation fund feasibility project.	JW, JM		In Development Potential to consider this as a pilot for sustainable food city principles.	Continue to provide advice, guidance and support with this project as it evolves. More hands on support is provided at key points in the funding cycle. There are also links with the GFPP and the GCFN.	G
Community engagement and empowerment	Synthesis of GCPH community engagement work and identification of learning that can be used to inform future work (internal	JW and Cat T		Core Outputs to be utilisation focused briefing papers (one on research and one for service providers).	Currently on hold due to other priorities. Due to progress in quarter 4. Is likely take the form of shorter summary document highlighting the important and transferrable learning from work to date than a full and detailed synthesis/briefing paper. CT and JW to meet with Sara Dodds to review approach to synthesising	A

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	and external work). Innovate and evaluate promising approaches to community engagement to improve health and social justice outcomes	JM, Cat T, JW	Briefing paper: learning from using community engagement techniques to link action research with evaluation	<p>In Development Further discussion required and proposal paper in development. Explore opportunities for small scale pilot work to link research, community engagement learning and community action, e.g.</p> <ul style="list-style-type: none"> - Provide community engagement expertise to help link SCDC's action research about implementation of Participation Requests with an evaluation of the Act's impact on inequalities. - Support community group(s) to undertake participatory budgeting – linking community engagement approaches to research, evaluation and community action. 	<p>existing CE work.</p> <p>This work has evolved and now takes the form of input to a range of projects that link research, community engagement learning and community action, rather than focusing on one specific output/briefing paper. These projects include:</p> <p>Work with SCDC: the plans here have evolved and SCDC are now providing an input to the Power, Health and Social Justice HFF20. In addition, the work they have done in relation to the CEA is contributing to the evaluability assessment being undertaken with Health Scotland (see other objective).</p> <p>Work with Health Scotland and CHEX/SCDC has been agreed to translate reports from GoWell Panel learning events into a case study about the unique work that was undertaken to combine the Place Standard with application of the National Standards for Community Engagement.</p> <p>Desk-based research to understand current scale, complexity and capabilities in PB was completed on time. Once the paper is at a suitable stage, the second aim will be to co-design a community engagement approach that will enhance GCPH reach, capacity building and provide</p>	A

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					<p>learning about how the paper is used within communities.</p> <p>Support and community engagement expertise is being provided to the New Perspectives project that is being led by Bruce.</p>	
	Evaluability Assessment of Community Empowerment Act	Cat T		In Development Design and apply community engagement techniques to the evaluability assessment being led by NHS Health Scotland, and providing input on aspects of the Act and secondary legislation from a community perspective.	This work is progressing well and a discussion paper will produced by end 17/18 which outlines the different parts of the Act, provides a theory of change showing how they could contribute to a reduction in inequalities and unequal power relations, potential risks, assumptions and important wider influences and proposes a number of research/evaluation questions.	G
	To engage effectively and contribute positively to the local community in which the Social Research Hub/the GCPH is based.	JW		Core Initiate, support and manage a range of community engagement and capacity building activities within the Olympia Social Research Hub and in the surrounding area that draw on research expertise in the GCPH. Including work with Children's Neighbourhoods and work with Housing Unit.	<p>Work to date:</p> <ul style="list-style-type: none"> -5 building tours run as part of the Doors Open Day Festival 2017 in September, with 101 members of the public visiting and hearing about our work; -'Speed dating' social research event run as part of the ESRC Festival on 9 November, featuring 8 projects with a local link and an audience of ~30 representatives of local groups and/or professionals with a link to the area. -Information stall at Calton Heritage and Learning Centre 'Open Day' on 13 November including development of activity to share information about our work [RJ and CT] -Ongoing relationship-building with 	G

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					<p>local contacts - and signposting and connections made to relevant projects/colleagues</p> <p>Upcoming work: -Place standard event with UK Healthy Cities network to be held 11 December at Calton Heritage and Learning Centre [RJ] -Early stages of project to coordinate schools engagement efforts with UofG colleagues and to build stronger links with schools local to Olympia -Plans for a Glasgow Science Festival event and development of engagement activity trialled at 13 November CHLC event</p>	
GoWell	Lead responsibility for governance & delivery of GoWell commitments	Carol T, JC		<p>Core Formal governance and accountability through GoWell quarterly Steering Group, co-ordinated by GCPH. GoWell has reached the end of its original final planned phases of data collection and analysis but additional funding has been secured for 2017/18 for data analysis. This analysis, the communication and dissemination of this and the existing outputs and an exit strategy for GoWell are key commitments for the year.</p>	Steering Group meetings held in May and Nov and agreed to meet on six monthly basis going forward with next meeting due to take place in May 18. More regular meetings between GoWell and the key sponsors taking place via the newly established Knowledge Exchange Forum. Exit strategy for GoWell due to be discussed in more detail at May 18 Steering Group.	G
	GoWell Community Engagement	Cat T		<p>Core The GoWell panel exit strategy will conclude with the GoWell Annual</p>	The GoWell exit strategy was completed successfully at the GoWell event in September when a	G

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	work programme			event. Panel members will be supported (2 sessions) to plan, develop and deliver their input to the event.	<p>celebratory lunch to thank and commend Panel members took place. Prior to this Panel members were supported with next steps that had a range of empowerment outcomes. Panel members' groups have feedback that these individuals have acted as catalysts and moved forward projects with the peers at a much faster rate and higher quality than anticipated.</p> <p>Additional work has also been done to support some Panel members to contribute to the PLP Community Activist Panel –however, for a number of reasons, there is a substantial risk that Panel members will discontinue. Consideration is being given about the appropriate support to provide.</p>	
	Communications & dissemination	JC and Cat T	Annual event Sept 17	Core Communications paper brought to May 17 Steering Group to consider communications priorities for remainder of GoWell. Although sponsor funding for ongoing analysis has been secured for an additional year, communications will continue to be resourced by the GCPH and this support and activities will run both concurrently and subsequent to the analytical work. The timing and dissemination of reports and findings over the course of the year is crucial and a short-term Knowledge Exchange Forum is to be established	New Knowledge Exchange Forum established consisting of GoWell PIs and Communications Manager and key representatives from each of the sponsors. First meeting held in Sept, second meeting in Nov and next meeting due to be held in Feb 18. This group will consider and advice on knowledge exchange opportunities for specific findings and topics with a key focus on informing and linking GoWell into relevant local and national policy and practice developments and forums. All planned reports published as	G

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				<p>to inform this.</p> <p>Key outputs/activities already agreed for the year include the finalisation and dissemination of the wave 4 findings, community cohesion and neighbourhood change , new build, and changes in health-related indicators reports; annual event in Sept 17, final community newsletter to all study areas, ongoing online activity via the GoWell website, Twitter account and e-update. Ecological report on long-term trends, report on qualitative study into foodbank use and other themed outputs from ongoing analysis also planned and communications and dissemination support will be provided for these. Briefing paper on learning from GoWell community engagement strategy and Panel processes and outcomes.</p>	<p>expected and ongoing dissemination of these. Annual event held in Sept, attended by 70 delegates. Feedback received anecdotally and via the evaluation forms very positive. A report of the event is in production.</p> <p>A briefing paper and practitioners toolkit to share learning from the GoWell community engagement and empowerment work programme are in development and due for completion by end 17/18.</p> <p>The final GoWell newsletters will be prepared for circulation in Spring 2018.</p>	
	Ecological monitoring relating to GoWell – record linkage:	DW	Creation of linked file for potential future analysis	Core Oversee record linkage exercise to link baseline survey data to routinely collected morbidity and mortality data.	This is 'on hold' pending clarification/direction from GoWell PIs	A
	Ecological monitoring relating to GoWell – long term trends	DW	Short report and data set (for September Annual event)	Core Undertake analyses of long-term trends (1971-2011 where possible) in census-based data relevant to health and its determinants for GoWell study areas and comparator	Complete. Two reports (by Morna Watt (intern)) sent to GoWell PIs in July. Data sent also sent to Ade Kearns for any further analyses.	G

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				neighbourhoods in Glasgow.		
Thriving Places	Support Aspiring Communities Fund project in Gorbals	JM/Carol T with Andrew Fyfe (Research Scotland)		In Development Provide advice on the development of this project if successful in being granted funding.	GCPH status is as a member of the 'consortium' with a role of providing support and advice. The start of these 2 projects has been delayed due to funding delays. As a result, dates for the project are being extended. GCPH (VMcN, CH) have offered to meet with both project teams to explore how GCPH can best support the planning, implementation and evaluation phases.	A

Programme: Innovative approaches to improving outcomes

Programme Leads: Jennifer McLean and Pete Seaman

Programme support: Valerie McNeice (asset-based approaches, perspectives on evidence), Lisa Garnham (CommonHealth), Chris Harkins (PB, Museums and Health), Russell Jones (volunteering and participation), Gregor Yates (volunteering and participation, assets and play)

Other contributors: Bruce Whyte (Glasgow Game), Jill Muirie (Links worker follow on, power animation), Jessica Watson (culture and health), Katie Moore (PB)

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Participatory budgeting	Evaluating the health and social impacts of PB Continued support to National BP working group	CH, KM	Briefing Paper – Winter 2017	Core Building on earlier influential publications and continued interest in PB by GCPH and nationally, continue to work in collaboration with What Works Scotland on PB research and evaluation. New PB briefing paper in development 'Evaluating the health and social impacts of PB'.	Upon consultation with What Works Scotland, various community groups in Glasgow and with support of GCPH community engagement specialist; the focus of the paper has evolved, and is now titled: <i>Supporting community-based evaluations of participatory budgeting</i> . The paper aims to support community-based practitioners in evaluating PB processes and impacts in the following 6 areas: People, Process, Projects, Participation, Power, Place New date for completion: March 2018	A
Volunteering and participation	Commonwealth Games Volunteer Study	RJ, GY	Two year follow-up survey report - Summer 2017 Commonwealth Games synthesis briefing paper -	Core Publication of final survey report as part of Commonwealth Games Clyde-sider volunteer study. Core Synthesis of key findings from Commonwealth Games volunteer study (survey findings and commissioned qualitative research) for GCPH briefing paper.	Published on GCPH website Draft briefing paper synthesising key learning from three surveys and qualitative research with volunteer applicants for the Glasgow 2014 Commonwealth Games. Advanced	G A

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	European Championships (summer 2018) Evaluation of Volunteer Glasgow's Volunteer Charter.		Autumn 2017 Article submitted to ' <i>Health and Place</i> ' - Autumn 2017	Core Working with Leeds Beckett University on a journal article for publication in a peer-reviewed journal on qualitative work conducted on the Glasgow 2014 Commonwealth Games volunteer applicants. In Development Publication of feedback from volunteers/volunteer applicants for the 2018 European Championships. Ongoing involvement in the steering groups for the development of the volunteering programme. In Development Supporting Volunteer Glasgow's ongoing use of the Volunteer Charter for Glasgow by evaluating the impact of the charter on participants.	draft. Expected publication April 2018. Delayed due to restructuring and loss of staff within Leeds Beckett University who are leading on publication. Expected to be picked up again in early 2018. Met with European Championships steering group several times. Draft study protocol to be submitted early 2018. Ten interviews completed with staff within organisations signed up to Charter. Interviews undergoing transcription and soon to be thematically analysed. Focus group to be held with Volunteer Glasgow staff. Report expected early 2018.	A G G
Social enterprise as health interventions	Homes for Good evaluation	LG, PS	Wave 1 completed February 2018 Wave 2 data collection by May 2018 Publication of	Core Commonhealth project (Homes for Good). Develop methods to evaluate new pathways to health creation arising from social enterprise (part of wider MRC funded CommonHealth project led by the Yunus Centre at Glasgow Caledonian University in collaboration with Stirling University, Homes for Good, NG Homes and	Methods paper complete and being redrafted for submission to peer review journal. The data collection continues with Wave 1 completed and Waves 2 underway	G G

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			underpinning theory by January 2018	YPeople).			
Asset-based approaches across services and settings	Synthesis and communication of learning on asset-based approaches	JMcl/V M	Animation of learning – Winter 2017	In Development Explore potential of an accessible resource to bring together and communicate learning from asset-based approaches work across multiple settings, highlighting common themes and value and principles of this way of working. Continued development of resources supporting practitioners interested in asset-based approaches.	Limited progress made to date in relation to this objective due to capacity. It is hoped some early development work exploring a range of creative options will be taken forward during the next 6 months.	A	
	Exploration of leadership supporting an asset-based culture change		Initial scoping paper Autumn 2017	In Development Initial scoping paper proposed outlining rationale for interest in this area, areas for exploration and identification of sources of literature. Linkage to Action across of Lifecourse programme – Review of the literature on citizenship in the early years and Scottish Children's Neighbourhoods.	Reading and preparatory work undertaken, scoping paper still in development. Continued interest in area. Recent attendance and contribution at WWS leadership and public service reform event.	A	
	Animating Assets follow up		Autumn 2017				
	Asset-based approaches in primary care		Ongoing				
	Partnership working and sharing learning		Ongoing	Core Exploration of the sustainability of asset-based approaches in local community settings – follow up of Glasgow Animating Assets research sites to review progress, activity, emergent issues and local impact since the programme finished, with a	Initial contact made with Glasgow Animating Assets research sites leads and meeting discuss potential and opportunity for learning based on follow up of sites being set up. Animating Assets team also meeting	G	

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				<p>view to further longitudinal review/contact. Further explore strengths and challenges of creating the conditions to support asset-based working locally.</p> <p>In Development Continued support for early conversations and work exploring asset-based approaches in practice in primary care. Working in collaboration with the GP lead and local third sector, it is hoped will offer the opportunity to test the application and impact of asset-based principles in a community setting.</p> <p>Core Continue to actively take up opportunities to present and share learning from across asset-based approaches programme of research and learning and provide support, advice and input to those exploring the potential of or implementing asset-based approaches both on long term and ad hoc basis.</p>	<p>up to discuss progress in respective areas in relation to this field of activity and new any opportunities.</p> <p>No further progress to report, despite attempts to get in touch with programme lead to offer support.</p> <p>Opportunities to share learning and insights and to work with others exploring or implementing asset-based approaches being actively taken up. Services research presented at the Faculty of Public Health annual conference in November.</p>	<p>A</p> <p>G</p>
Culture and health	Representing Communities Support for community-led grant application. Submit 2nd	PS JW PS	Summer 2017 Summer	Core Exit planning and delivery for Representing Communities: providing support for the community-led development of a grant application(s) by Dennistoun Community partners (Dennistoun	Representing Communities: i. Unsuccessful application to Carnegie late Summer on role of libraries in supporting health and Heritage Lottery Grant led by Glasgow Life on collaboration with	G

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	<p>draft of Policy Press chapter</p> <p>Briefing paper</p> <p>PhD Supervision</p>	<p>PS</p> <p>PS</p>	<p>2017</p> <p>Winter 2018</p>	<p>Library and Impact Arts) to ensure a legacy for Representing Communities work, with a focus on heritage and youth participation in Dennistoun.</p> <p>II and III. First drafts to receive feedback and by resubmitted accordingly.</p>	<p>Impact Arts to sustain the activity developed in Representing Communities engaging youth with the heritage of the area. Decision in the New Year.</p> <p>ii. Draft chapter submitted to Representing Communities lead but illness has prevented the book from progressing any further. Situation unlikely to improve</p>	R
	<p>Museums and health:</p> <p>Glasgow Life Befriending project</p>	<p>PS,CH</p>	<p>Responding to Glasgow Life timescale-likely to see progress</p> <p>Autumn 2017</p>	<p>IV PhD student Maddie Phillips to submit draft of thesis.</p>	<p>iii. Briefing paper drafted but capacity of PS in Acting Associate Director role has seen this reduce in priority</p>	A
	<p>Cultural Services and Health book chapter</p>	<p>PS (Mark O'Neil, Duncan Dornan)</p>	<p>Winter 17/18</p>	<p>I Supporting Glasgow Life in evaluability assessment of befriending project with Wheatley Group.</p>	<p>Museums and health</p> <p>i. Capacity issues at Glasgow Life mean this project is being re-imagined. Plan to meet Glasgow Life colleagues in New Year to see how GCPH can support new direction.</p>	A
	<p>Community Centres as resources for regeneration</p> <p>PhD</p>	<p>PS (Ade Kearns, Dave Beck)</p>	<p>Annual review</p> <p>August 2017</p>	<p>PhD supervision. Involves bi-monthly meetings with student and co-supervisors.</p>	<p>ii. Book chapter in advanced stage of drafting with publisher deadline for early 2018</p> <p>Community Centre's PhD PhD student chose not to continue after Annual review</p>	G
						R

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Exploring assets through play	Exploration and drawing together of evidence on benefits of play	GY	Briefing paper - Spring 2018	<p>Core Explore available evidence on the benefits of play, current policy on play and possible actions required to translate policy into practice to improve play opportunities (particularly in deprived areas). Briefing paper development.</p> <p>In Development Explore possibilities with Baltic Street Adventure Playground to co-design research to examine the role of the initiative as a community resource which has impact beyond the children, families, communities and places they engage.</p> <p>Linkage to Baltic Street Adventure Playground through Scottish Children's neighbourhood work in the Lifecourse Programme.</p>	<p>Work no longer progressing as planned at the start of the workplan period due to capacity and competing priorities.</p> <p>Interest in the benefits of play and role in building healthy community continues to be of interest and is being explored as a potential topic for the 'New perspectives on health' funding that is available within GCPH.</p> <p>This topic focus represents a cross-cutting interest for a number of programmes across GCPH - CHANGE, place-based approaches, urban health, access to greenspace, children's neighbourhoods, participation etc.</p>	<p>A</p> <p>A</p>
Glasgow Game	Glasgow Game in a box	BW	As required	<p>Core Continued support, awareness raising and usage of the Glasgow Game in a Box by partners and interested others. Provision of facilitation as required.</p>	<p>A Glasgow Game session for a group of young leaders on a Commonwealth leadership programme called 33Sixty with Common Purpose was run in August. A blog on the game from a participant is about to be published</p> <p>Game in the box given out to various people:</p> <ul style="list-style-type: none"> • Dr Sally Brown, Lecturer, Sociology of Health and Illness, School of Applied Sciences, Edinburgh 	G

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					<p>Napier University.</p> <ul style="list-style-type: none"> • Kay Cooper (Senior Health Improvement Officer), NHS Ayrshire and Arran. • Pamela Manley, PT Social Subject and RME Montrose Academy Academy. <p>Exploring whether to run a game as part of next year's Science Festival</p>	
Developing a perspective on 'evidence'	Exploring the nature of 'evidence'	JMcL/V M/PS	Publication of blog - Summer 2018	<p>In Development Development and publication of an initial blog on the GCPH website exploring wider perspectives in relation to the nature of evidence.</p> <p>In Development Hold small workshop/conversation to progress discussion around exploring the nature of evidence for asset-based approaches and wider interests.</p> <p>In Development Exploring participatory research and evaluation methods and sharing</p>	<p>A blog series focusing on 'resilience for public health' is now in progress, with the ultimate blog in the series to be written by VM and focused on 'the nature of evidence'. Contributions are from a range of partners and will focus on social protection, a capabilities approach to improving wellbeing, the shifting resilience agenda in Glasgow, and citizenship in the early years. It is anticipated that the first blog in the series will be published on the website in December.</p> <p>Initial conversations have taken place with a variety of stakeholders. Following the blog series, we intend to seek wider interest in forming a collaboration with shared interests in evidence and its use in public health policy and practice to move on the debate.</p>	<p>G</p> <p>A</p>

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				examples. Possible future collaboration with PHEN.	<ul style="list-style-type: none"> • Collaboration established with NHSGGC on participatory action research exploring the cost of the maternity pathway. • On-going advice and support provided to NHS Ayrshire and Arran on evaluative approaches to asset-based work. • Facilitated by Jessica Watson, open community engagement forum established with membership from the GCPH team and colleagues from the public engagement coordinators group at the University of Glasgow. 	G
Public Health Evidence Network	Power animation	JM	Completion - Autumn 2017	<p>Core</p> <p>Power animation completed as per 2016/17 work plan, with release and dissemination agreed and detailed within communications plan for work. In collaboration with NHS Health Scotland. Project due to end in 2017/18 Q2.</p>	<p>The Power animation was launched on 16th August. A communication and dissemination plan was developed and we have been implementing this with colleagues in HS.</p> <p>JM has been speaking at a number of workshops and conferences as part of this. In addition, GCPH is organising the HFF20 on 28th November around the themes of the animation.</p> <p>Initial reactions to the animation have been positive: the first stage of monitoring and evaluation data will be collated at 3 months and a short report will be prepared. Longer term</p>	G

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					evaluation plans have been drafted and are being discussed with partners in the Public Health Evidence Network (PHEN).	
Link worker follow-on	Membership of Links Worker Monitoring and Evaluation group and Advisory Group	JM, PS, JE	Attend meetings as required reviewing M&E group membership at end of year	<p>Core Member of Links Worker Monitoring and Evaluation Group (JM) at least for the first year, to give continuity and 'memory' to the group's discussions.</p> <p>GCPH will also be represented on the Advisory Group (PS,JE) with a role offering learning and evidence from the other relevant work and research GCPH has been involved in, and also to offer a 'critical friend' perspective.</p>	<p>These groups have not yet met due to a delay in confirmation from Scottish Government on a way forward for this work.</p> <p>There have been a number of changes to the programme (including reduced numbers of participating practices) and as part of these changes there will no longer be a larger Advisory Group as planned. A smaller advisory group for the early adopters is planned that will be chaired by a Chief Officer from Health and Social Care.</p> <p>There are still plans to evaluate the extended programme (43 practices) but details of the size and scope are awaited. The first meeting of the Evaluation Group is expected in late 2017.</p>	A Due to delay in planning by HS and SG
Partnership working, sharing learning and supporting practice across work of Programme	<p>Sharing learning and dissemination of findings</p> <p>Partnership working and support</p> <p>Expertise on</p>	ALL	Ongoing, as required/ opportunities identified	<p>Core Continue active dissemination of research findings and learning from areas of focus and projects across Programme, taking up opportunities for sharing learning where possible, with external audiences and partners and also across GCPH.</p> <p>To continue to increase the impact of</p>	<p>Across the programme the team continue to actively take up opportunities to present and share research and learning from across areas of focus and activity, including to Volunteer Glasgow and as part of the Festival of Social Science.</p> <p>Work from across the programme was presented at the Faculty of Public Health conference in Aviemore.</p>	G

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
	advisory/steering groups			<p>GCPH work on approaches for improved outcomes by establishing joint working and building chains of alliances.</p> <p>Provide support and advice to organisations (statutory and third sector) that are exploring and developing new innovative approaches to practice.</p>	<p>Continue to provide support, advice and input to those exploring innovative ways of working and approaches to improving outcomes, on long term and ad hoc basis, including supporting colleagues from NHS Ayrshire & Arran, NHS HS, North West Recovery Communities, Children's Neighbourhoods Scotland, One Parent Families Scotland, and the Alliance.</p> <p>Ongoing collaboration with What Works Scotland in relation to PB. Two collaborative papers published to date and a journal article entitled 'Participatory Budgeting in Scotland: The story so far' is nearing completion. Also provided support to a schools-based PB process in Castlemilk "Reducing the Cost of the School Day –a Participatory Budget Project in Castlemilk" - as part of a short-term steering group.</p> <p>Also providing support, insights, time and capacity to a number of academic research proposals including University of Napier with McMillan Cancer Research, University of Stirling, NI Community Health and Development Network and Hull and York Medical School.</p>	
	Pittsburgh Collaboration	PS	Fortnightly Skype calls. Attend	Core Eighteen month project exploring what Pittsburgh can learn from	The Pittsburgh collaboration continues with a week-long exchange to the city in September 2017. Fortnightly skype	G

Area of focus	Projects	Lead	Milestones for 2017-18	Description/ Comments (include whether 'Core' or 'In development')	Mid-Year Update	R/A/G
			Pittsburgh session September 2017	Glasgow' experience of responding to de-industrialisation and developing resilience strategy. Presentation/ workshop will be required from PS in September and taking share of organising guest contribution to fortnightly Skype calls.	meeting and 'webinars'; have taken place including a focus on opioids and diseases of despair and strategies to combat loneliness and isolation.	
	Glasgow City Health Inequalities commission, Mental Health Support group	PS	Reporting Summer 2017 Joint workshop Autumn 2017	Core To support launch and dissemination of outputs. Knowledge translation activity through joint Health Scotland/HSCP/NHSGGC/GCPH event.	Commission reported in October and GCPH led on production of films and a 'making sense of the recommendations' event with Health Scotland and Glasgow Health And Social care Partnership facilitated by PS	G



**Glasgow Centre for Population Health
Management Board Meeting
Wednesday 20th December 2017**

Budget position: Month 07 October 2017

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the first seven months of 2017/18 showing expenditure to date of £763,835.
- 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 resulting in a forecast underspend of £5,702.

Commentary on Table 1

1. The column showing planned expenditure is in line with that previously reported to the Board in August.
2. Actual spend for the first three months of £763,835 is broadly in line with what would be expected at this point in the year.
3. The amount carried forward from 2016/17 at line I4 has now been confirmed as £106,877. This is slightly reduced from the original plan 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 to staffing costs has resulted in the overall plan now forecasting an underspend of £5,702.

**Liz Anderson
December 2017**

2017-18 Financial Plan

		<i>Planned 2017/18 £</i>	<i>Actual at Month 07 £</i>	<i>Forecast Full Year £</i>	<i>Variance from Original Plan £</i>
	<i>Income</i>				
I 1	Annual SG Allocation	1,250,000	1,250,000	1,250,000	-
I 2	Sponsors Contribution to GoWell & GoEast	108,000	49,350	108,000	-
I 3	Other Income	106,000	25,464	106,000	-
	<i>Total Income 16/17</i>	<i>1,464,000</i>	<i>1,324,814</i>	<i>1,464,000</i>	<i>-</i>
I 4	Carry Forward from previous years	<i>115,432</i>	<i>106,877</i>	<i>106,877</i>	<i>8,555</i>
	<i>Total Available 16/17</i>	<i>1,579,432</i>	<i>1,431,691</i>	<i>1,570,877</i>	<i>8,555</i>
	<i>Expenditure</i>				
	<i>Research:</i>				
E 1	Action on Inequality	71,000	32,836	71,000	-
E 2	Understanding Health Inequalities	33,600	24,295	33,600	-
E 3	Sustainable Inclusive Places	55,950	7,589	55,950	-
E 4	Innovative Approaches to Improving Outcomes	30,500	14,125	30,500	-
E 5	GoWell/GoEast	120,000	18,297	120,000	-
E 6	New Perspectives on Health	48,000	12,000	48,000	-
E 7	Allocation to Networks	27,000	11,505	27,000	-
	<i>Total Research</i>	<i>386,050</i>	<i>120,647</i>	<i>386,050</i>	<i>-</i>
	<i>Communications:</i>				
E8	Communications	45,000	9,802	45,000	-
	<i>Total</i>	<i>45,000</i>	<i>9,802</i>	<i>45,000</i>	<i>-</i>
	<i>Management and Administration</i>				
E 9	Centre Management, Admin & Running Costs	27,000	5,238	27,000	-
E 10	Accommodation Costs	118,000	57,099	118,000	-
E 11	Core Staffing	1,003,382	571,049	989,125	14,257
	<i>Total Management & Admin</i>	<i>1,148,382</i>	<i>633,386</i>	<i>1,134,125</i>	<i>14,257</i>
	<i>Total Expenditure</i>	<i>1,579,432</i>	<i>763,835</i>	<i>1,565,175</i>	<i>14,257</i>
	<i>Balance</i>	<i>(0)</i>	<i>667,856</i>	<i>5,702</i>	<i>(5,702)</i>



**Glasgow Centre for Population Health
Management Board Meeting
Wednesday 20th December 2017**

GoWell programme: update and latest findings

Recommendations

GCPH Board members are asked to:

- Consider the survey findings describing changes over time in the GoWell communities;
- Discuss implications for the work of the GCPH and partner organisations.

Background

1. Area-based and housing-led regeneration has been underway in many parts of Glasgow over the past 10-15 years, since the transfer of the council's housing stock to GHA in 2003. The transfer facilitated the financing of improvements to the housing stock, a new customer focus for the delivery of housing services through a federated structure comprising Local Housing Organisations (LHOs), and the declaration of a set of large and small regeneration areas across the city.
2. GoWell is a quasi-experimental study of the health and wellbeing impacts of housing-led regeneration in Glasgow. There are 15 study areas in GoWell, grouped into five Intervention Area Types (IATs). Two of the IATs comprise regeneration areas: Transformational Regeneration Areas (TRAs) and Local Regeneration Areas (LRAs) where a mixture of housing stock demolition, new build housing, and housing improvements have been taking place. The other three IATs are: Wider Surrounding Areas (WSAs) which receive many of the people relocated from regeneration areas; Housing Improvement Areas (HIAs) which tend to be popular, mixed-tenure communities; and Peripheral Estates (PEs), where new private housing developments were planned for former social housing estates. All the non-regeneration areas have seen widespread improvements in the social housing stock.
3. Residents of the 15 study areas have been surveyed on four occasions over the past decade; and the data have now been analysed to look at changes between the first (2006) and last (2015) surveys. Two methodological points to note: (1) as these are cross-sectional surveys, the findings represent overall changes for the study areas, not changes for individuals. These are descriptive analyses, and at this stage do not investigate the relationships between the variables examined nor the causal mechanisms at work. The variables reflect the holistic changes that regeneration seeks to bring about over time.
4. Findings will be presented to the Board by Prof Ade Kearns, Principal Investigator on GoWell. The programme has been a partnership between the GCPH, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit. It has been funded

by the Scottish Government, NHS Health Scotland, Glasgow Housing Association/Wheatley Group, and the GCPH. Funding is in place to the end of 2018, to enable further analysis to be undertaken.

5. The 2016/17 GoWell Progress Report is attached for information, and provides further background to the programme and activities undertaken during the past year.

**Carol Tannahill
December 2017**



**Glasgow Centre for Population Health
Management Board Meeting
Wednesday 20th December 2017**

**Two new reports: 'Recent mortality trends in Glasgow' and
'Changing ethnic profile of Glasgow and Scotland'**

Recommendations

GCPH Board members are asked to:

- Note two new publications reporting on recent trends in health outcomes and demography in Glasgow and Scotland relevant to our continued monitoring of health trends and their determinants and salient to the protected characteristics outlined in the Equality Act 2010 of age, race and sex.
 - Highlight which findings within the reports connect with their current or potential future organisational priorities and those of our partners.
 - Advise on opportunities for impact, influence and knowledge transfer within their networks.
1. This paper introduces two new reports produced by the Centre within Programme 2 contributing to our understanding of health, health inequalities and their determinants. Both reports increase our intelligence of how changes in the nature of Scottish society are influencing health outcomes in Glasgow and Scotland.
 2. The first report *'Recent mortality trends in Glasgow: age and gender specific mortality compared with the rest of Scotland'* highlights trends in mortality in Glasgow compared with the rest of Scotland across a 35-year timeframe from 1981 onwards, highlighting different trajectories in mortality in relation to age, gender and cause of death. Worsening trends for women and an increase in mortality for the over 65 age group are among the trends highlighted. The latter is consistent with findings from England where the effects of reduced spending on social care have been implicated (Watkins *et al.*, 2017). This report underlines the continued importance of monitoring Glasgow's health outcomes in comparison with the rest of Scotland and investment in actions to improve health here, given the disproportionate burden of deprivation experienced in the city and the city's part in shaping health outcomes at a Scotland level. Key questions for the Management Board relate to consideration of the implications of the trends for planning, practice and investments. We would welcome the Board considering how to raise awareness of the findings and encourage discussion of their implications in different forums in the city.
 3. The second report *'The changing ethnic profiles of Glasgow and Scotland, and implications for population health'* is more prospective in focus exploring the changing composition of Scotland's and Glasgow's populations in terms of ethnic diversity and the implications these changes may have for health outcomes and associated planning. It highlights a complex picture in which it is difficult to make definitive predictions. The question for discussion then becomes how GCPH should position itself in terms of future work planning in this area, as well as the Board identifying any obvious areas of connection with their own or partner priorities through which we could use the report to support continued engagement and developments in research, practice or policy.

Recent mortality trends in Glasgow: age and gender specific mortality compared with the rest of Scotland (Authors: Marie Martin and Bruce Whyte)

Background

This report identifies areas of progress and existing or emerging areas of concern in relation to Glasgow's health profile compared with the rest of Scotland. It is well established that life expectancy in Glasgow, while increasing over the last two decades, has remained lower than the rest of Scotland as a whole and in comparison with Scottish and UK cities. This report responds to considerable interest in understanding whether and how health in Glasgow is improving but also whether these geographic differences in health are reducing or increasing over time.

The work follows the GCPH report *Still 'the Sick Man of Europe'?: Scottish Mortality in a European Context 1950-2010* (Whyte and Ajetunmobi, 2012) which identified concerning trends in relation to Scotland's mortality, particularly for women and among younger adults. Mortality for younger working-age adults (15-44 years), which had seen a decline from the 1950-80s had, contrary to European trends, shown evidence of stalling. Continued monitoring of this age group was recommended. A later report, *'Glasgow: health in a changing city'* (Whyte, 2016) highlighted that despite improvements in life expectancy for both men and women, the gap in life expectancy between the most and least deprived areas in Glasgow for women had increased over the last 15 years from 8.1 to 10.7 years (the equivalent larger gap in male life expectancy of approximately 14 years remained unchanged over the same period). This finding confirmed the need to continue to monitor and understand mortality trends, particularly for women.

Key findings

The new report analyses trends in mortality by age group, gender and for specific causes over a 35-year period (1981-2015) in Glasgow compared with the rest of Scotland.

In terms of mortality trends by age and gender, all-cause mortality decreased in all age groups across Scotland but mortality remained higher in Glasgow with slower reductions in mortality leading to a worsening of Glasgow's position relative to the rest of Scotland in most age groups with the exception of younger working-age adults (15-44 years). In this age group, more positively for the city, the gap in mortality between Glasgow and Scotland narrowed.

Other key trends identified include:

- It is notable that while mortality among men and women aged 15-44 years is still higher in Glasgow compared with the rest of Scotland for most causes, recent relative improvements seen in Glasgow (particularly in terms of mortality due to alcohol, drugs and suicide) reduced the gap in this age group more than in any of the other age groups. The pattern of a more pronounced decline in drug- and alcohol-related deaths in recent years among younger adults (15-44 years) in Glasgow compared with the rest of Scotland, coupled with a rapid increase in drug-related mortality among older adults (45-64 years), particularly in Glasgow, may be partly explained by cohorts of individuals who were vulnerable to substance abuse as a consequence of societal influences during their young adulthood. As these cohorts get older, the age of death caused by substance abuse increases, and rates of mortality in the young adult age group subsequently declines.
- Cancer has replaced ischaemic heart disease as the main cause of death among older adults (45 years and over) and respiratory disease is becoming increasingly important as a cause of mortality among women in older age groups, particularly among women.
- There are reasons to be concerned about recent mortality rates in the oldest age group (65 years and over) in which the all-cause mortality rate increased between 2014 and 2015. Underlying this overall increase were notable rises in mortality due to

respiratory disease, ischaemic heart disease, cancer, cerebrovascular disease and external causes (mostly accidental falls in this age group). This worrying trend needs to be better understood and, as outlined in relation to the younger population, effective protective strategies are required to reduce the risks to health in this older population.

Taking a gendered perspective:

- The gap in mortality rates between Glasgow and the rest of Scotland is *greater for women than men in the 15-44 year age group* (32% higher for women, 18% higher in Glasgow), *but* the reverse is true in older age groups. The mortality rate in Glasgow compared with the rest of Scotland was 37% higher for women and 72% higher for men among 45-64 year olds in 2015 and among older adults (aged 65 years and over), was 17% higher for women and 31% for men.
- Suicide rates rose and then fell more *among men* in Glasgow than in the rest of Scotland between 1981 and 2015. This patterning over time is again in part explained by the 'vulnerable cohort' effect identified earlier. Campaigns such as Choose Life and other suicide prevention strategies are also likely to have had an impact.
- In the older age group (65+) gender differences in cancer mortality are evident. *Rates among men decreased and rates for women increased.* This may be explained partly by cancer mortality increasing with age and women living longer. However, it is also consistent with increasing cancer incidence for women; in particular those cancers associated with known risk factors such as obesity and smoking. For example, a later uptake of smoking among women has brought female lung cancer rates closer to those of males.
- Improvements in the mortality gap between male and female Glaswegians in the 15-44 years age group and the rest of Scotland, driven in large part by recent reductions in mortality due to alcohol, drugs and suicide in Glasgow, should be considered in light of prolonged post-recession austerity and welfare reform which may create new vulnerabilities in relation to the 'diseases of despair' that have underpinned the improvement in recent years.

The changing ethnic profiles of Glasgow and Scotland, and implications for population health (Author: David Walsh)

Background

This report responds to the need for policy-makers and service-planners to understand the changing ethnic profile of the population and its implications. The ethnic minority population in Scotland has increased in size over the last two decades and this trend looks set to continue.

The report addresses the following specific questions:

- What is known about the links between ethnicity and health and interactions with socioeconomic position in a) developed countries and b) in Scotland in particular?
- How have Scotland's and Glasgow's populations changed recently in relation to ethnic composition and what are the likely future changes?
- What are the potential implications of these changes for future health status?

Ethnicity was defined by how individuals identified themselves in response to census questions. The work focused on the *non-White* ethnic minority population.

Key findings

The changing ethnic profile of Glasgow and Scotland

Census data were examined to investigate change over time in the size of the population classed as belonging to a non-White ethnic group between 1991 and 2011. Future projections used data from the University of Leeds and partners. A four-fold increase was observed in Glasgow between 1991 and 2011 (to 12% or c.70,000 of the city population) and although future predictions are fraught with issues of uncertainty, it is predicted that by 2031 one-fifth of Glasgow's population (and a quarter of children) will belong to a non-White minority group. Other key findings included:

- Across Glasgow's neighbourhoods, the relative size of the ethnic minority population varies considerably. In 2011, the percentage of the total population from a non-White group were as follows: Scotland 4%, Glasgow 11% and for specific neighbourhoods, Pollokshields East 56%; Pollokshields West 37%; Yorkhill and Anderson 25%.
- Projected future increases on a 20-year timescale indicate that the non-White ethnic minority group's representation will increase in Scotland to 7%; in West Central Scotland to 8%; and in Glasgow to 19%.
- In Glasgow, non-White ethnic minority population projections to 2031 indicate the following population composition: Pakistani origin (5.4% of the total population of the city), African origin (3.4%), other (3.3%), Chinese (3.2%), any mixed background (1.2%) and Bangladeshi origin (0.3%)

Ethnicity and health: reviewing the evidence

To understand the potential interactions between ethnicity and health and their implications for the populations of Scotland and Glasgow, published material from the Scottish Health and Ethnicity Linkage Study (SHELS) was reviewed, complemented by limited literature searches and key citations in SHELS publications. The following findings emerged:

- The perception that ethnic minority groups in Scotland experience better health than the White Scottish population is over-simplistic, ignoring important disease-specific variation and the influence of socioeconomic context.
- In terms of the socioeconomic profile of ethnic minority groups, populations identified as Indian, Chinese and mixed/multiple are more likely to live in the *least* deprived areas of Scotland. Those of 'other' (non-White) and 'other Asian' groups live in both the least and most deprived areas, as is the case with the Pakistani population but with high numbers also living in 'middle' areas. Those self-described as African, Caribbean or Black are more likely to live in the most deprived areas. This profile is

quite unlike that of other countries such as England and the USA, where ethnic minority groups are much more likely to live in more deprived circumstances.

- However, using socioeconomic circumstances to explain health outcomes of particular ethnic groups is of limited effectiveness. Although measures of SEP can – to a degree – be used for comparison within the same ethnic groups, they are less effective between ethnic groups.
- In terms of general health outcomes, life expectancy has been shown to be higher and all-cause mortality lower among minority ethnic groups compared with White Scots. These include lower cancer rates for Indian and Pakistani males and females, other South Asians, African and Chinese males. Lower rates of breast cancer are also observed among UK South Asian women but moving towards rates found in the UK white population.
- Importantly, lower mortality among non-Whites (compared with White Scots) is only observed among those born outside the UK, and not among those born in the UK, highlighting both the issue of the ‘healthy migrant effect’, and the suggestion that it does not extend to the descendants of immigrants.
- There is similar risk of stroke for Pakistani and Indian males and females and African origin females to White Scots. For heart disease, greater risk for males and females of Pakistani origin and lower risk for male and female of Chinese origin highlights differences across non-White ethnic groups.
- Mental health disorders: other research has highlighted the fact that levels of unreported psychological distress are high within certain Asian communities, particularly for women, including increased levels of self-harm. Discrimination and stigma are recognised as fundamental causes of poor health and inequalities.
- White Scottish first-time mothers tended to be younger, less likely to breastfeed and more likely to have smoked during pregnancy. A greater likelihood of low birthweight is observed among Indian, Bangladeshi and Pakistani babies compared with the White population.

Implications for health of the changing ethnic profile of Scotland and Glasgow

There is difficulty in arriving at a meaningful conclusion given the complexity of the relationship between ethnicity and health. The potential for ‘acculturation’ – health behaviours and associated outcomes becoming more like the native population – is well-evidenced, as is the related issue of the healthy migrant effect. What is less clear is what the effects will be (for both minority and majority ethnic populations) of other socioeconomic and political factors (recession, continued austerity, ‘Brexit’) on future population outcomes. What we do have some certainty about, however, is that:

- The size of the non-White population is likely to continue to grow in future years. This will include increases in the number of ageing and elderly members of that population.
- There is a need to be aware of any possible implications for services given the changing size and nature of the population and different risks of different diseases across different population groups (e.g. higher rates of heart disease and diabetes among South Asian population).

**Bruce Whyte
David Wash**

November 2017

Reference

Watkins J, Wulaningsih W, Da Zhou C, *et al.*, Effects of health and social care spending constraints on mortality in England: a time trend analysis. *BMJ Open* 2017;7:e017722. doi: 10.1136/bmjopen-2017-017722