



**Glasgow Centre for Population Health
Management Board Meeting
Monday 3 December 2018**

General update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last Board meeting, on 3 September 2018.
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, staffing and partnerships

1. *Partnerships:* As highlighted to the Board in September, the University's lease on the Olympia building features an optional break point at March 2019. Perceptions of the current arrangement and the potential of the Social Research Hub in the Olympia continue to be favourable for both the University and GCPH. The reaching of the mid-way point of the current lease has, nevertheless, provided an opportunity to take some time to consider partners' views on the Social Research Hub and where areas of future progress might lie. At the September meeting, Board members highlighted their sense of the importance of the location of GCPH and the Hub in the East End, and were reassured that the arrangement is good value for money both on account of the market testing that was undertaken before entering into the current arrangement, and given the additional benefits of the new partnerships – and associated income – secured (such as CaCHE, Children's Neighbourhoods Scotland). An unforeseen impact may be GCPH's balance of engagement with partners other than the University and community.
2. Partners from the University, GCPH and the City Council participated in a Hub development session on 26th October facilitated by Robin Henderson. The output will form the basis of a strategic proposal for the future as well as a shared narrative about achievements to date. This will be brought to the Management Board in March 2019.
3. *Staffing:* Riikka Gonzalez has been recruited to the Glasgow Food Policy Network Coordinator post, which is match funded for 12 months by Sustainable Food Cities, Glasgow City Council and GCPH. Riikka is based at GCPH and works on a consultancy basis for three days per week. Her role will be to animate the Glasgow Food Policy Partnership and identify key objectives for the network to work towards over the coming year. The key themes for the partnership are food poverty, food waste, healthy eating and food procurement.
4. Two Public Health Research Specialists have also been recruited, one full-time and one part-time post, to fill vacancies in the team. Drs Katharine Timpson and Mairi Young

have worked previously at the University of West of Scotland and Glasgow Caledonian University respectively. Dr Timpson also interned at GCPH in the summer of 2017.

5. *Team development:* As part of continuing PDP activity, four of the team have joined the MCR pathways programme. Mentors develop leadership and communication skills through reflective listening and coaching with young people. We explored how other organisations support their staff to do this. Glasgow City Council has committed to support 10% of its workforce to become mentors – so GCPH is more than matching that level of commitment. Midyear reviews for the team commence in December.
6. *Food Inequality Inquiry.* The Centre submitted a written contribution to Glasgow City Council's Food Inequality Inquiry, partnering with Glasgow Food Policy Partnership. Pete Seaman also attended an evidence session on the 13th November on international learning following a visit to Pittsburgh. We view both as an opportunity to widen thinking around broader issues in food security, resilience and inclusive economic growth, utilising the urgency of food poverty to stimulate wider system change.
7. *Political engagement.* A briefing session has been requested by the group of SNP MPs representing Glasgow seats, currently with a tentative date of Friday 25th January 2019. This is being organised following a request from Patrick Grady MP's office, having had a discussion about our work at the Science Sunday event at the Hunterian Museum in June. Adam Tomkins MSP (Shadow Cabinet Secretary for Communities, Social Security, the Constitution and Equalities) has also requested a briefing meeting about the GoWell programme, and will meet with Ade Kearns and Carol Tannahill at the end of November.
8. An exhibition on *Representing Communities: New approaches to wellbeing – developing the creative power of people to improve health and wellbeing* was held at the Scottish Parliament, 6-8 November 2018, sponsored by John Finnie, MSP (Member for the Highlands and Islands). Follow-up discussions are planned with Scottish Parliament's Community Outreach manager on how creative participative methods could be used to shape the future of primary care consultation.
9. The Centre was approached by Mark Ruskell MSP's office to help provide evidence relevant to the 20mph Bill that he was introducing to the Scottish Parliament. The request was based on replicating a Welsh study which highlighted the potential reductions in casualties associated with the introduction of a 20mph limit on urban roads. Using the same model and assumptions, Bruce Whyte applied these to Scottish road and casualty data to provide an estimate of the potential casualty reduction and associated cost savings based on different modelled assumptions. A policy briefing was provided and has been published on our website. This is being used as evidence in support of the Bill as it proceeds through the three stage process of going through Parliament. The Rural Economy and Connectivity Committee which are considering the Bill have subsequently issued a call for views on the Bill which we have been asked to respond to. As part of the Stage 1 scrutiny work, we have also been invited to provide verbal evidence to the Committee which we will give on 6th February.
10. Plans for the Glasgow Health Summit are now progressing, with this being planned for 28 January 2019. The focus will be on securing agreements with the City Council as to actions and approaches that will be taken to realise the ambitions of the Council Plan and to create the conditions needed for all citizens to have good health. Pete is also following up a request from Joe Brady of the Leader's Office at GCC for possible GCPH input into a Citizen's Panel on economic development and health as part of a European Commission-led series of activity on the Future of Europe.

11. *Public health reform.* Members of the GCPH team have been supporting a range of aspects of the reform programme. There have been a number of events focussed on the 'Leadership for public health research, innovation and applied evidence' commission, and GCPH colleagues have attended and facilitated discussions at these. Carol Tannahill continues to contribute to the Reform Oversight Board and support members of the reform team on an ongoing basis. Recruitment of the Chair for the new national body is now proceeding, and the timeline is for this organisation to go 'live' before the end of 2019. Increased attention is now being paid to the nature of local public health partnerships, and a refreshed focus on the national public health priorities.

Developments

12. *SPT Regional Transport Strategy Strategic Advisory Group.* A request for GCPH to join this group followed Jill Muirie's contribution to the Connectivity Commission, summarising key messages from our active travel work. In Jill's absence, Bruce Whyte will represent the GCPH on this group. The role of the group is to: provide evidence-informed guidance to the Regional Transport Strategy (RTS) Board, advising the Delivery Group where appropriate; challenge the RTS Board in relation to assumptions underpinning key decisions and recommendations; and constructively support the delivery of a long term Strategy. SPT are keen that the RTS addresses issues of individual and community wellbeing, and this will be a focus of the GCPH contribution. The timeframe of the Strategy is to inform planning over the next 15-20 years with the Advisory Group meeting over an initial two year period.
13. *Supporting action on child poverty and mitigation of Universal Credit roll-out.* The GCPH was approached by Sandra McDermott (Poverty Leadership Panel) and Rosie Ilett (Child Poverty Co-ordinator) for research and monitoring support in relation to these issues. Given the number of organisations who are playing an active role on these issues within Glasgow, we are taking time to ensure that our input adds value and helps to fill any gaps. This work will be reflected in our workplan for 2019/20.
14. *Community Link Workers.* With the national expansion of link workers attached to primary care teams, the Steering Group for this development in Glasgow has identified a need for a local programme of research and evaluation to ensure that there is evidence to underpin processes of learning and development as these roles become established. The GCPH has been asked to consider hosting this local evaluation (with associated funding being provided). We will take an initial proposal to the Steering Group in January and provide an update for the Management Board in March 2019.
15. *Economic development and health.* The Glasgow Economic Partnership has recognised health as the top constraint on the city's economy. The GCPH has been asked to consider (with additional funding) undertaking a programme of work in the coming year to build evidence-informed health-focussed recommendations into the refresh of the economic strategy, and to work with colleagues within the city to build commitment to these.

Outputs and activities

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

Events and seminars

17. Glasgow's Healthier Future Forum 22: '*Creating healthier futures – a discussion across generations*' was held on the morning of 11th September. Led by Cat Tabbner, our Community Engagement Manager, this event was co-designed and planned with young people, their youth organisations and services. Building on the momentum being generated by Year of Young People 2018, the aim of the morning was to facilitate an intergenerational discussion that enabled young people and adults to take stock of current efforts and consider how we can strengthen collective action with young people to create healthier, fairer futures. The format was workshops on a range of topics including youth health; peer education; learning, skills and qualifications; and youth volunteering. The event was attended by a total of 123 delegates, almost half of whom were young people. A report is in draft and follow-up action being considered.
18. Seminar Series 15 commenced on 18th September with a collaborative seminar with RSA Scotland entitled '*Is a basic income good for your health?*' Evelyn Forget, Professor of Economics and Community Health Sciences at the University of Manitoba led the seminar, sharing her experience and learning from evaluating Manitoba's Mincome experiment. In place of a morning-after workshop, a session with those involved in Scotland's basic income pilots and the Basic Income Steering Group was held the next day. The seminar was attended by 123 delegates and the morning after discussion by 17. The seminar generated a lot of positive twitter activity both during and post-seminar. A podcast of the seminar has been widely shared. A blog on the seminar is being produced by Gerry McCartney from NHS Health Scotland who chairs the Scottish Citizens' Income Pilot Steering Group. Prof Forget and GCPH had also been invited to present to the Cross Party Group on Basic Income later that day but unfortunately due to severe weather this was cancelled.
19. Theory of change workshop – *Glasgow's Avenues and City Ways*, 19th September. This workshop was designed to bring together stakeholders to discuss the Glasgow Avenues and City Ways active travel infrastructure projects in order to identify the short- and long-term impacts of the projects (both intentional and unintentional). The findings have been used to create a theory of change model which will help the development of an evaluation plan, which will then be proposed to the NIHR for funding. The event was hosted by the GCPH's Bruce Whyte in collaboration with Miranda Loh from the Institute of Medicine (Edinburgh). Avril Blamey (Planning and Evaluation Consultant) facilitated the workshop and there were presentations on the projects from Derek Dunsire (City Centre Regeneration/City Deal) and Steve Gray (Land & Environmental Services, GCC).
20. Planning is well underway for the other five seminars to be delivered as part of Seminar Series 15. Speakers and dates confirmed include:
 - Wednesday 16 January: Dr David Pencheon, Director, NHS Sustainable Development Unit, Cambridge on *Climate change and public health*.
 - Tuesday 5 March: Faisal Rahman OBE, Managing Director and Founder, Fair Finance, London on *Micro-finance*.
 - Wednesday 17 April: Laura Serrant OBE, Professor of Nursing, Sheffield Hallam University on her work on '*Screaming Silences*' and *Diversity Leadership*. A full day event is also being planned for the next day with Jackie Erdman and Ima Jackson from Glasgow Caledonian University.
 - Tuesday 28 May: Corinna Hawkes, Director of the Centre for Food Policy and vice-chair of the London Child Obesity Task Force on *Food Systems*.

- Ricardo Marini, Founder, Marini Urbanismo at Gehl Architects, Edinburgh on *Humanity, health, architecture and place* – date tbc.

21. Plans are also underway for GHFF 23 which will be held on 6 March 2019 with a focus on money, debt and public health.

Centre contributions to partner/other events

22. On 7th September, the Centre was represented at a small conference on health inequalities and social determinants of health hosted by Baillie Gifford Investments. Pete Seaman presented and sat on a panel alongside Yussef Robinson, Investment Graduate with a research interest in health inequality and Bogi Eliassen from the Copenhagen Institute for Future Studies who provided Scandinavian and global perspectives. Baillie Gifford have provided funding for a post within Children's Neighbourhoods Scotland.
23. The annual PHINS seminar was held on 21st September. Chaired by Gerry McLaughlin Chief Executive of NHS Health Scotland, the first half of the morning focussed on new findings related to health inequalities and their causes in Scotland and beyond, while the second half of the morning focussed on innovative responses to these inequalities. GCPH staff were part of the organising committee for the seminar and David Walsh presented new findings on recent trends in earnings and income inequalities.
24. Sheena Fletcher presented a case study of the Centre's infographic work at the British Society for Population Studies conference in Winchester in September. This was well-attended and warmly received, with several follow-up conversations taking place with colleagues from organisations including the ONS. Sheena also presented a lunchtime seminar to colleagues at the MRC/CSO SPHSU on how they can use infographics to share their research. This coincided with their internal launch of a new digital communications strategy and was well-attended. Again, the seminar led to several follow-up conversations and strengthened links between the GCPH communications team and the SPHSU team.
25. At the NHS GGC Child Poverty Action Network Development Session on 3rd October 2018, Lynn Naven presented a review and update of Healthier Wealthier Children action to tackle child poverty. Organised by Sonya Scott for all partners involved in recording and reporting on action to meet Scottish Government targets on child poverty, other presenters included Kerry McKenzie (NHS Health Scotland), Sandra McDermott (Glasgow City Council), Hanna McCulloch (Improvement Service Co-ordinator) and Alan Molloy (Social Security Scotland).
26. Lisa Garnham presented findings from Homes for Good realistic evaluation at the Energy Action Conference: Housing and fuel poverty in Scotland on 8th November. Lisa highlighted the health benefits of housing tenure beyond the provision of warm, dry and affordable housing, to include issues of neighbourhood, safety and choice and control. Lisa also presented the same work at the Threshold Ireland (third sector housing organisation) conference in Dublin on 26th October.
27. Scottish Faculty of Public Health Conference, 1-2 November, Peebles. Three members of the team presented at this conference: David Walsh on *'Increasingly diverse: the changing ethnic profiles of Scotland and Glasgow and the implications for population health'*; Jennifer McLean, a speed presentation and poster on *'Children's Neighbourhoods Scotland: Helping children and young people to thrive'* and Valerie

McNeice: *'Childcare and Nurture, Glasgow East: findings form year on evaluation of the CHANGE project'*. GCPH also had an exhibition stand and the Centre's work was visible in plenaries with John Middleton, President of the Faculty of Public Health, citing Weathering Change and Jim McCormick of JRF concluding his talk with a focus on findings from Building Connections.

28. *20 years of devolution: How have inequalities in Glasgow changed?* David Walsh delivered a short version of his research on excess mortality at this event (to considerable acclaim) and Carol Tannahill contributed to the panel discussion. The event, held on 8th November, was organised by the research team of the ESRC-funded Understanding Inequalities project, and included a range of presentations looking at trends in inequalities in a range of outcomes.
29. Lord Bob Kerslake (formerly head of the Home Civil Service), who is currently chairing an inquiry into the civic role of universities, visited Glasgow on 19th November. His visit started with a session at the Olympia building, where he heard about the social research hub including the work of the GCPH. His interest in our collaboration, based within and focussed upon the areas of the city with the greatest need and attending to the ways in which academia can demonstrate its public good, was palpable.
30. Carol Tannahill and Sarah Ward (researcher and community coordinator for the Bridgeton and Dalmarnock Children's Neighbourhood) presented on Children's Neighbourhoods Scotland at the Place Leadership Summit at Murrayfield on 21st November.
31. The GCPH community engagement team continues to engage new audiences in our work and the 'Higher or Lower' stats tower is proving to be a very useful engagement tool. Recent events that we have participated in include: a workshop with a group of secondary school students as part of the national Maths Week campaign; the Discover Digital showcase at the Science Centre, part of the new 'Discover Digital: for your health and wellbeing' awareness week; and together with colleagues from Thenue Communities and the University of Glasgow, two events as part of the ESRC's Festival of Social Sciences, at the Thenue community centre in Calton and Netherholm in Castlemilk.

Publications

32. The following reports have been published since the last meeting.
 - *Briefing Paper 53: Citizenship in the early years* (October 2018).
 - *Briefing Paper 54: The public health implications of rising debt* (October 2018).
 - *GCPH Policy Briefing: The potential impact of a 20mph speed limit on urban roads in Scotland* (September 2018).
 - *Exploring neighbourhood change: Life, history, policy and health inequality across four parts of Glasgow* (November 2018).

Forthcoming publications

33. *Recent trends in earnings and income inequalities in Scotland* (December 2018). Given the importance of income inequalities as a driver of health inequalities, the aim of this project was to produce a brief overview of recent trends in inequalities in earnings and income – set alongside other relevant information and indicators as context – for Scotland and Glasgow compared to other parts of the UK. For earnings data, a series of

analyses were carried out for the principal cities of the UK, and the four UK nations, over a 20 year period (1997-2016), focussing on overall earnings inequalities, full-time and part-time employment, different occupation types, comparisons of the public and private employment sectors, numbers affected by low pay, and gender inequalities. These are accompanied by an analysis of broader household income trends for Scotland and Scottish local authority areas over a slightly shorter time period (1997-2016). We are anticipating media coverage of this report through a feature article with the Herald. A copy of the report has already been circulated to partners and the findings of the report will be presented at today's Board meeting providing an opportunity for discussion.

34. *Integrating money advice workers into primary care settings: an evaluation* (December 2018). This report provides key learning from the integration of advice workers within nine 'Deep End' GP practices across Glasgow. Compared with the long-standing location of advice services in health centres, this approach appears more effective regarding referrals, reaching new beneficiaries and gains. Findings suggest that more could be achieved by closer working with other services, particularly housing, and it may be beneficial to scale up this integrated approach. Over 12 months, 654 advice referrals led to debt management totalling £470,000 and £1.5 million in financial gains. Disability-related benefits (PIP and ESA) accounted for over half of the gains. Around two thirds of referrals had a yearly income of less than £10,000. Project beneficiaries were mostly single, women, older and unfit for work. Two-thirds had no past contact with advice services.
35. *Future of social protection* (January 2019). This was initially drafted by the three social protection interns reviewing literature on alternative approaches to social protection. With evidence that current austerity programmes are failing to ameliorate the harshest effects of poverty, the report is intended to stimulate discussion on the future role of social protection and the values that may underpin it and fit within a wider context of rapidly changing labour markets, climate and ecological challenges, and intergenerational fairness, gender and equality group justice. Rather than making the case for a singular solution, the report explores some of the wider challenges and opportunities that might need more attention, particularly for those Scottish local authorities exploring the concept and feasibility of a basic income.
36. *People change lives: consolidating five years of evaluation learning from Sistema Scotland's Big Noise centres in Stirling, Glasgow and Aberdeen* (January 2019). This report is intended to consolidate and summarise the learning from the first five years of a 'life-course evaluation' of Sistema Scotland's Big Noise programme. Foremost the report provides an overview of the range of observed impacts Big Noise is having on participants' lives and how this contributes to various policy directives and the outcomes integral to the National Performance Framework. Crucial to understanding these impacts is to recognise their complexity and long-term nature as well as the principles of Big Noise delivery which underpin them.
37. There are also several GoWell outputs that are due to be published over the coming months. These include individual newsletters for the 15 GoWell study areas and accompanying reports, three new briefing papers and a GoWell East report as follows: *Briefing Paper 30: Food insecurity among residents of Glasgow's deprived neighbourhoods*; *Briefing Paper 31: The impact of housing tenure on secondary school pupils' educational attainment*; *Briefing Paper 32: The GoWell Panel: exploring the practical application of the GoWell community engagement and empowerment model*; and *Change over time in regeneration outcome indicators: comparing GoWell East with other GoWell areas*.

Consultation responses

38. We have responded and published our responses to the following consultations:
- Glasgow City Council Food Inequality Inquiry (November 2018).
 - Glasgow City Council 2018 Draft Licensing Policy Statement (October 2018).
 - Social Security Committee's Social Security and In-Work Poverty Inquiry (September 2018) – joint response with NHS Greater Glasgow and Clyde Employment and Health Strategic Group.

Media coverage

39. Pete Seaman's participation in the Glasgow delegation to Pittsburgh was reported in the *Pittsburgh Post-Gazette*: "Scottish health team comes to Pittsburgh bearing insights, questions" (17.09.18).
40. Tweets from Seminar Series 15, lecture 1 on Basic Income were picked up by the *Toronto Star* and included in an article on the cancellation of the BI project in Canada: "Cancellation of Ontario's basic income project sparks global outrage" (18.09.18).
41. Bruce Whyte's policy briefing on a potential 20mph limit in Scotland was featured in an article in the *Herald*: "Cut speed limits to 20mph to save lives, says MSP", an opinion piece in the *Herald*: "Life-saving 20 limit must be worth a try" and Bruce was also interviewed on *BBC Radio Scotland's 'Mornings' programme* (20.09.18).
42. This report was subsequently picked up by *The Times*, *the Daily Mail*, *Aberdeen Evening Express*, *Belfast Telegraph*, and the *Southern Daily Echo* (21.09.18).
43. GCPH was mentioned in an article on food poverty on the Glasgow Live online news site: "Glasgow debates how to bring an end to food poverty and foodbank use" (27.09.18).
44. Chris Harkins' briefing paper on rising debt featured in *The Times*: "Personal debt soars as households struggle to pay for daily essentials" and the *Scottish Daily Mail*: "Warning on health toll as personal debt soars" and Chris was also interviewed on *BBC Radio Scotland's Good Morning Scotland programme* (02.10.18).
45. GCPH was mentioned in *Herald* opinion piece on 20mph limits: "Safer-roads bill deserves much wider support" (02.10.18).
46. Fiona Crawford was interviewed by *BBC Radio Scotland (Good Morning Scotland)* for a pre-recorded piece on the food environment – (broadcast 23.10.18).
47. GCPH mentioned in *Guardian* article by Penny Anderson on cultural prescribing (13.11.18).

Digital

48. The number of people following the Centre's Twitter account continues to increase at a rate of around three per day (currently standing at 4,669 followers). We also continue to receive a lot of engagement with our infographics – both online and off.

49. The GCPH website refresh is ongoing, and is now in phase 2 of the process. Initial troubleshooting and technical improvements are now complete. Focus is turning towards proactively and strategically reviewing and improving content across the site, including putting a rolling content review process in place to ensure ongoing quality.

Summary and conclusions

50. This update illustrates the ever-developing nature of the work of the GCPH. It should reassure members that the team continues to respond to new opportunities and is influencing key developments. The last quarter has seen a high level of communications activity, and we are delighted to have the seminar series so well populated for this winter season. Looking ahead, we have some significant development opportunities working with our core partners. These will be shaped up in the coming quarter and will return to the Management Board in March as part of our proposed work programme for 2019/20.

**GCPH
November 2018**



**Glasgow Centre for Population Health
Midyear Report
2018-19**

December 2018

2018-19 Midyear report: 'At a glance'

PROGRAMME	AREA OF FOCUS	PROJECTS		R/A/G
Action on inequality across the life-course	Child health and wellbeing	Children's Report Card	Core	G
		Monitoring to support child poverty delivery plans	Core	G
		Childcare and Nurture in Glasgow East (CHANGE)	Core	G
		Parenting and child wellbeing (Stepping Stones)	Core	G
		ACEs	Core	G
	Children's Neighbourhoods Scotland	Continuing development of activities and evaluation	Core	G
		Support for expansion across Glasgow and other urban centre	Core	G
		Publication of evaluation plan	Core	G
		Communications and dissemination	Core	G
	Disrupting cycle of child poverty	NHSGGC Co-ordinating group and related activity	Core	G
		HWC review report	Core	G
		Cost of the School Holidays	Core	G
		Evaluation of Sistema	Core	G
	Adult years and working age	Universal Credit proposal development	Core	G
		Future of social protection	Core	A
		Welfare reform and Deep End	Core	G
Contemporary debt and health		Core	G	
Understanding health, health inequalities and their determinants	Understanding Glasgow	Website maintenance	Core	A
	Excess mortality research	National excess mortality analysis	Core	G
		Three cities research	Core	G
	National and international analysis	Three analytical projects	4 Core	A
	Neighbourhood profiling	Neighbourhood change and five analytical projects	4 Core	A
Health inequalities	Informing Investments to reduce Inequalities and four analytical projects	All Core	G	
Sustainable inclusive places	Sustainable travel and transport	Air quality and low emission zones	Core	G
		Active travel related projects	In Dev't	A
		M74 study dissemination	Core	G
		Glasgow City Deal	Core	G
	Healthy Urban Environments	Weathering Change (climate resilience)	Core	G
		Place standard and climate change	In Dev't	G
		Private rented sector housing	Core	A
	Sustainable food	Glasgow Food Policy Partnership	Core	G
		Glasgow Community Food network	Core	G
		Food poverty/insecurity	In Dev't	G
	Community Engagement and Empowerment	Synthesis of transferable learning	Core	G
		CEE support for GCPH programmes	Core	G
		Evaluability Assessment of Community Empowerment Act	In Dev't	G
Social Research Hub Community Engagement		Core	G	

	GoWell	Ongoing analysis, communications and dissemination	Core	G
	Inclusive Growth	Support for city deals and city wide economic strategy to understand what inclusive growth may look like for Glasgow	Core	A
Innovative approaches to improving outcomes	Participatory budgeting	Supporting community based evaluations	Core	G
	Volunteering and participation	2018 European championships study	Core	G
		Supporting city-wide commitments to volunteering		G
		Evaluation of Volunteer Charter	In Dev't	G
	Social enterprise as health interventions	Homes for Good evaluation	Core	G
	Asset-based approaches across services and settings	Support for CNS	Core	G
		Sustainability of Animating Assets	Core	G
	Culture and health	Representing Communities follow-on and dissemination	Core	G
		Cultural services and health	In Dev't	A/ R
	Developing a perspective on 'evidence'	Qualitative synthesis	In Dev't	G
Later years and social isolation	Develop network of interest and proposal	In Dev't	A	
Link Worker follow-on support	M&E and Advisory groups	Core	A	



**Glasgow Centre for Population Health
Management Board Meeting
Monday 3 December 2018**

Midyear report 2018-19: summary

Recommendations

Board members are asked to:

- Note progress to date against the 2018-19 work plan, and advise on elements where challenge to delivery is being experienced
- Advise on emerging priorities and opportunities as we look toward the Centre's next work plan and highlight areas of contribution or support
- Approve the document as the record of progress at the midyear point.

Purpose and structure of the report

1. The midyear report is a core part of the GCPH's agreed processes for ensuring satisfactory progress against our published work plan. The format of this report has been previously approved by both the Board and Executive Management Team (EMT). This report is an overview against the 2018-19 work plan (Board paper 358) approved in June 2018.
2. The midyear report consists of three documents. This Summary Paper provides an overview of achievement against our agreed indicators with updates on our strategic context, agreed indicators, resources and communications. It also provides a headline overview of our four core programmes of work. A more finely grained description of progress against our four programmes and the individual project milestones found within them can be found in the Appendix. Finally, the 'At a glance' front piece provides a visual overview of progress across the Centre's four work programmes.
3. For 2018-19 our four programmes of work consist of:
 - Programme 1: Action on inequality across the life-course
 - Programme 2: Understanding health, health inequalities and their determinants
 - Programme 3: Sustainable, inclusive places
 - Programme 4: Innovative approaches to improving outcomes

Strategic and operating context for 2018-19

4. *Our way of working and relationship to public health outcomes*
The 2018-19 work plan articulated the Centre's role in supporting collective attempts to improve population health outcomes and narrow the gap in health inequalities. Our contribution to this change involves two dimensions: a data component and an action component. The data component is focused on the analysis, synthesis and interpretation of the trends and patterning of health outcomes and identification of drivers of health and inequality. Value in the investment in GCPH here is achieved by

supporting partners to understand where their actions and approaches can produce improved outcomes.

5. The action component focuses on responses. Here we collaborate with our partners and other stakeholders who influence population health outcomes to co-productively develop the policies, approaches and actions required to maximise health outcomes. Activity within this component includes convening knowledge and networks to create shared purpose for action, evaluating promising approaches and developing new responses with partners. Community engagement and empowerment routinely and increasingly feature in this way of working.
6. Both ways of working are captured in our Purpose and Aims described in our work plan as:

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

7. The success of this approach rests on our relevance and alignment to key national and local partner priorities combined with a focus on emerging health concerns. Currently, the following strategic priorities shape our work plan and delivery:

National priorities

- The national focus on inequalities and child health strengthened by the Child Poverty Delivery Plan and associated local authority duties.
- Demographic change and the related shift in disease burden including population ageing and increasing ethnic diversity.
- The National Performance Framework and headline focus on wellbeing and inclusive growth.
- The continuing economic context of austerity and reduced partner resource.
- The creation of Public Health Scotland and opportunities to contribute to its development through promoting a focus on cross-system working and other ways of working necessary to reduce health inequalities.

Local partner priorities

- Supporting the development and delivery of the NHSGGC Public Health Strategy 2018-22.
- Supporting Glasgow City Council and its priorities on inclusive growth, reducing inequality, creating opportunities for citizen involvement and ambitions to tackle food poverty.
- Partnering the University of Glasgow in the development of the Social Research Hub as a site of cross-disciplinary policy and outcome focussed research on issues of inequality and social justice.

Resources and staffing

8. Our work plan is being delivered to a budget of £1.25m of core funding from the Scottish Government and other income dedicated to specific areas of work amounting to £149,000 as set out in the 2018-19 Budget Plan (Board paper 359). The majority of the budget is used to meet staffing costs. There has been a small degree of movement in the staffing position with Public Health Research Specialist (PHRS), Dr Oonagh Robison leaving in August 2018 and her post and a vacant part-time PHRS post both being filled in November 2018 by Drs Katharine Timpson and Mairi Young. The Associate Director position has been filled in an acting capacity by Pete Seaman for the duration of the reporting period and will continue until financial year end. Dr

Seaman's Programme Manager role has not been back-filled during the acting-up period.

Indicators of success

9. The approved work plan included three year indicators of success against which progress should be evaluated. Summarised, these appear as:
- Bringing evidence and insight to support local and national efforts to understand and respond to health inequalities.
 - Collaborating with our core partners to support the implementation of investments that will strengthen the conditions and environments in which health and wellbeing are created.
 - Demonstrating commitment to networks of policy and action to mitigate the experiences of poverty and inequality as drivers of poor health outcomes.
 - Using the principles of Community Engagement and Empowerment (CEE) to shape a broad cross-section of the Centre's work.
 - Bringing new concerns or responses to an existing issue from the margins to mainstream understanding and practice.
 - Our communications function shows evidence of continual evolution, not only growing the size of our network but also adapting our outputs to support practitioners, policymakers and other key actors to respond to and reduce health inequalities.

Headline progress against our success indicators

10. In the first half of 2018-19 progress has been made against all of these indicators, including through the following activities:
11. *Bringing evidence and insight to support local and national efforts to understand and respond to health inequalities.* In addition to the range of contributions that GCPH staff make to diverse local and national forums and advisory groups, as well as presentations to conference, seminars and workshops, the GCPH team has helped to shape the priorities and content of the NHSGGC Public Health Strategy, deploying our learning and evidence on the patterning and underlying causes of health and health inequalities.
12. Our response and contribution supported the focus on the causes rather than consequences of poor health and health inequalities, highlighting the importance of applying a life-course approach and the need for partnership working across organisational boundaries, including working with communities and the public, to increase the likelihood of the strategy's success. In particular, we highlighted the importance of preventative action as a means of tackling the causes of ill-health and creating the conditions for population health and wellbeing. The Centre will continue to support and partner NHSGGC as it moves into the implementation phase and we are currently working with Public Health Directorate colleagues to develop a logic model articulating the pathways between actions and inputs, impacts and outcomes to inform the monitoring framework.
13. *Collaborating with our core partners to support the implementation of investments which will strengthen the conditions and environments in which health and wellbeing are created.* The first six months have seen progress on a number of fronts with the Centre's long term investment in the analysis and interpretation of active travel as a population health intervention beginning to gain traction (see Active Travel case study Board paper GCPHMB368). Earlier in its life cycle is the work being taken forward to develop and evaluate Children's Neighbourhoods Scotland. This draws on a broad

locality-based partnership, based on principles of working evidenced elsewhere, and is developing wrap around community support for children and young people to maximise educational outcomes and the health outcomes which rest on them.

14. New work, which is at an early stage of development, includes a proposal for joint work with Glasgow City Region's Director of Regional Economic Growth and GCC's Head of Communications and Strategic Partnerships to support the refresh and implementation of the city's economic strategy. This will build on the identification of health inequalities as one of the clearest challenges to the city's productivity and economic growth.
15. *Demonstrating commitment to networks of policy and action to mitigate the experiences of poverty and inequality as drivers of poor health outcomes.* Significant progress has been achieved through our involvement and leadership on poverty and inequality as a driver of poor health outcomes in the early years and childhood. GCPH (as a founder member of the national adverse childhood experiences (ACEs) advisory hub) contributed to guidance for education colleagues in use of the Pupil Equity Fund to mitigate ACEs as a component of responses to close the attainment gap. This network acts as conduit for evidence and insight such as the Cost of the School day/Cost of the School Holidays learning.
16. *Using the principles of Community Engagement and Empowerment (CEE) to shape a broad cross-section of the Centre's work.* Our CEE team produced a first working draft of a planning tool in September that will assist with the integration of CEE activity across the Centre's programmes of work and with the allocation of resource. This is currently being piloted across the programmes. The 22nd Healthier Future Forum involved an unprecedented level of user involvement and co-design, taking the opportunity presented by its focus on young people. Youth and health organisations were represented on the planning group and have provided learning for future co-production of events. We also continue to support community engagement through the joint knowledge exchange and community engagement officer post with the University of Glasgow.
17. *Our communications function shows evidence of continual evolution, not only growing the size of our network but adapting our outputs for support practitioners, policymakers and other key actors to respond to and reduce health inequalities.* We continued to appraise our messages for their potential impact with key audiences over the first period of 2018-19. The insights provided through the Frameworks Institute's work into public attitudes towards poverty in the UK (for the Joseph Rowntree Foundation) have been an important influence. These insights have encouraged us to develop communication approaches that help our audiences understand the underlying causes of poverty and focus on the possibility of change and some of the actions which may lead to that change. We will continue embedding this framing of messages across our range of outputs and to monitor the difference to the impact or influence of our messages.

Programme updates

Programme 1: Action on inequality across the life course

18. The aims and purpose of this programme are:
 - To build understanding of the influence that poverty and experiences of inequality exert on health.
 - To develop actions and approaches to their mitigation and provide evidence for action.
 - For such actions to be developed collaboratively and shift the balance of decision making towards proactive and preventative responses.
 - To strengthen engagement and influencing skills within the GCPH team to support partner efforts to tackle poverty and inequality.

Progress against objectives

19. Progress within this programme is highlighted through the contribution of the programme's work to GCPH's headline indicators (discussed above in regard to ACEs and supporting the development of NHSGGC's Public Health Strategy). A key role for this programme is to support the strategic tackling of child poverty which the team continue to do through monitoring child poverty trends and providing evidence for action used by partners for planning. As well updating indicators, support for the NHSGGC child poverty co-ordinating group led to a paper to help identify how shared learning can support child poverty action reports. Building on previous success in evaluating promising investments to mitigate poverty, the publication of the Deep End financial inclusion work and planned dissemination activities through the Deep End operational group for 2019, builds on our cadre of financial inclusion projects. This also included a literature review of the public health implications of debt published in October 2018.
20. The evaluation of Childcare and Nurture in Glasgow East (CHANGE) with Children in Scotland and Glasgow City Council supports ambitions to remove barriers to employment through developing innovative, affordable and sustainable childcare in the East End. The first six months of 2018-19 saw the production of the interim evaluation report, a briefing paper in progress and year two quantitative analysis underway. A commissioned piece of work evaluating Stepping Stones for Families also contributes to the developing knowledge base around innovative approaches to parenting and child wellbeing, particularly for vulnerable families. The final report is due in January 2019.
21. A longer running evaluation designed to distil learning from innovative approaches to child poverty is the evaluation of Sistema Scotland's Big Noise programmes. This is on track to publish learning across the Stirling, Glasgow and Aberdeen sites in January 2019. The Phase 2 evaluation is underway with educational outcomes and post-school destinations being the first set of quantitative outcomes to be analysed.

Programme 1: In focus for the next six months and work plan 2019-20

22. The 'future of social protection' report is delayed due to capacity being deployed elsewhere to cover Associate Director duties and a long-term absence. This report is now scheduled for completion early in 2019. Additional emphasis will be given to the role of financial inclusion in mitigating poverty and inequality with an event jointly organised with the Yunus Centre at Glasgow Caledonian University focusing on money and health planned for early 2019. An emerging area for this theme is a focus on young people and life transitions and work has begun to develop a research question and project area for 2019-20.
23. The Community Link Worker programme is a high profile national investment for which the GCPH learning, from this Programme, on issues of co-location and working across professional boundaries (though 'Building Connections' and Deep End Advice work) will make an important contribution. The Centre's proposed role in evaluating the local roll-out of link workers is an important in-year development to feature in the 2019-20 work plan.

Programme 2: Understanding health, health inequalities and their determinants

24. The aims and purpose of Programme 2 are:
 - To promote the understanding of trends in health, health inequalities and their determinants through analysis and outputs.
 - Supporting future service planning through the identification of emerging issues and trends in demography and the determinants of health and inequality.
 - Supporting collective efforts to improve health and reduce inequality through recommendations that can be used by policymakers locally and nationally.

Progress against objectives

25. Progress in this theme relating to the first aim ('understanding trends') includes the continuing mortality analyses that help produce a more in-depth picture of mortality and the identification of current and future trends. This has included an analysis of earnings and income presented at the Public Health Information Network for Scotland (PHINS) conference and due for publication in December 2018.
26. Demographic analysis to support future service planning builds on the November 2017 mortality and ethnicity analysis where continuing work in this programme quantifies the scale of changes to Scotland and Glasgow's population. This has service planning implications such as the identification of increased need for cardio-vascular and diabetes related health care, issues around culturally sensitive health and social care practice and impacts for translation and interpreting services. Dissemination and engagement has included the Social Science and Medicine conference, the Scottish Public Health conference and the Migration, Ethnicity, Race and Health conference and associated workshop. *Understanding Glasgow* supports ongoing work on monitoring child poverty and impact of Universal Credit.
27. Supporting collective efforts to improve health and reduce inequality through policy recommendations includes the continuing assessment of progress on the recommendations of the excess mortality work. The team's contribution to NHS Health Scotland's *Informing investment to reduce health inequalities* (Triple I) initiative helps identify the strongest investments to this end.

Programme 2: In focus for next six months and work plan 2019-20

28. The return to full staffing resource of this theme through the recruitment of a part-time Public Health Research Specialist will enable us to undertake further updates to *Understanding Glasgow* on areas of transport, cultural vitality, targets and strategies. Work which will reach a critical phase in 2019-20 is the follow-up of the mortality analyses; - age, period and cohort effects. Future projects under consideration in policy relevant areas include: further active travel analyses (on the back of Government commitment to increase levels), drug misuse, educational attainment and mental health. A focus on education could support the Scottish Government commitment to narrowing the attainment gap through illuminating causal pathways through socio-economic position and health outcomes.

Programme 3: Sustainable and inclusive places

29. The aims and purpose of this programme are to:
 - Support Glasgow to become a more inclusive, resilient and sustainable city.
 - Inform and support policy, practice and partnerships to promote fair access to healthy sustainable environments.
 - Provide evidence, evaluation and engagement with partners and communities to support national and local priorities.

Progress against objectives

30. The long term investment and commitment from the Centre in active travel evidence and action has begun to pay dividends (see case study in Board paper GCPHMB368). A policy briefing was published in September estimating the impact of a Scottish Parliament Bill proposing to replace the current 30mph limit on restricted roads with a 20mph limit. Another key development to inform and support policy and practice is our invitation to join the Strathclyde Partnership for Transport Strategic Advisory Group in relation to the Regional Transport Strategy. This will represent an important conduit for influencing regional priorities and planning utilising considerable evidence of what works in improving health outcomes in relation to transport policy.
31. In terms of evidence, evaluation and engagement, support for developing an NIHR bid (led by the Institute for Occupational Medicine) to evaluate Glasgow's Avenues and

City Ways projects saw the programme facilitate a workshop in September to elucidate the Theory of Change model to inform the evaluation plan.

32. The sustainable food dimension of the programme's work reflects an ambition to support Glasgow to move towards being a sustainable food city. To this end, a Food Policy Co-ordinator has been recruited and the programme team was able to take the opportunity of Glasgow City Council's Food Inequality Inquiry to give written and oral evidence on the extent and future investments to alleviate food poverty and promote food security in the city more widely. We will continue to contribute to developments – beginning with the policy development session scheduled for early December.

Programme 3: In focus for next six months and work plan 2019-20

33. Climate resilience has remained a core feature of this programme. A briefing paper was produced, summarising learning from the *Weathering Change* project in North Glasgow, and this is beginning to make an impact. The next stage of this work has fallen into an extended planning stage, however, with discussions continuing with Glasgow City Council over the choice of site and project. Progress will need to be reviewed again before the year end. Our work supporting inclusive growth and the relationships between health and economic development will come into sharpened focus as we approach 2019-20. This follows continuing collaboration with Glasgow City Region's Director of Regional Economic Growth and GCC's Head of Communications and Strategic Partnerships to define the types of activities that support inclusive economic growth. This continuing collaboration will build upon existing work led by Policy Scotland to understand and evaluate inclusive growth.

GoWell

34. Sitting in Programme 3 for reporting purposes, GoWell has reached a critical phase this year, as the programme's data collection phase has come to an end. Analysis continues until September 2019, with key outputs and reports now being produced. A quarterly Knowledge Exchange Forum, convened by GCPH with the GoWell sponsors, is ensuring GoWell findings are being linked into relevant policy and practice forums. Highlights since April include the publication and media coverage of a report on foodbanks and two key reports from GoWell East, one focussed on a study of the early experience of living in the Commonwealth Games Athletes' Village development, and the second on change over time in key measures pertaining to the 2014 Commonwealth Games Legacy.
35. Area newsletters to communicate findings to residents across the 15 GoWell study areas are currently in production. Outputs on community engagement, the impact of housing tenure on educational attainment, food insecurity, and a comparison of event-led versus other forms of regeneration (using GoWell East data) will be key deliverables in the next six months.

Programme 4: Innovative approaches to improving outcomes

36. The aims and purpose of this programme involve:
 - Supporting participatory budgeting through provision of credible outputs and support through the national and Glasgow City Council advisory groups.
 - Utilising the asset of volunteering in a manner which reduces health inequalities in the city through best use of evidence and insight already created.
 - Understanding social enterprise as a public health intervention through the 'Homes for Good' evaluation.
 - Developing a new perspective on evidence utilising work across GCPH programmes where innovative evidence generation has been used. This includes *Weathering Change*, *CHANGE*, *Children's Neighbourhoods Scotland* and *Representing Dennistoun*.

- Delivering the GCPH Seminar Series.

Progress against objectives

37. A new briefing paper was produced to support community-based practitioners in monitoring and evaluating participatory budgeting (PB) processes, including a 'logic model' to aid implementation of processes. New work has also started evaluating a participatory budgeting initiative delivered by Gorbals Housing Association and future work is in development around mainstreaming PB using service design methodologies. Translation of findings from the European Championship volunteering study is also progressing with a summary of findings from the Clyde-sider evaluation is now being discussed with Team 2018 and Volunteer Scotland. This work will help support practice that makes best use of volunteering as a city asset that increases employability, health and wellbeing and reduces inequalities.
38. Children's Neighbourhoods Scotland (CNS) is a key piece of work sitting across this programme and programme 1. With expansion plans announced as part of the national Child Poverty Delivery Plan, the growing expertise of the CNS team has become invaluable in supporting the approach's adoption and wider implementation. This work also feeds into the stream on methodological innovation in the programme that is exploring how to support national use of a 'knowledge framework' that builds confidence in the use and interpretation of a range of methods (working with Health Scotland).
39. A key piece of work nearing completion is the GCPH contribution to the Yunus Centre led evaluation of social enterprise as a public health intervention. Three publications are in the final stages of production building on a theory of change and scoping study published last year. The learning highlights the 'non bricks and mortar' aspects of housing through social enterprise, producing learning that can be synthesised with GoWell and the neighbourhood change work also coming through this programme, and offering a more social and intersubjective dimension to how we understand the relationship between housing provision and community belonging.

Programme 4: In focus for next six months and 2019-20

40. With the additional funding from the Scottish Government to move CNS into five additional neighbourhoods, the team will be focused on governance and logistical support for recruitment of local coordinators and researchers in the additional neighbourhoods. To ensure CNS is invested in areas where it can make significant impact, the team will also be scoping area-based levels of child poverty to identify sites ahead of project initiation as well mapping existing partners and resources working on the ground.
41. The long standing plans to evaluate Link Workers roll-out originally relied on Health Scotland establishing advisory and monitoring and evaluation groups for GCPH to feed in expertise. However, more recently an alternative approach has emerged which will see the Centre receive resource to support the evaluation of the roll-out through Glasgow City HSCP. Initial conversations will take place in the new year.

Responsive work

42. Alongside our planned work, we also try to protect time and resource to support developments occurring within the year. This allows us to be responsive to opportunities for utilising our existing evidence and insight to support policy development, as in the case of consultation responses and involvement in developmental conversations that can lead to future projects. Many of these are captured in the general updates routinely provided to the Board and have included consultation responses, requested presentations, events to support the interpretation of findings with partners or work in response to emergent trends or developmental work.

43. In the past six months we submitted consultation responses to the Scottish Government's Connected Scotland consultation 'Tackling social isolation and loneliness and building stronger social connections' (May 2018) and to their Social Security and In-Work Poverty Inquiry (September 2018), Glasgow City Council's Draft Licensing Policy (October 2018) and Food Inequality Inquiry (November 2018).
44. We also support strategic developments with our partners where the Centre's insights can shape outcomes. This has involved our working with University partners to scope the future development of the Olympia Research Hub, our role in the joint GCPH/NHSGGC housing and health workshop 'Foundations for wellbeing: building connections between public health and housing' and providing facilitative support to national developments such as the 'Leadership for public health research, innovation and applied research' component of Public Health Reform.
45. Team members are also regularly asked to contribute to other partner events through presentations and panel membership. Indicative examples include a request to present at events held by Baillie Gifford on investments in social determinants of health, and on social enterprise as a housing intervention to the European Network Housing Research Conference, Uppsala Sweden, the Social Enterprise World Forum Academic Symposium at Glasgow Caledonian University and the Energy Action Conference: Housing and fuel poverty in Scotland. These are listed in routine general updates provided to the Board.

Accounting for and mitigating project slippage

46. A traffic light system (Red/Amber/Green) is used in project-by-project reports to reflect progress (see Appendix). In this system, 'green' (G) indicates satisfactory progress, 'amber' suggests some variance from plan or timescale but not in a manner thought to threaten overall programme delivery because the delay is surmountable or the project was a speculative 'developmental' piece of work, and 'Red'(R) indicates a threat to core delivery.
47. A small number of projects in the work plan are not progressing at the pace expected at the beginning of 2018-19. It is important to note the relatively small proportion of projects are behind schedule (15 of 96 of the project components for which indicators are provided) and that a significant number of these are either 'developmental work' where we plan for overstretch or the slippage is considered, after minor delay, recoverable before year end. Those projects not achieving a 'green' traffic light are discussed in the table below.

Prog	Project description	R/A/G	Core	Mitigation
1	Understanding, preventing and mitigating ACEs. Systematic review and expert knowledge of pathways of impact	G/A	Yes	Suffered slippage due to increased scope and maternity leave. Three month delay. Not considered a risk to overall delivery.
1	Cost of the School Holiday	G	Yes	Decision taken with partners that this could be taken forward by Poverty Leadership Panel. This will be removed from the work plan.
1	Future of social protection	A	Yes	Delayed due to stretched resource: Acting Associate Director role and cover for long-term absence. Rescheduled for Jan 19 delivery. Moderate risk to overall delivery.
2	Understanding Glasgow	A	Yes	Slight slippage during period of reduced staffing. Now resolved. Not considered a risk to overall delivery.
2	Neighbourhood profiling. Working with HSCP to shape content and use of future profiles	A	Yes	Slight slippage due to stretched capacity in partner organisation. Anticipated to be back on schedule by year end.
2	Updating of pedestrian and cyclist casualty trends	A	Yes	Routine data analysis mitigated by return of full staff resource. Expect to have regained schedule by year end.
3	Use of STRAVA data to create cycling metrics for Glasgow	A	No	No progress due to other priorities. Developmental work.
3	Analysis of Census travel to work trends 2001-11	A	Yes	Delayed but now progressing.
3	Housing and private rented sector	A	Yes	Cause for concern and review of this project. Necessary data sharing agreement and steering group established but staff resource has prevented progressing both quantitative and qualitative data collection. Collaborative arrangement with other organisation to be explored.
3	Food Insecurity and Food Environment Research Advisory group	A	Yes	Not progressed due to long-term sickness absence. To review on team members return. Moderate risk to overall delivery depending on emerging priorities and opportunities.
3	Inclusive growth: further work to understand and evaluate	A	No	Mitigated by Centre commitment to support Glasgow Economic Strategy as described in para 14.
3	Apply learning form Weathering Change in new area	A	Yes	On track but slippage as described in para 33.
4	Culture and health (Paisley)	A/R	No	Did not progress following decline in partner interest and capacity. Propose not taking forward to prioritise resource elsewhere. Non-core work.
4	Creative approaches to data production with young people	A	No	Slippage due to other priorities. Non-core work and not considered major risk. To be reviewed as second part of year.
4	Working with marginalised groups to facilitate philosophical dialogue to increase voice and influence.	A	No	Not funded so unable to commence without risk to core delivery aims.
4	Exploring health in later life: loneliness and isolation	A	No	Not progressed following unsuccessful funding bid to Life Changes Trust. Propose reviewing as possible Social Research Hub briefing and develop network of interest in second part of year. Not a core piece of work.
4	Link Worker follow on	A	No	Change of direction discussed in programme 4 narrative above

Communications

48. Our communications work is guided by a set of objectives revised in December 2017 to:

- Build awareness of GCPH.
- Ensure our work is widely shared and accessible in a variety of formats.
- Encourage wider participation in GCPH events.

- Provide opportunities for two-way engagement and feedback.
 - Support the process of implementation and change.
 - Ensure all outputs and activities are recognisable as GCPH (in terms of the brand, style and organisational voice) and are distinctive and relevant.
 - Protect and enhance the organisational reputation and credibility of GCPH.
 - Continually develop and improve means and methods of communication through monitoring and evaluation.
49. A longer-term (three year) communications success indicator relates to the ambition that our communications function will continue to evolve, growing the size and diversity of our networks and adapting our outputs to support practitioners, policymakers and other key actors to develop approaches to reduce or mitigate health inequalities. In delivering on this ambition we have been thoughtful to ensure our events continue to have a broad appeal to our existing network but also encourage wider participation in with innovative perspectives being heard. One way we have achieved this has been through collaborating with others in the planning, organising and delivery of our events. For example, we collaborated with the Royal Society of Arts for the Evelyn Forget seminar on 'Basic Income' to attract a world renowned speaker on a topical and high profile policy idea currently being piloted by the Scottish Government. This engaged an audience not just within Scotland but UK wide and internationally and the follow-up session the next morning facilitated discussion between key actors involved in the Scottish pilots.

In focus for Communications over the next six months and 2019-20

50. The Health Summit between NHSGGC, Glasgow City Council and Glasgow City HSCP scheduled for January will represent a key opportunity to further align key strategic partners in action to improve health and reduce health inequalities within the scope of their existing priorities.
51. Against the background of the establishment of Public Health Scotland, we will work to ensure we continue to be recognised as an authoritative and distinct voice in terms of population health and health inequalities. Our established links with strategic, operational and communications teams within the existing organisations and the Public Health reform team will help ensure we can navigate this busy landscape and how to engage and communicate with and alongside this new organisation.
52. A challenge identified at mid-year reporting last year was ensuring a balance of understanding and awareness of the broad range of our work. This means balancing an ongoing awareness of the causes of the city's poor health and health inequalities and the effect current policies and practice are having on these alongside our work with key partners and communities to evaluate and support potential actions for change. Over the past six months we have made substantial progress through our communications support and activities. Our website, social media and promotional activities at events have focussed on highlighting the work we are less well known for as well as ongoing support and promotion of our highly regarded and well known work on excess mortality and the Understanding Glasgow resource. For example, our exhibition stand at the Faculty of Public Health conference engaged people in our infographics as well as our 'higher or lower' statistical tool incorporating key statistics about life and health within Glasgow using data from Understanding Glasgow. We have also engaged public and professionals to increase the profile of work such as the Weathering Change project, participatory budgeting research and research focussed on debt as a public health issue. Ensuring this balance of awareness, reporting and promotion of our broad range of work will continue to be a priority.

Forward look

53. The 2019-20 work plan will see a number of existing and emerging priorities come into sharper focus. In particular, GCPH work contributing to the NHS GGC Public Health Strategy, priorities for GCC including food insecurity and the refreshed City Economic Strategy, and a continuing focus on child poverty and our orientation to Public Health Scotland. The University of Glasgow's ambitions for the Social Research Hub will also feature a strong GCPH contribution and the Hub's collective identity may be strengthened by collaboration on a number of policy briefings taking advantage of multi-disciplinary perspectives on social justice and inequality. These developments offer a degree of certainty but the backdrop remains one of tighter financial resource for our partners and the Centre. We hope this reflection at midyear is able to demonstrate the progress the Centre has made and the continuing value of investment in GCPH.

GCPH
November 2018

Mid-Year Reporting December 2018

Programme: Action on inequality across the life course

Programme Leads: Fiona Crawford and James Egan

Programme support: Bruce Whyte, Jennifer McLean, Valerie McNeice, Oonagh Robison, David Walsh

Admin contact: Ricky Fleming

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
Child health and wellbeing	Children's Report Card.	BW, FC, JM, SS (NHS GGC)	1,3,5,6-8	a. Advisory group set up (April 2018). b. Agreement on themes and collection of indicators (May-October 2018). c. Draft report cards by theme (by end of 2018). d. Publication and dissemination (first half of 2019).	<p>CORE</p> <p>This project aims to produce report cards on key topics relating to children and young people's health wellbeing in the Glasgow and Clyde Valley Region.</p> <p>There will be an overarching element emphasising the purpose and context of the work. Beneath this, there will be the following sub-themes: mental health; poverty; healthy diet, weight and physical activity; environment/safety; 21st century issues.</p> <p>For each theme, a set of key headline and determinant indicators will be agreed and collected, key indicators and issues will be described and evidence for action will be highlighted.</p> <p>Project is a collaboration between GCPH, NHSGGC, ISD,</p>	<p>The majority of data and indicators have been gathered for this project.</p> <p>Report card sections are being drafted and format of final outputs are being agreed</p>	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
					HS, Glasgow HSCP, GCC Education services. Other partners are likely to be involved as the project develops.		
Child poverty	Monitoring, advising and influencing the development of child poverty delivery plans across NHS GGC local authorities and HSCPs.	BW, FC, JE, OR, LN, SS	1-5,7-8	<p>a. Establish understanding of SG and local plans for monitoring child poverty against targets.</p> <p>b. Adjust and develop monitoring framework, building on existing monitoring on Understanding Glasgow.</p>	<p>CORE</p> <p>Monitoring child poverty This could potentially lead to getting better local estimates of child poverty and longitudinal trends, and be useful for local delivery plans and our own monitoring on Understanding Glasgow.</p>	<p>Discussions are on-going but it is still unclear how SG and local monitoring is going to be implemented.</p> <p>Understanding Glasgow is up-to-date.</p> <p>The Public Health Research Specialist working on this section of Understanding Glasgow left but a new member of staff started in early November and will work on updating the child poverty and poverty sections.</p>	G
Childcare provision	Evaluating the impact of Childcare and Nurture Glasgow East (CHANGE) on individual and community wellbeing.	FC, VMcN, BW	1,2,4,5,6,7 8	Year 2 evaluation underway comprising: Quantitative data collection and analysis to monitor increase in provision of places and quality of provider (data available in June 2018).	<p>CORE</p> <p>Three-year collaborative project (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.</p> <p>GCPH leading mixed methods</p>	<p>The interim process evaluation report has been produced and been acted upon by the steering group.</p> <p>A year 2 quantitative analysis is being undertaken.</p> <p>A briefing paper distilling lessons and insight gained from the evaluation to date is being drafted.</p> <p>Composite findings from year one evaluation were presented at Scottish Faculty of Public Health conference in November</p>	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
				<p>Qualitative research with parents who do not access childcare to explore perceptions and reasons for non-engagement. Interviews will be conducted during summer 2018.</p> <p>Findings will be written up and presented to project board in autumn 2018 and disseminated to external stakeholders thereafter.</p>	<p>evaluation of the process and impacts of the project.</p>		
Parenting and child wellbeing	Evaluate Stepping Stones for Families (SSfF) Family Wellbeing Service.	FC, VMcN, OR	1,2,4,5,6,7,8	By end June 2018 : Clarify aims, outcomes and performance indicators of project; agree overall aims/objectives of	CORE Assessing the impact of third sector led early intervention on parenting and child outcomes amongst vulnerable families in Glasgow. Five year BLF funded project (April 2014-April 2019) being delivered by SSfF. GCPH invited by SSfF to conduct evaluation during 2018 to inform	Research underway (in house and commissioned) Quantitative analysis complete Commissioned fieldwork underway with final report to be submitted to SSfF by early January 2019	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
				<p>evaluation. Establish multi-agency advisory group and terms of reference.</p> <p>By July 2018: Establish theory of change to inform evaluation aims/objective s/methods. Agree specific parameters of research.</p> <p>By August 2018: Source resources to conduct field work and data collection. Gather and analyse data through quant and qual methods.</p> <p>By December 2018: Finalise report and submit to SSfF.</p>	<p>final report to BLF at end of funding period. Mixed methods will be employed to explore questions such as how, where and why the model works, what is it that makes a difference and why and who doesn't engage with the service and for what reasons etc. Conduct the evaluation during the next 6 to 9 months with a final report agreed and submitted to SSfF by the end of the calendar year.</p>		

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
Adverse childhood experiences	<p>Understanding, preventing and responding to adverse childhood experiences through:</p> <p>a. systematic literature review of association between SE status and ACES;</p> <p>b. exploring expert knowledge of evidence of pathways linking ACES to social, economic and health related factors;</p> <p>c. contribution to joint priority setting and action through national ACES advisory hub and through leading CPD across GGC work groups.</p>	FC, DW	1,2,3,4,5,6,7,8	<p>a. Systematic review completed and written up by end of 2018. Presentations made to appropriate stakeholder groups from October 2018 onwards.</p> <p>b. By end of August synthesise results of initial online survey and circulate to survey participants for comment and feedback. Discussion and dissemination of findings to be brokered through ACES advisory hub later in year.</p> <p>c. Ongoing throughout the year.</p>	Both pieces of work are aimed at better understanding the causal pathways from ACEs to adverse social and health outcomes. There are clear links to current SG (and other partners') priorities, and involves collaborative work with NHSHS, NHSGGC, UoG and SG.	<p>a. Systematic review experiencing slippage in schedule due mainly because the scope of the exercise was increased to include literature on 'child maltreatment' as well as ACEs. However, full-text screening complete, critical appraisal/data extraction nearing completion and completion set for early 2019 (rather than end of 2018, as previously hoped).</p> <p>b. Results of initial online survey circulated to survey participants. Awaiting return of lead researcher who is still off work for development of next phase of research</p> <p>Ongoing contribution and involvement to national and local awareness raising and capacity building around antecedents, impacts of ACES and means of mitigation/prevention.</p>	G/A
Children's Neighbourhood	Further development of	JM, CT	1, 2, 3, 4, 5, 7, 8	Ongoing – phases 2 and	CORE Children's Neighbourhoods	Children's Neighbourhoods Scotland (CNS)	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
ds Scotland	<p>the CNS model of working in Bridgeton and Dalmarnock.</p> <p>Support CNS governance structures – Advisory Group, Planning Group and R&E Group.</p> <p>Publication of the Evaluation plan for CNS and support wider research and evaluation approach and fieldwork.</p> <p>Publication of number of contextual literature reviews.</p> <p>Sharing of learning and insights from CNS locally and nationally via learning events, blogs and dissemination opportunities.</p> <p>Support the</p>			<p>3 of planned approach.</p> <p>Ongoing – supporting quarterly Advisory Group meetings and monthly Planning and R&E group.</p> <p>September 2018 – publication of plan, ethics approvals, supporting research and evaluation fieldwork and methods.</p> <p>August 2018 – publication of contextual literature reviews</p> <p>Ongoing – via learning events, blogs and taking up dissemination opportunities.</p>	<p>Scotland will continue to work in partnership with local people and partners in Bridgeton and Dalmarnock to improve outcomes, services and opportunities for children and young people. Embedding a place-based and innovative collective impact approach, CNS will continue to develop activities, frameworks and tools to support better health and educational outcomes for young people, including contextual analyses, asset mapping, community-led activities based on identified and shared priorities, partner and community engagement, monitoring of the theory of change and drawing on learning from elsewhere.</p> <p>Following the publication of the Child Poverty Delivery Plan CNS has been awarded £2m over the period 2018-2022 to further expand CNS within Glasgow and into another urban centre, a small town and a rural community. Work is underway to identify possible locations and a proposal for Scottish Government is in development.</p>	<p>continues to progress with activities, frameworks and tools developed to support better health and educational outcomes for young people. Community-led activities and engagement events with Children & Young People have identified shared priorities across the phases of children's lives and into adulthood. Local partners are now aligning around these priorities and this alignment will be reflected in subsequent planning and activities.</p> <p>The CNS Advisory Group continues to meet quarterly, alongside monthly meetings of the CNS Planning Groups and Research & Evaluation group.</p> <p>The CNS evaluation plan has been approved by the CNS Advisory Group and will be published on the CNS website. Ethics approvals for the two strands of the evaluation have been secured. Research is now underway in one local primary school with plans in place for research in the other local primary school and secondary school. Statistical areas profiles have also been compiled.</p> <p>Two contextual literature reviews have also been recently published, alongside a number of blogs.</p> <p>The Local Coordinator for CNS in Bridgeton and Dalmarnock left post in September and two part-time posts have been created to support the local engagement aspect of CNS in the interim period. The UofG CNS Knowledge Exchange and Impact Fellow also left post and has not been replaced.</p>	

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	further expansion of CNS across Scotland as detailed in the Child Poverty Delivery Plan.			Ongoing – support identification of expansion areas and build local partnerships, work to support the development of appropriate governance and delivery arrangement.		<p>The work of CNS was presented at the NHS Scotland conference in July, the Faculty of Public Health meeting in November and also at the Scottish Place Leadership Summit in November. A learning event on place-based approaches in is planned for January 2019. Attendance and participation in the cross-sectoral group on place-based approaches hosted by the Corra Foundation.</p> <p>Plans are now underway to support the expansion of CNS in Glasgow and in a number of neighbourhoods across Scotland following confirmation of the Child Poverty Delivery Plan Funding. A proposal for the expansion has been agreed with the Scottish Government. This expansion will allow for two further neighbourhoods with Glasgow and three neighbourhoods in west and central Scotland. Identification of these neighbourhoods is underway. A Programme Director, Administrator and Communications offer will be recruited, alongside further recruitment to the research team. A procurement framework to identify an organisation to host the Local neighbourhood Coordinators is underway.</p>	
Disrupting the cycle of child poverty	NHSGGC child poverty co-ordinating group (Sonya Scott) is responsible for NHSGGC/six local council's jointly preparing annual child poverty action	Sonya Scott (NHSG GC), JE, LN		Summer 2018 onwards.	<p>This proposed work is in the very early stages of planning. Possible theme that could be included to support local child poverty action reports are:</p> <ul style="list-style-type: none"> • Sharing existing evidence developed by the GCPH/JRF to-date. 	Short background paper produced by Sonya Scott and James Egan. Paper discussed at meeting held at the GCPH with JRF (Aug 2018).	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
	reports to Scottish Government. Explore merits of a development session involving GCPH, Joseph Rowntree, NHS GGC and executive leads across the 6 council areas to look at how shared learning can support local child poverty action reports.						
	Healthier Wealthier Children review report (June 2018).	LN, JE	4,5,7	June 2018 onwards.	CORE Sharing learning from completed Healthier Wealthier Children report which is based on interviews with local Financial Inclusion Leads (covering running costs and return on investment). Post report on GCPH website and shared more widely with NHSGGC, NHS Health Scotland, Scottish Government, Glasgow City Council and HIDG.	Report published on GCPH website (June 2018) and presentations given to the NHSGGC Financial Inclusion Planning Group and the NHSGGC Child Poverty Action Network Development session (October 2018).	G
	Cost of the School day publication.	LN, JE	4,5,7		Joint publication with Child Poverty Action Group and University of Strathclyde (Dr Edward Sosu)	Paper submitted for publication to Oxford Review of Education – October 2018	G
	Cost of the School Holiday.	JE, FC	4,5,7	Publish GCPH BP	CORE Following the finalisation of the	Not pursued after consultation with partners.	R

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
				summarising study and recommendations by Autumn 2018.	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.	Learning and actions are being undertaken through Glasgow Poverty Leadership Panel in partnership with Glasgow City Council Education Services and third sector partners	
	Children and Young People as carers.	OR, JE, PS	1,4,5,6	Produce local reports and GCPH briefing paper and contribute to young person's event.	CORE Building on the Glasgow city report (2017) undertake analyses of other NHS GGC local authorities with short local reports to be produced alongside a GCPH briefing paper (Summer 2018). Contribute to GCPH event linked to Year of Young People (event will include a young carers theme) Sep 2018.	Additional summary reports produced for Renfrewshire, East Dunbartonshire and Inverclyde - posted on the GCPH website and disseminated to local partners. The three reports had similar findings to the Glasgow study, with numbers of young carers appearing higher than previously thought. There were differences in outcomes for the young carers between each geographical area. An accompanying GCPH blog was produced.	G
	Evaluation of Sistema Scotland.	CH, CT, KM	4,5,6,7,8	Publication of Big Noise 2018 progress report. Strategic support and influence within Aberdeen City Council. Data sharing protocol agreements in	CORE 2018 progress report publication, seminar event, press release and dissemination are planned for summer 2018. Meetings with Aberdeen City Council senior management team concerning early intervention and approaches to evaluating preventative interventions. Building required approvals and data infrastructure to enable	Publication of "People change lives - Consolidating five years of evaluation learning from Sistema Scotland's Big Noise centres in Stirling, Glasgow & Aberdeen" report planned for January 2019. Briefing paper – "Researching the views of children – learning from the Sistema Scotland evaluation" is underway, planned publication March 2019. Data sharing agreement in advanced stages with Stirling Council and ongoing with Glasgow City Council.	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
				<p>place across local authority areas; Glasgow, Stirling and Aberdeen.</p> <p>Continuation of evaluation advisory group (EAG).</p>	<p>access to and analysis of educational attainment data in Stirling Council.</p> <p>GCPH leads and administers multi-disciplinary Sistema Scotland EAG in collaboration with independent chair.</p>	<p>Phase 2 of the evaluation – quantitative outcomes analysis has commenced, involving close collaboration with Stirling Council regarding the first set of outcomes to be analysed – educational outcomes and post-school destinations.</p> <p>GCPH continues to lead and administer multi-disciplinary Sistema Scotland EAG in collaboration with independent chair.</p>	
Young People Adult years and working age	Young people and life transitions	LN, JE	1, 2, 3, 4, 5, 7	Summer 2018 onwards	<p>DEVELOPMENT</p> <p>This work is in the early stages of scoping and development. Potential working links are being explored with a range of local partners.</p>	<p>Presentation delivered at the GCPH team meeting (Nov 2108) exploring four transitional themes: education, housing, employment and economy. We will continue to shape priorities and ensure any agreed work is aligned with other work being undertaken by local partners.</p>	G
	Building on 2017/18 Universal Credit (UC) activities, strengthen alliances and links with planning groups to consider research on the impacts of UC roll out across NHS GGC.	JE, LN, KT		Reconvene short-term working group to develop a proposal (Summer 2018 onwards).	<p>CORE</p> <p>A possible strand of work would involve build on Jonathan Morduch's work ('The hidden financial lives of low-income households') to consider the UC journey facing people with disabilities and women on low pay, the so called 5C's – caring, catering, cashier, clerical and cleaning).</p> <p>Any planned work will need to consider UC activities being planned by Glasgow City Council.</p>	<p>Group re-convened Jul 2018 - outputs shared with NHSGGC Employment and Health Strategic Group; plans to share with FI group. Input to Scottish Gov. Welfare Reform Health Impact Delivery Group: DWP rep keen to develop Inverclyde UC approach across Scotland. Jackie Erdman to maintain contact with rep who chairs national UC group on vulnerability.</p> <p>UC work supported GCPH/NHSGGC response to Scottish Parliament consultation into Social Security and in-work poverty.</p> <p>Next steps: develop GCPH proposal outlining UC research with employers.</p>	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
	Future of Social protection	JE, PS, KT, Nick Watson (WWS)		Final report due – September 2018 (revised date).	CORE The completed report will be posted on the GCPH/WWS websites and serve as a foundation to undertake workshops with representatives from across Scotland on the development of alternative and 'healthy' models of social protection. Report launch to coincide with Evelyn Forget visit and follow-on session.	Delayed due to redeployment of resource n other roles (Acting Associate Director and cover for long term absence). Revised completion date January 2019	A
	Welfare reform and Deep End.	JE, OR		Final report expected by Autumn 2018.	Core Since 2013, the GCPH has developed a series of partnership outputs involving the Deep End GP project. This final evaluation report will complete evaluation activities over this five year period. However, there may be scope to produce summary outputs capturing learning over this period.	Draft report completed and awaiting comments from the evaluation advisory group. The plan is to publish the final report by December 2018. The Deep End operational group will support subsequent dissemination activities.	G
Representat'n on expert panels, steering groups etc. Representat'n on expert panels, steering groups etc.	Contemporary debt and health.	CH	3,4,5	Briefing paper publication summer 2018.	Publication, press release and dissemination with partners concerning the increase in unsecure personal debt and the potential impacts on population health; highlighting service redesign implications.	Report entitled "The public health implications of rising debt" published in October 2018. Report author featured on BBC Radio Scotland and the report was covered by The times and Daily Mail. Ongoing dissemination and partnership working in development.	G
	Poverty Leadership Panel.	PS, JE	4,7	Ongoing.	GoWell Panel members were supported to attend the Poverty Leadership Panel as part of legacy planning in the final stage of GoWell's community engagement. This involved joint working between GoWell's	Continued attendance by Programme Leads, Associate Director and relevant others. To maintain awareness of PLP priorities to shape work planning and identify opportunities to translate messages from research LN continues to provide input to the Glasgow	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
	Child poverty subgroup.	LN	1,4,7	Ongoing.	Community Engagement Manager and Glasgow City Council. At least two GoWell Panel members take part in the PLP. This has led to dialogue about developing future PLP participation from citizens as part of the GCPH's community engagement activities.	City Child Poverty sub-group and disseminate developments back to GCPH colleagues. GCPH contributed towards a mapping exercise which includes the organisations activities related to child poverty, which will support the city's reporting on the local delivery plan.	
	Glasgow City Child Poverty Coordinator Steering Group.	JE	4,7	New group set up to support co-ordination of actions to meet new statutory reporting.	Local child poverty delivery plans: it will important to consider GCPH membership of Glasgow's child poverty subgroup and coordinator steering group alongside the NHS GGC Child Poverty Action Co-ordinating Network. New alliances and partnership working opportunities that emerge will be captured in this work plan.		
	Governance group.	JE, OS					
	NHSGGC – Employability Health Strategic Group.	JE	1, 4, 7	Ongoing.		GCPH presentation on the possible impacts of Universal Credit delivered May 2018 on behalf of the short-term working group reporting back to the strategic group.	G
	NHSGGC Child Poverty Action Co-ordination Group	LN	1,4,7	Ongoing	Group established to investigate current local action on child poverty; encourage evidence-based approaches to child poverty, share actions across all local areas; and ensure efficient communication of local action via the annual delivery reports	New activity	
	NHSGGC – Financial Inclusion planning	JE	1,4,7	Ongoing.		Recent GCPH inputs include presenting on the review of HWC delivery and funding (June 2108). There are plans to present on the Deep	G

Area of focus	Projects	Team & Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid-year update	R/A/G
	group.					End Welfare Reform report when published (Dec 2018).	
	Scottish Government – Welfare Reform Health Impact Delivery Group.	JE	4,7	Ongoing.		Universal Credit outputs shared with group. The DWP rep is keen to adopt Inverclyde UC delivery approach across other parts of Scotland. Jackie Erdman to maintain contact with rep who chairs national UC group on vulnerability.	G
	Scottish ACES Advisory Group.	FC	1,3,4	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.	Ongoing. FC continues as member of Scottish ACES Advisory Hub, supporting multi-agency capacity building and training on responding to and mitigating the impacts of ACES with a wide range of organisations and sectors including the housing sector.	G
Cross-cutting: community engagement and empowerment	Child Poverty Action Group – Early Warning System expert advisory group.	LN	4,5,7	Ongoing.		LN continues to represent GCPH on the CPAG Early Warning System expert advisory group, which has collected over 2000 case studies from advice services across Scotland to help generate evidence on the impact of welfare reforms in order to influence policy, campaigns, media and training work.	G

Programme: Understanding health, health inequalities and their determinants

Programme leads: David Walsh and Bruce Whyte

Programme support: Oonagh Robison, Welcome Wami and external organisations

Admin contact: Kelda McLean

Staff resources available: Approximate staff resource for this programme – 1 F/T programme manager, 1 P/T programme managers, 1 P/T researcher, 1 P/T administration support officer (although all have commitments to cross cutting themes and projects in other programmes) + ISD consultancy

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
Understanding Glasgow: the Glasgow indicators project	Development, maintenance and updating of health and wellbeing indicators for Glasgow.	BW, OR	1-4, 6, 7	<p>1. Updating UG is an on-going process through the year.</p> <p>2. Should be completed by Oct 2018.</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).</p> <p>2. Developing links to Excess Mortality topics:</p> <p>a. Adding selected graphs and text to relevant sections of UG.</p> <p>b. Making links to Excess Mortality report.</p>	<p>1. Updates completed on the following sections: population, children's population, child poverty, poverty, targets and strategies.</p> <p>Further updates (e.g. to transport, economic participation, cultural vitality, targets and strategies) are in progress or pending with new staff now in place</p> <p>2. December delivery planned</p>	<p>G</p> <p>A</p>
Excess mortality research programme	<p>1. Excess mortality synthesis report policy recommendations 'assessment of progress'.</p> <p>2. 'Three cities' research (Glasgow, Liverpool, Manchester):</p> <p>a. Ethnicity</p>	DW (1 & 2)	1, 3	<p>1. Completed assessment by end of year.</p> <p>2. 2 journal papers published by Dec 2018; external examination of thesis in July 2018.</p>	<p>ALL CORE</p> <p>1. Discussion with various policy leads, stakeholders, researchers etc. regarding any progress with the policy recommendations. An 'assessment' or 'scorecard' document will be created to help with this (with NHSHS and others)</p> <p>2. 'Remnants' of previous three cities programme of research:</p> <p>a. Part of broader ethnicity and health research programme,</p>	<p>1. Discussions have taken place with senior officials within the Scottish Government (with responsibility for economic and taxation policy), and with senior advisors in Health Scotland (with remits relating to housing and environmental policy), from which an initial 'scorecard' document has been created. A paper summarising these updates, and assessing what more is needed policy-wise, is seen as the best next step.</p> <p>2. 3 cities:</p>	<p>G</p> <p>G</p>

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
	analysis: investigating protective effects for mortality. b. Journal paper(s) from 'spatial arrangement of deprivation' PhD. c. Continued contribution to advisory group for 'impact of local policy and practice' PhD (UWS).				this was examining the potential protective effects of ethnic diversity on mortality in Manchester compared to Glasgow using the Scottish and English Longitudinal Studies (with ISD Scotland, University of Edinburgh, and NHSHS). Analyses all complete – just seeking to publish journal paper and disseminate findings. b. Main journal paper resulting from now-completed UoG PhD: seeking final publication (with UoG). c. PhD now complete: acting as external examiner.	a. Paper completed and submitted to BMJ Open in June 2018. Responding to Reviewers' comments. b. Paper published July 2018. c. Thesis successfully examined.	
National and international mortality analyses	1. Life expectancy trends by deprivation. 2. Age, period and cohort effects analyses. 3. Comparative analyses of poverty and mortality in parts of Scotland and USA.	BW (1 & 2), DW (2 & 3), WW (2 & 3)	1, 3, 4, 6	1. Analyses to be completed and written up by October 2018. 2. Analyses and write-up (journal paper) by end of year. 3. Analyses and write-up (journal paper) by end of year.	ALL CORE 1. Analysis of long-term life expectancy trends by deprivation for Glasgow and rest of Scotland. 2. Age, period and cohort effects in mortality in UK cities (with NHSHS and UoG). 3. Analyses being undertaken by WW; partners are NHSHS and MRC-SPHSU.	1. No progress on this but plan to revise work given awareness of existing work at MRC and local requirements for Glasgow neighbourhood information. 2. Analyses now under way. 3. Analyses (by WW) ongoing.	A G G
Neighbourhood profiling and analyses	1. Seek decision on future profiling options for Glasgow	BW (1-3)	1-4, 8	1. Will seek to get clarification by Autumn 2018.	ALL CORE 1. Discuss with HSCP whether and how future profiles can be created. Depending on these	1. Discussions with Glasgow HSCP have been difficult to arrange but should happen by end of 2018.	A

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
	neighbourhoods. 2. Advice and links with other national profiling work involving the Improvement Service, Health Scotland and the OEPB (Outcomes, Evidence and Performance Board). 3. Write up children's profiling work for a journal paper.			2. Ongoing commitment. 3. Aim to draft paper by Dec 2018.	discussions further work may ensue. 2. 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 summer of 2018 and possibly beyond. 3. An opportunity to describe process of creating the CYP profiles, their dissemination, examples of use and evaluation.	2. Jointly organised a national profiles workshop in Perth. 3. Draft in progress.	G G
Health inequalities and their determinants	1. Informing Investment to reduce health Inequalities (II). 2. Income & earning inequalities analyses. 3. Ethnicity and health project. 4. Longitudinal cohort analyses. 5. Systematic review of socio-	DW (1-7), BW (1-3), OR (7)	1, 3, 4, 6	1. Ongoing commitment throughout the year. 2. Report published by December 2018. 3. Journal paper published by October 2018. 4. Paper published by end of year.	1-5 ALL CORE PROJECTS; 6-7 IN DEVELOPMENT 1. Continued contribution to Health Scotland's development of the III 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. Publication (and dissemination) of journal paper on ethnicity population projections and summary of ethnicity & health evidence (with ISD Scotland, NHSGCC,	1. Successful contributions made throughout the year so far 2. Report complete – now with Joe and on track for publication by December 3. Paper published November 2018 4. Theoretical paper (led by NHSHS) published October 2018; analytical paper in development (led by WW, supervised by DW) 5. Ongoing (various contributions to - for example – descriptive analyses and literature searching made)	G G G G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
	<p>economic inequalities in mortality.</p> <p>6. Public understandings of health inequalities project.</p> <p>7. Understanding differences in the experience of poverty and deprivation between Scotland & England</p>			<p>5. Paper by end of year.</p> <p>6. TBC.</p> <p>7. TBC.</p>	<p>NHSHS, University of Leeds).</p> <p>4. Publishing paper on WW's analyses 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 to various aspects of the project (including write-up).</p> <p>6. University of Edinburgh led project. Possible advisory role only.</p> <p>7. Develop proposal to seek to understand differences in 'unmeasured deprivation' between Glasgow and other UK cities.</p>	<p>6. No inputs required yet this year</p> <p>This was postponed due to staff changes (Oonagh Robison leaving in Autumn).A new proposal is in now in discussion.</p>	<p>A</p> <p>A</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>	DW (1, 2 & 6) and BW (1-5)	1, 3	<p>PHINS seminar is 21 Sept 2018; SSM conference is 5-7 September 2018.</p>	<p>ALL CORE</p> <p>1. Organising programme for seminar.</p> <p>2. Includes ongoing maintenance of web site sections and contribution to steering group and 'ScotPHO leads' groups.</p> <p>3. Ongoing contribution.</p> <p>4. Ongoing contribution to advisory group.</p>	<p>1. Successful seminar held in September 2018. Earnings analyses were among the topics presented.</p> <p>2. Ongoing contribution: this has additionally involved the updating of a number of website sections, and the redevelopment of the Health Inequalities seen to be a more useful resource for those seeking an overview of the topic in Scotland.</p> <p>3. Involves advice on changes to survey content, efforts to boost response rates and analytical uses of the survey data</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p>

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
	<p>4. GGC Health and Wellbeing Survey.</p> <p>5. GGC Secondary School Children's HWB survey.</p> <p>6. Society for Social Medicine annual conference.</p>				<p>5. Ongoing contribution.</p> <p>6. Part of organising committee for 2018 conference.</p>	<p>4. Nothing to report on this as no meetings have been held recently.</p> <p>5. GCPH has contributed constructively and extensively to the survey content, including inputting to questions on gender, sexual orientation, bullying, social media use, sedentary behaviour and active travel. Survey will be in schools in the spring of 2019. GCPH will have access to data and will have a license for the survey platform</p> <p>Successful conference held – included chairing, presenting and various organising activities</p>	<p>G</p> <p>G</p>
Understanding Glasgow: the Glasgow indicators project	Development, maintenance and updating of health and wellbeing indicators for Glasgow.	BW, OR	1-4, 6, 7	<p>1. Updating UG is an on-going process through the year.</p> <p>2. Should be completed by Oct 2018.</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).</p> <p>2. Developing links to Excess Mortality topics:</p> <p>c. Adding selected graphs and text to relevant sections of UG.</p> <p>d. Making links to Excess Mortality report.</p>	<p>1. Updates completed on the following sections: population, children's population, child poverty, poverty, targets and strategies.</p> <p>Further updates (e.g. to transport, economic participation, cultural vitality, targets and strategies) are in progress or pending with new staff now in place</p> <p>2. December delivery planned</p>	<p>G</p> <p>A</p>

Programme: Sustainable inclusive places

Programme leads: Jill Muirie, Russell Jones

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), Fiona Crawford (M74 study), Valerie McNeice (healthy urban environments)

Admin contact: Kelda McLean

Staff resources available: Approximate staff resource for this programme – 1 F/T programme manager, 2 P/T programme managers, 1 F/T CEE manager, 1 P/T KE/CE specialist, 1 F/T researcher

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
Sustainable transport and travel	Air quality and low emission zones.	BW	1-4,6-8	1. Ongoing. 2. To be confirmed. 3. Dependent on NIHR research funding application.	<p>ALL IN DEVELOPMENT</p> 1. Monitoring and where required contributing to the development of Glasgow's Low Emission Zone. 2. Potential supervision of MSc dissertation (Glasgow Caledonian) on implementation and effectiveness of LEZs in European cities. Evaluation of impact of avenues and city ways projects on air quality, health and liveability (with Institute of Occupational Medicine).	Monitoring local levels of air pollutants continues on Understanding Glasgow. Also contributing to HS's Evaluability Assessment of Glasgow's Low Emission Zone (LEZ) Met student. Await decision whether she will progress with this topic for her dissertation. We held a workshop in September to help us develop a theory of change (ToC) of the potential impact of Glasgow's Avenues and City Ways projects. This was supported by initial community engagement mapping and brokering to ensure community voice was present. Out of this an overall theory of change has been formulated and nested sub-theories (based on a contribution analysis model) The intention is to submit a new application to evaluate the Avenues and City Ways projects to NIHR in March 2019. If this bid is successful then this would become a major component of programme work from	G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
						mid-2019 onwards.	
	Active travel related projects.	BW (1-5, 7-9,11), JM (6,7,10-11), GY (5)	1-4,6-8	<ol style="list-style-type: none"> 1. Pending completion of route. 2. Dependent on receiving data from GCC. 3. Data accessed from UBDC. Progress dependent on time, staff resource and analytical complexity. 4. Expect a report on completed project work by October 2018. 5. Expect to complete 2nd questionnaire by June 2018. Reporting on 1st and 2nd questionnaires in autumn 2018. 	<p>2, 4-8, 10 and 11 CORE I, 3, 9 and 12 IN DEVELOPMENT</p> <ol style="list-style-type: none"> 1. Monitoring of South City Way. 2. Updated reporting on use of West, South West City Ways, Cycle Hire Scheme and city centre cordon count. 3. Use of STRAVA data to create cycling metrics for Glasgow. E.g. numbers of cyclists, their geographic distribution, their contribution to meeting physical activity guideline, a HEAT calculation of potential health benefit of regular cycling, notional contribution to reducing carbon emissions. 4. Analysis of Census travel to work/study trends from 2001 and 2011 (incorporates structural and multi-level modelling, a HEAT analysis of the health impacts of walking and cycling and an estimate of the contribution that walking and cycling commuting journeys make to achieving the guidelines for physical activity.) 5. Bikes for All - project aims to encourage greater cycling 	<p>mid-2019 onwards.</p> <ol style="list-style-type: none"> 1. This route is still being built and monitoring would be built into the Avenues and City Ways evaluation. 2. Data on cycle hire scheme and cordon count requested. As above, potentially would be part of Avenues and City Ways evaluation. 3. No progress due to other priorities. 4. Project has been significantly delayed due to difficulties in accessing and analysing data in safe haven. However, data for HEAT and Physical activity analysis have now been provided and are being checked. Progress on modelling will be updated when further information is provided 5. Project continues to collect information on newly registered entrants and second survey of existing users has been issued. Regular updates on sign up and follow up are provided at project meetings. 6. See entry on SPT Strategic Advisory Group below 7. On-going attendance at meetings 8. Process completed and policy recommendations have been submitted to 	<p>G</p> <p>G</p> <p>A</p> <p>A</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p>

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
				<p>6. Input as required.</p> <p>7. Regular meetings (x4 per year).</p> <p>8. To complete and report in June 2018.</p> <p>9. Next stages to be decided, possible briefing paper.</p> <p>10. On-going contributions to discussions and developing plans for a sector wide approach to improving active travel rates to school.</p> <p>11. Project being led by the road safety team in Glasgow City Council. Will complete in 1st quarter of</p>	<p>among low participation groups in Glasgow, through targeted reduced cost offer of Next bikes and training. GCPH is evaluation partner.</p> <p>6. Support to Glasgow's Connectivity Commission.</p> <p>7. Engagement as part of Glasgow's Active Travel Forum.</p> <p>8. National Transport Review – Inequalities sub-group.</p> <p>9. Updating of pedestrian and cyclist casualty trends.</p> <p>10. Member of the School Run Working Group (NW Glasgow).</p> <p>11. Road Safety project – schools in areas of deprivation.</p> <p>12. Research into barriers/facilitators to walking in different neighbourhoods in Glasgow.</p>	<p>body overseeing the review</p> <p>9. Data obtained, but no further progress due to staff shortages and other work priorities</p> <p>10. BW attended School run summit</p> <p>11. Project concluded. No further input required from GCPH</p> <p>12. No progress</p> <p>Three further pieces of work not included in the original work plan are worth noting.</p> <p>A policy briefing was published in Sept estimating the impact of a 20mph speed limit on road casualties in Scotland.</p> <p>The work was undertaken in response to a Scottish Parliament members bill proposing a 20mph limit on restricted roads in Scotland. The paper has been widely referenced in the media. The bill has been introduced to parliament and is now progressing through a three stage process.</p> <p>A case study describing the impact and influence of GCPH's active travel work has been drafted and will be presented to the GCPH Board in Dec.</p> <p>Following our input at the city's Transport Summit and Connectivity Commission, we have recently been invited to be a member on Strathclyde Partnership for Transport's (SPT) Strategic Advisory Group for the new Regional</p>	<p>A</p> <p>G</p> <p>G</p> <p>G</p>

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
				2018/19. 12. In development.		Transport Strategy.	
	Sustainable transport systems/public transport.	BW, JM		Uncertain	CORE Glasgow City Deal: Inclusive Growth Pilot.	See entry below: Inclusive Growth	
Healthy Urban environments	Housing/private rented sector.	RJ, LG, GY, VM	3,4,5,7,8	1. Summer 2018. 2. Autumn/winter 2018. 3. Spring 2018.	CORE Deliver study on the private rented sector: 1. Acquire data from the landlord register from Local Authorities within Glasgow City Region. 2. Analysis and mapping of landlord register data. 3. Develop protocol for qualitative research.	Steering group formed and draft research protocol complete with a planned initial mapping phase using data from the Landlord Register for the 8 Local Authorities within the Glasgow City Region, followed by qualitative data exploring people's lived experience of the private rented sector. Decided to conduct the initial phase "in-house". Obtained in principle agreement from 7 of the Local Authorities to share the data. Decided to go to one source, Registers of Scotland, to obtain data (as they hold the data for Scotland). We had initial indications from RoS they would release the data if the LAs gave permission. We were able to obtain emails from 5 of the 8 Local Authorities allowing RoS to release data (2 LAs were still in negotiation with legal). At this point RoS performed a u-turn, telling us to get the data from individual LAs. Considerations are underway on how to move forward with this project. Currently on the back burner due to other commitments. There may be a possibility to do some collaborative work with CACHE.	A
	Open space.	BW, RJ, GY	1,3,4,6-8	1. Produce blog in June 2018. 2. In	IN DEVELOPMENT 1. Blog on work to produce an indicator of children's access to quality assessed greenspace*.	Blog has been drafted for GCPH and UBDC. Still to be edited and finalised.	G

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				development. 3. In development.	2. Explore opportunities for further development with UBDC and other partners. *originally for CYP profiles. Modelling work done by UBDC. Links to outdoor nursery provision, children's physical activity and green networks. 3. Develop study exploring solutions based approaches to improving local environments. Examples might include community take-over of local greenspace management or take-over ownership and development of vacant sites. Explore links with NHS GGC environmental observational study on Safe Consumption Facility.	Will be presenting on work at a UBDC seminar at end of November. Openspace strategy is currently out for consultation. GCPH response in progress.	
	Place making and place standard.	RJ, GY		In development.	Explore opportunities to use the Place Standard incorporating a climate change perspective.	Continue to engage with the Place Standard Team. Sit on the review group. Completed interviews and questionnaire about adapting the PS in the future. Planning Aid Scotland have developed a Place Standard with a focus on climate change, but we have yet to use it.	G
	Planning.	RJ, GY, BW, JM		Ongoing.	CORE Continue to engage with and influence national, local and regional planning policy and practice	Continue to engage with Scottish Government, Architecture and Design Scotland, Clydeplan, Glasgow City Council and others to maintain a presence and ensure that health is a consideration in policy and practice.	
	Thriving Places.	CT	2	In development.	IN DEVELOPMENT Explore the possibility of working with a Thriving Place to develop	See Community Engagement section below. CT developing evaluation of community	G

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					their community engagement.	development (including their community engagement) with Gorbals Thriving Places.	
Sustainable Food	City wide Glasgow Food Policy Partnership.	JM	1,4,5,6,7	1. Ongoing. 2. Recruitment expected July 2018; quarterly reports to be submitted to funders for the post (GCC and Sustainable Food Cities).	CORE 1. Supporting and enabling city wide support for the Glasgow Food Policy Partnership (GFPP), in particular the development of: - community food through the Glasgow Community Food Network; - action to reduce food waste through the GFPP Food waste subgroup; - supporting the development of the food growing strategy for Glasgow; - more sustainable food procurement through the GFPP public sector food procurement subgroup; - enabling improved diets and reduced food insecurity particularly in low income areas. 2. Recruiting, agreeing a workplan for, and managing the work of the part time, 1 year GFPP coordinator post that will be located within GCPH.	1. Meeting of the partnership held in November and next planned for January .Met with Sustainable Food Cities' Development Lead (Sarah Davies) to discuss support for the network including partnership Health Check tool (which has been used by the group) and support for a food forum. GCPH are supporting and hosting the visit of Helen Crawley to present on the London City-wide Food Policy. We are submitting response to Scottish Government consolation on sale, marketing and taxation of foods high in sugar, fat and salt building on previous submission. 2. GFPP Coordinator recruited in October 2018. Identifying objectives/ indicators of success for the network and post over the next 12 months underway.	G
	Food Poverty/Insecurity .	JM	4,6,7	1. In development.	Work with partners to inform the development of a different approach to addressing food poverty and reflects the recommendations in 'Dignity' and goes beyond emergency	Submitted response to Glasgow City Council's Food Inequality Inquiry as joint GCPH/GFPP response and provided oral evidence to committee on approaches to food insecurity in Pittsburgh.	G

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					food aid (In Development).	We will accept invitation to join development sessions run by the Inquiry to develop Council/ city-wide responses to food inequality.	
	Food Insecurity Research advisory group.	JM	4,7	Ongoing.	CORE Member of advisory group.	Reduced capacity currently due to long term staff absence.	A
	Food Environment and Schools research advisory group.	JM	7,8	Due to complete Q2.	CORE Member of advisory group.	Reduced capacity due to staff absence. Expect to be picked up in new year.	A
GoWell	Analysis and dissemination of study on health impacts of housing-led regeneration.	JC, CT	1,3,5,7,8		Continued cross-sectional/longitudinal analyses, develop/implement qualitative work and generate/publish papers.	Ongoing cross-sectional and longitudinal analysis of datasets. High volume of outputs published including three journal articles, three BPs, and individual newsletters and area reports for 15 study areas. New quantitative study on community safety commenced & due to report in 2019. Reporting and governance continues through bi-annual Steering Group meetings and quarterly Knowledge Exchange Forum of GoWell sponsors.	G
Community Engagement and Empowerment	Develop CEE resources using transferable learning stemming from the Centre's historical and current community engagement work.	JW, CT	2, 8	1. July 2018. 2. To be tested over the year.	CORE Develop a range of CEE resources for use by internal and external colleagues and support their use: 1. Tabletop tool 2. CEE planning tool	1. 'Tabletop' object completed in June 2018 and has been well-received by external stakeholders, with a number of requests received for its use at external events, and information sessions for staff such as the DWP Community Partners team (BW, CT and JW) (see also Ad-hoc requests, below). Training/information session delivered to GCPH team. First working draft of CEE planning tool completed in September 2018. Testing process of the tool is underway with Programme 1 and 2 projects, with iterative integration of feedback and adjustments to the tool planned for the rest	G

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						of the year.	
	Support and develop CEE within place-based projects and the wider GCPH work programmes as a cross cutting approach and amongst partners in delivery.	CT, JW	2, 8	1. HFF22 – Sept 2018. 2, 3, 4: in discussion.	1 and 2 CORE 3 and 4 IN DEVELOPMENT 1. Support the development of HFF22 (young people) by providing CEE input and advice. 2. Develop a CEE project with at least one other GCPH programme. 3. Explore the CEE legacy of an historical project with at least one GCPH programme. 4. Support and develop a CEE place based project with an external partner (e.g. Thriving Places) (CT).	1. Delivered successfully. Team have followed up with the young people involved in co-production to understand how learning can be developed and applied to future events. 2. See above note on CEE planning tool; tool is currently being tested with early stages of evaluation project of Avenues development (GCPH lead on this project is Bruce Whyte). 3. Legacy project to be identified in partnership with Programme teams. Progressing evaluation of community development in the Gorbals Thriving Places with Chris H.	G
	Develop dialogue and a potential collaborative to evaluate aspects of the Community Empowerment Act in terms of impacts on inequalities.	CT, JW, JM	2, 7, 8	1. A summary for key stakeholders. 2. A discussion document for wider engagement and deliberation.	IN DEVELOPMENT This project is a continuation of work that began in 2017/18 which evolved from the work on power as a health and social justice issue. The discussion paper is near to complete but future work will involve engagement with stakeholders and potential development into a collaborative project.	1&2 – discussion document and summary has been produced and issued to key stakeholders. Planning in progress with Health Scotland for an external workshop in approx. April 2019 to discuss paper with identified key stakeholders. Gateway review in Jan/Feb 2019 to decide mutual capacity to continue.	G
	Support and develop CEE and knowledge exchange between partners in the Social Research Hub with the local community.	JW	2, 8	1. Ongoing. 2. Ongoing. 3. In development.	CORE 1. Open Community Engagement forum. 2. Range of CEE events. 3. Exploration and co-development of partnership with local schools.	1. Open Community Engagement Forum continues to meet and support a broad range of colleagues working on CEE within GCPH and partner organisations (primarily UofG). 2. Participation in Doors Open Days festival in September 2018 saw a total of 62 visitors. In November, GCPH will participate in two community fair 'Taster days' run by Thenue	G

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						<p>Communities as part of the Festival of Social Science.</p> <p>3. Ongoing process of relationship-building including mapping out schools' priorities and identifying areas of alignment with interest and expertise across GCPH and University of Glasgow (joint project).</p>	
	<p>Collaboration with the Glasgow Disability Alliance: understanding sustainability and inclusivity of places through a community of interest/identity.</p>	<p>CT, GY</p>	<p>1,2,4,5,7</p>	<p>In development.</p>	<p>IN DEVELOPMENT Through the researcher's forum, we will explore opportunities to work with the Glasgow Disability Alliance. The focus of this collaboration will be agreed following a 'get to know each other visit', where GCPH and GDA staff will share their expertise and organisational priorities. Possible opportunities include sharing research knowledge, supporting community engagement and exploring a range of inequalities facing people with disabilities.</p>	<p>Discussion paper taken to researcher forum in May. CT and GY jointly exploring ideas with GDA: contact maintained throughout summer. GDA rescheduling planned meeting with GCPH for Oct/Nov (they had to postpone summer meeting due to capacity).</p>	<p>G</p>
<p>Inclusive Growth</p>	<p>Further work to help understand and evaluate inclusive growth within Glasgow.</p>	<p>BW, JM, CT, RJ</p>	<p>1-8</p>	<p>To be decided.</p>	<p>IN DEVELOPMENT Support to David Waite and colleagues in understanding and evaluating potential impacts of major projects with respect to inclusive growth.</p>	<p>Paper on inclusive growth pilot submitted for publication in a planning journal but rejected. David is re-writing for another journal</p> <p>The Commission for Economic Growth for the Glasgow City Region appreciated GCPH's input to the Sighthill pilot. There is a likelihood that the Commission will ask for our support in relation to future developments. However currently there is nothing to report on this. We remain in close contact with David Waite.</p>	<p>A</p>
<p>Climate</p>	<p>Dissemination of</p>	<p>GY, RJ,</p>	<p>1,2,5,6,7</p>	<p>1. Publication</p>	<p>CORE</p>		

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change resilience	learning from Weathering Change.	VM		of briefing note – Summer 2018.	Supporting the ongoing dissemination of learning from Weathering Change, including the publication of short briefing note summarising key learning for different audiences.	Briefing paper published. Joint summary publication with Sniffer and GCC aimed at both public and policy makers completed and distributed at several events, including WHO International Healthy Cities Conference and Scottish Faculty of Public Health Conference. Presentation at WHO International Healthy Cities Conference.	G
	Apply learning from WC in new area.	RJ, GY, VM	1,2,4-8	Scoping summer 2018.	CORE Develop project building on learning from Weathering Change, perhaps using Place Standard from climate change perspective (see placemaking above) or using creative engagement with young people.	Met with partners (GCC, Sniffer) in September to discuss ways forward. Suggestion to embed in community planning. Paper to be presented at GCC Environment, Sustainability and Carbon Reduction City Policy Committee in November. Duncan Booker pushing agenda at 2 CPP meetings in late Oct/early Nov.	A
	Collaboration with new organisations on climate change and climate justice work/projects.	GY, VM, RJ	1,2,6,7	Ongoing.	IN DEVELOPMENT Explore additional opportunities for collaboration with other organisations on climate change work/ projects, including Health Scotland, Public Health Evidence Network (PHEN) and the Centre for Climate Justice.	Met with Kerry Burton, Centre for Climate Justice. She subsequently attended meeting re: next phase of project (described above). Initial meeting held with National Centre for Resilience with interest in follow-up meeting.	G
Supporting processes of change in all areas of focus	<ul style="list-style-type: none"> • Consultation responses. • Ad hoc presentations. • Advice and information. • Community Plan/Planning • Reducing inequalities. 	JM, RJ, BW, CT, GY, JC, JW, VM		Ongoing.	CORE Ongoing engagement with a variety of partners to embed considerations of health and wellbeing.	<p>Request from Clyde Gateway to align GCPH poverty and attainment consultation response to St Mungo's priorities. Underway.</p> <p>Request from NHS Health Scotland/Scottish Government to present on healthy cities at an event organised by Danish Embassy on Liveable Cities.</p> <p>Consultation response on GCC Licensing Policy</p>	G

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	<ul style="list-style-type: none"> • Monitoring trends e.g. updating Understanding Glasgow. • Balancing research and practice. 					<p>and Overprovision Statement completed.</p> <p>Scottish Government enquiry on Food security – submitted November 2018</p> <p>Scottish Government consultation on marketing/promotion of high fat/high sugar food underway.</p> <p>GCC consultation on Openspace Strategy underway.</p> <p>Understanding Glasgow updates to transport, environment and housing sections have been made.</p> <p>CEE responded to Glasgow Public Health Strategy's engagement plan.</p> <p>Keep Scotland Beautiful have asked to meet about potential collaboration and a date for a scoping meeting to see what may be appropriate is being set.</p> <p>Two young people from #Helfy22 (Glasgow's Healthier Future Forum with young people) will speak at Coproduction Week Scotland on their experience of co-designing the event.</p> <p>The Scottish Community Development Centre reported that #Helfy22 (Glasgow's Healthier Future Forum with young people) motivated them to organise an event about coproduction with young people.</p> <p>A blog on the tabletop 'Higher or Lower' game</p>	

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						<p>triggered two requests:</p> <ul style="list-style-type: none"> • The Department for Work and Pensions Community Partners team requested to meet with GCPH to explore how they could best use the organisation's resources and approaches to understanding inequalities. • Southside Housing Association asked to have the tabletop object at their open day. <p>Further requests accepted to run the Higher or Lower game at events organised by Southside Housing Association; the ALLIANCE and Glasgow Gurdwara.</p> <p>CT and Kelda McLean wrote an update on local governance review and SURF debate on 24 May.</p> <p>Presentations given to: National Records of Scotland, Glasgow University.</p> <p>CT and Pete Seaman meeting with Glasgow Life about CLD part of the Glasgow Plan.</p> <p>CEE team submitted comments to CT on Engagement Plan for Glasgow Public Health Strategy 22/10/2018.</p> <p>CEE team have submitted an application form to host an event during Fire Starter 2019 to support processes that bring about change through collaborative learning. Tabletop object sessions in Bridgeton Library 4-6pm on Thursday 7 February 2019 will demonstrate how data compares to our daily lives. The sessions</p>	

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						<p>will build a collective conversation about implications for change when different ways of knowing come together.</p> <p>Attend Sport and Active Glasgow advisory group meeting at the City Chambers.</p>	

Programme: Innovative approaches to improving outcomes

Programme leads: Jennifer McLean and Pete Seaman

Programme support: Valerie McNeice, Lisa Garnham, Chris Harkins, Russell Jones, Gregor Yates

Other contributors: Bruce Whyte, Jill Muirie, Katie Moore, Jennie Coyle

Admin contact: Ricky Fleming

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Participatory budgeting	Supporting community-based evaluations of participatory budgeting.	CH	2,4,5-8	<p>Publication Summer 2018.</p> <p>Participation within Glasgow City PB steering group.</p> <p>Co-author on book chapter concerning Participatory Budgeting in Scotland.</p>	<p>CORE</p> <p>As part of Glasgow's multi-disciplinary PB steering group (approx. £12m citywide PB allocation), GCPH will lead a session relating to the PB logic model concerning the planning, implementation and evaluation of PB processes across the city. GCPH continued attendance and influence within the group.</p> <p>Continued collaboration with What Works Scotland on PB outputs, events and dissemination.</p>	<p>Briefing Paper Published August 2018</p> <p>Presentation of Briefing Paper at Glasgow City PB steering group. Report disseminated to over 30 known PB projects across Glasgow City.</p> <p>GCPH continued attendance and influence within the steering group.</p> <p>GCPH evaluating PB initiatives delivered by Gorbals Housing Association as part of Aspiring Communities Fund.</p> <p>"Hope for Democracy – 30 Years of Participatory Budgeting Worldwide" book published July 2018.</p> <p>Development of ideas around mainstreaming PB using service design methodologies. Early discussions with "Snook" design organisation.</p>	G
Volunteering and participation	Mixed methods study on 2018 European Championships Volunteering programme.	RJ/GY	1,2,4,7	<p>1. Secondary analyses of applicant data Summer-Autumn 2018.</p> <p>2. Online</p>	<p>CORE</p> <p>Working in partnership with GCC, GCPH will conduct a study of volunteer applicants for the Glasgow 2018 European Championships. This is a mixed-methods study involving</p>	<p>1. Applicant data analysed and findings provided to Team 2018.</p> <p>2. Questionnaire developed, issued and closed. Data merged with applicant data and analysis ongoing.</p>	G

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	Supporting ongoing city-wide commitments to volunteering.		2,5,7	questionnaire development Summer 2018, administer questionnaire Summer 2018. 3. Headline findings Autumn 2018. 4. Qualitative research commissioned Autumn 2018. 5. Report Winter 2019. 6. On-going, opportunities to be identified.	secondary analyses, online questionnaires and qualitative research. It will also include a 2 year follow-up. Continue dissemination of learning from the Glasgow 2014 Clyde-sider study and Volunteer Charter evaluation. Working with Volunteer Glasgow and other city partners, explore new opportunities to build evidence on the impacts of volunteering and encouraging increased participation in the most deprived parts of the city.	3. Summary of findings sent to Team 2018 and Volunteer Scotland. 4. Qualitative research will now be completed in-house due to budget cut-backs. Advisory group has been established and advice has been sought on requirements for ethical approval. Research will be shaped by learning from baseline survey. 5. Baseline report draft scheduled for early 2019.	
Asset-based approaches	Embedding asset-based approaches and perspectives in community-based setting.	JMCL	1,2,3,5-8	Ongoing – phases 2 and 3 of planned CNS approach. Ongoing – supporting quarterly Advisory Group meetings and monthly Planning and	CORE As detailed in the Programme 1 workplan, Children's Neighbourhoods Scotland working in communities across Scotland will bring an asset-based perspective to our partnership work with local children and young people, families and local stakeholders with the aim of building local capacity and capabilities ensuring that services are delivered in a joined-up way,	The work of Children's Neighbourhoods Scotland continues to progress and develop. Detailed mid-year update provided in Programme 1 report. Progress for the expansion of CNS is now underway with expansion plans agreed with the Scottish Government. Discussions underway as to the identification of the expansions sites with Glasgow, aligned to Thriving Places, and out with. It has been agreed that sites out with Glasgow can be located in west and central Scottish. Specific neighbourhoods to be	G

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	Partnership working and sharing learning.	JMcL/V M		<p>R&E group.</p> <p>September 2018 – publication of plan, ethics approvals, supporting research and evaluation fieldwork and methodologies</p> <p>August 2018 – Publication of contextual literature reviews.</p> <p>Ongoing – support Child Poverty Delivery Plan expansion, identification of new areas and building local partnerships.</p>	<p>that power is shared with communities, and that the poor childhood outcomes associated with disadvantaged settings are improved.</p> <p>Following the publication of the Child Poverty Delivery Plan CNS has been awarded £2m over the period 2018-2022 to further expand CNS within Glasgow and into another urban centre, a small town and a rural community. Work is underway to identify possible locations and a proposal for Scottish Government is in development.</p> <p>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>identified.</p> <p>Continue to take up opportunities to share learning and insights from our work on asset-based approaches. Presentation to the North of England Directors of Public Health Group in September. Named collaborator on successfully CRUK funded systematic review into asset based approaches for smoking and tobacco control, starting in January 2019.</p>	
Glasgow Game	Glasgow Game in a Box.	BW	1,2,3,6,7	As required	Continued support, awareness raising and usage of the Glasgow Game in a Box by partners and interested others. Provision of facilitation as required.	No further update at this time. Possibility of playing 'the game' being explored with DWP and new Food Policy Coordinator. No plans for further game sessions currently.	G
Culture and health	Paisley	PS		Developmental	IN DEVELOPMENT Possibility of supporting Paisley	Not advanced. Preliminary meeting held with	R

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				nature of evidence (on-going). E.g. the Public Health Evidence Network (PHEN).			
	Creative approaches to data production with young people.	VM/CH		Complete scoping exercise re creative and participatory approaches to data production with young people, and their usefulness in terms of knowledge generation (Dec '18).	IN DEVELOPMENT Incorporate learning from Sistema Scotland, Children's Neighbourhoods Scotland, and the CHANGE project.	Learning from both CNS and CHANGE project not yet at a stage to facilitate this piece of work. To be revisited towards the end of the financial year.	A
	Power animation.	JM		Undertake a 2 nd stage (9 month) review of impact and influence of the animation. Report expected by Q2.	Working with colleagues at Health Scotland with support from the PHEN, undertake an online survey of those who have viewed the animation and report on digital data for the animation as well as qualitative feedback on the animation.	Survey widely circulated in Aug 18, 12 months after the launch of the animation to assess the impact. 44 responses received. Generally very positive with wide range of impact reported. 12 month evaluation report being written up by NHS Health Scotland. Draft expected Nov 18.	G
Partnership working, sharing	Sharing learning and dissemination of findings.	ALL	2,4,5,7	Ongoing, as required/ opportunities	CORE Continue active dissemination of research findings and learning	Across the programme the team continue to actively take up opportunities to present and share research and learning from across areas	G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
Learning and supporting practice across programmes of work	Partnership working and support. Expertise on advisory/steering groups.			identified.	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. To continue to increase the impact of GCPH work on approaches for improved outcomes by establishing joint working and building chains of alliances. Provide support and advice to organisations (statutory and third sector) that are exploring and developing new innovative approaches to practice.	of focus and activity. Work from across the programme has been presented to a wide range of audiences reflecting the diversity of the programme group as detailed. 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.	
	Support for the Aspiring Communities Fund projects (Family and Childcare project (VMc) and participatory budgeting/community engagement project (CH)) in Gorbals.	VM, CH, JM (support Research Scotland projects)		Provide advice and evaluation support for the duration of the projects. Exact milestone to be agreed.	CORE GCPH has agreed to contribute staff time to the value of £6,000 towards research and evaluation activities for each of the two projects, which will augment the £6,000 grant for each of the projects that has been received from the Aspiring Communities Fund for research and evaluation activities.	The childcare work is progressing well with a logic model and evaluation plan prepared in collaboration with the working group. Support will continue to be provided to gather the evaluation data, analyse and write up, until June 2019. Initial fieldwork has commenced concerning the participatory budgeting and community development elements of this work. Fieldwork and analysis will be ongoing with the plan of producing short reports and/or a briefing paper produced by June 2019.	G
	Cross programme working for system change.	VM	2,5-8	CHANGE evaluation – end of year two, Sept '18.	CORE Innovative approaches to improving practice by making active links across GCPH	On-going. Initial bids for funding for CoPP work were	G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
				SSfF – evaluation reporting by Dec '18. CoPP – to be established (research proposal/ application with NHS Endowments Committee for consideration).	programmes of work, specifically the evaluation of CHANGE, the evaluation of Stepping Stones for Families' (SSfF) Family Wellbeing Service and Cost of the Pregnancy Pathway research – synthesise learning and draw together knowledge to make practical, locally applicable recommendations for system change, supporting these recommendations into action.	unsuccessful (Big Lottery, NHS Endowments Fund) delaying the work. Funding now received from NHS Health Scotland (Nov '18) and work going ahead as a joint project with NHS Ayrshire and Arran, to be complete by autumn 2019. SSfF evaluation underway to report by end January '19. CHANGE evaluation plan revised to reflect evolving project work, resulting in a pared down year two evaluation report. Year 3 final evaluation report due October '19. In a position to explore joint learning across projects from late summer / autumn 2019.	
	Working with marginalised groups.	RJ		Awaiting funding decision	IN DEVELOPMENT Work with a number of partners (University of Strathclyde, University of Aberdeen, University of Edinburgh, Glasgow City Council, East Dunbartonshire Council, Aims Advocacy Ayrshire) to use philosophical dialogue with marginalised groups to explore what can be done to facilitate and increase their voices and influence.	Funding not successful. Exploring alternative sources of funding	R
Developing and supporting international connections and collaborations	1. Pittsburgh	PS RJ	1,5-7	Developmental	IN DEVELOPMENT 1. Complete Pittsburgh – Glasgow Collaboration by responding to Robert Wood Jonson Foundation funded team's requests for expert in-put on health equity and resilience. Visit planned for September 2018 with focus on food and	1. Have continued to support colleagues in Pittsburgh through in-put to teleconferences. Visited Pittsburgh and on trip that focused on food security and its role in economic growth, the future of work and corporations contributions to community and wellbeing. Reported back through presentation at	G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
	<p>2. Manitoba</p> <p>3. Bergen</p>				<p>NHSGGC efforts to tackling health inequalities.</p> <p>2. Maintain link with Lorna Turnbull of University of Manitoba and grant to translate learning form GCPH work to Canadian context.</p> <p>3. We hosted visitors (Head teachers /school managers, department of culture, department of sport, and from an area-based programme in deprived areas) from Bergen, Norway (26 April 2018) as part of a learning journey to Glasgow. Aim: to find out more about the public health issues of Glasgow and to learn more about GCPH's work, particularly around deprivation, learning, upbringing and inclusion. Explore the potential to continue to develop GCPH's relationship with Bergen.</p>	<p>Glasgow City Council's Food Inequality Inquiry committee meeting. Links with Pittsburgh Food Policy Council will inform the development of Glasgow Food Policy Partnership as Pittsburgh's Council has a high profile and strong committed membership. Interest form GFPP partners and GCC around Pittsburgh's Vacant Lots Toolkit and using emergency food payments as a means to stimulate local food economy. Learning around food as a component of sustainable and inclusive growth will also have application in the Glasgow.</p> <p>2. Met Lorna Turnbull and provided support for grant. Have yet to hear back.</p> <p>3. No development to report.</p>	
	WHO European Healthy Cities Network	RJ	1,6,7	International conference in Belfast October 2018	Member of steering group for developing and delivering International Conference, including meetings, marketing, abstract assessment for scientific programme, chair UK CMO session. Conference title is "Changing Cities to Change the World" and the 6 themes are people, place, participation, prosperity, planet, peace.	Conference successful with close to 600 participants representing over 60 countries. Co-chaired a session, discussant at a session and presented on Weathering Change.	G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
Private Rented Sector	Housing through Social Enterprise research.	LG	1,2,3,5-8	<p>June 2018 – presentation of emerging findings at the European Network Housing Research Conference in Uppsala.</p> <p>August 2018 – Data collection complete.</p> <p>January 2019 – publication of project report.</p>	<p>CORE</p> <p>The Housing through Social Enterprise research project is a collaboration between Glasgow Caledonian University, Stirling University and GCPH – it is part of the CommonHealth Research programme. It considers tenants perspectives on housing and health, as well as health outcomes, across three housing social enterprises – a Housing Association, a Rent Deposit Scheme and a landlord and letting agency operating in the Private Rented Sector.</p> <p>It follows tenants across the first year of their tenancy, gathering both qualitative and quantitative data. It aims to better understand the causal pathways through which alternative approaches to housing might improve quality of life, health and wellbeing.</p> <p>The completion of the Housing through Social Enterprise research project at the end of 2018 will provide important new evidence on the implications of living in the private rented sector for low income tenants, as well as the potential for social enterprise to support such tenants in having a good quality</p>	<p>Data collection was completed in September 2018.</p> <p>The (interim) findings have been presented at:</p> <ul style="list-style-type: none"> - European Network Housing Research Conference June 2018 - Social Enterprise World Forum Sept 2018 - Threshold 40 Year Conference Oct 2018 - Energy Action Scotland Annual Conference Nov 2018 <p>We are completing data analysis and write up of 3 peer review publications, an end of project report, a briefing paper and findings summaries for each of the three participant organisations, as well as their tenants.</p> <p>Final drafts of all of these publications will be complete by March 2019.</p>	G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
					of life. Dissemination and knowledge sharing activity throughout 2019 and beyond is intended to share this knowledge with relevant agencies and legislative bodies.		
Exploring health in later life Loneliness and social isolation		PS		Developmental	IN DEVELOPMENT Establish a network to scope and develop a working proposal exploring later years and isolation that supports NHSGGC aspiration to shift investments to prevention and link to its programmes for action. Link the Carnegie Kindness Innovation Network and partners with, for example, service design expertise.	No progress to report in first 6 months. To increase focus in second half of the year.	R
Link worker follow on	Membership of Links Worker Monitoring and Evaluation group and Advisory Group.	JM	7,8	Contribute in an advisory capacity to the Evaluation group (JM) and to the Advisory Group (JE).	The role out of this programme stalled in 2017/18 – awaiting information about whether it is expected to proceed in 2018/19.	Change in plans. Had originally planned to sit on Health Scotland monitoring and evaluation group. As this group has not been activated, resource has been secured through HSCP for GCPH to support evaluation. Conversations will take place in the new year.	A
Seminar Series		PS /JC/ team		Core	CORE Coordinate seminar series for 2018-19 utilising team suggestions and contacts.	<i>'Is a basic income good for your health?'</i> Prof Evelyn L Forget. Professor of Economics and Community Health Sciences, University of Manitoba, Canada (18 Sept 2018). Forthcoming 16 January 2019, Dr David Pencheon, Director, NHS Sustainable Development Unit, Cambridge on Climate change and public health	G

Area of focus	Projects	Lead(s)	Cross-cutting App'ches	Milestones for 2018-19	Description/ Comments (include whether 'Core' or 'In development')	Mid year up-date	R/A/G
						<p>5 March 2019, Faisal Rahman OBE, Managing Director and Founder, Fair Finance, London on Micro-finance</p> <p>17 April 2019, Laura Serrant OBE, Professor of Nursing, Sheffield Hallam University on Diversity Leadership</p> <p>28 May 2019,: Corinna Hawkes, Director of the Centre for Food Policy and vice-chair of the London Child Obesity Task Force on Food Systems</p> <p>Date TBC: Ricardo Marini, Founder, Marini Urbanismo at Gehl Architects, Edinburgh on Humanity, health, architecture and place.</p>	



**Glasgow Centre for Population Health
Management Board Meeting
3rd December 2018**

Budget position: 7 Months to 31st October 2018

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the first four months of 2018/19 showing expenditure to date of £733,294.
- The planned expenditure which will ensure the allocation is fully spent within the financial year.

Commentary on Table 1

1. Expenditure to October continues to be in line with the plan.
2. The forecast element of the table has been split into three elements:
 - Outstanding Orders – this column list orders that have been placed but are not yet due for payment.
 - Planned spend – this forecasts spend where there is a financial commitment in the system e.g. employees in post or contracts in place with suppliers.
 - To be committed – this highlights the financial impact of the plans agreed in the work plans which have not yet generated a financial commitment.
3. It is anticipated that the total funding available to the centre will be fully utilised by the end of the financial year.

Liz Anderson
26th November 2018

Table 1 - 2018-19 Financial Plan

		<i>Planned 2018/19 £</i>	<i>Actual to October £</i>	<i>Outstanding Orders £</i>	<i>Planned Spend £</i>	<i>To be Committed £</i>	<i>Forecast Out-turn £</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	83,000	-		83,000		83,000
I 3	Other Income	66,500	46,715		19,785		66,500
	<i>Total Income 18/19</i>	<i>1,399,500</i>	<i>1,296,715</i>	<i>-</i>	<i>102,785</i>	<i>-</i>	<i>1,399,500</i>
I 4	Carry Forward from previous years	<i>44,687</i>	<i>44,687</i>				<i>44,687</i>
	<i>Total Available 18/19</i>	<i>1,444,187</i>	<i>1,341,402</i>	<i>-</i>	<i>102,785</i>	<i>-</i>	<i>1,444,187</i>
<i>Expenditure</i>							
<i>Research:</i>							
E 1	Action on Inequality	50,000	19,222			30,778	50,000
E 2	Understanding Health Inequalities	40,000	11,643			28,357	40,000
E 3	Sustainable Inclusive Places	31,000	2,065	1,201	10,000	17,735	31,000
E 4	Innovative Approaches to Improving Outcomes	20,000	1,614			18,386	20,000
E 5	GoWell/GoEast	99,500	885	1,919	28,000	68,696	99,500
E 6	Training & Development	25,000	7,926	10,450		6,624	25,000
E 7	Allocation to Networks	9,500	450			9,050	9,500
	<i>Total Research</i>	<i>275,000</i>	<i>43,805</i>	<i>13,570</i>	<i>38,000</i>	<i>179,626</i>	<i>275,000</i>
<i>Communications:</i>							
E 8	Communications	45,000	15,203	11,283		18,514	45,000
	<i>Total</i>	<i>45,000</i>	<i>15,203</i>	<i>11,283</i>	<i>-</i>	<i>18,514</i>	<i>45,000</i>
<i>Management and Administration</i>							
E 9	Centre Management, Admin & Running Costs	24,668	3,837	1,010		19,821	24,668
E 10	Accommodation Costs	118,000	58,067		59,933	-	118,000
E 11	Core Staffing	981,519	612,382		369,137	-	981,519
	<i>Total Management & Admin</i>	<i>1,124,187</i>	<i>674,286</i>	<i>1,010</i>	<i>429,070</i>	<i>19,821</i>	<i>1,124,187</i>
	<i>Total Expenditure</i>	<i>1,444,187</i>	<i>733,294</i>	<i>25,863</i>	<i>467,070</i>	<i>217,960</i>	<i>1,444,187</i>
	<i>Balance</i>	<i>0</i>	<i>608,108</i>	<i>(25,863)</i>	<i>(364,285)</i>	<i>(217,960)</i>	<i>0</i>



**Glasgow Centre for Population Health
GCPH Management Board
Monday 3 December 2018**

Success indicators discussion paper (revised)

Recommendation

- This revised 'success indicators' paper follows an earlier draft and discussion with the Board and Executive Management Team (EMT). Following EMT approval in November, the Board are invited to approve these success indicators for 2019-20. In approving, please consider from your organisational perspective.

Background

1. This paper is a revised version of paper GCPHMB/2018/362 'Success indicators discussion paper'. It reflects discussion at the September 2018 Board meeting and responds to:
 - the move to a longer-term (three year) planning frame
 - the related opportunity to review and develop our indicators of progress
 - an agreed preference for case studies as a means of demonstrating how headline success indicators were achieved
 - a suggestion made at the June 2018 Board meeting to explore the value in showing the direct health and wellbeing impact from our work
 - a request to set out the GCPH's distinctive way of working, which is grounded on past learning and informs our approach to impact and influence.

Established indicators of success

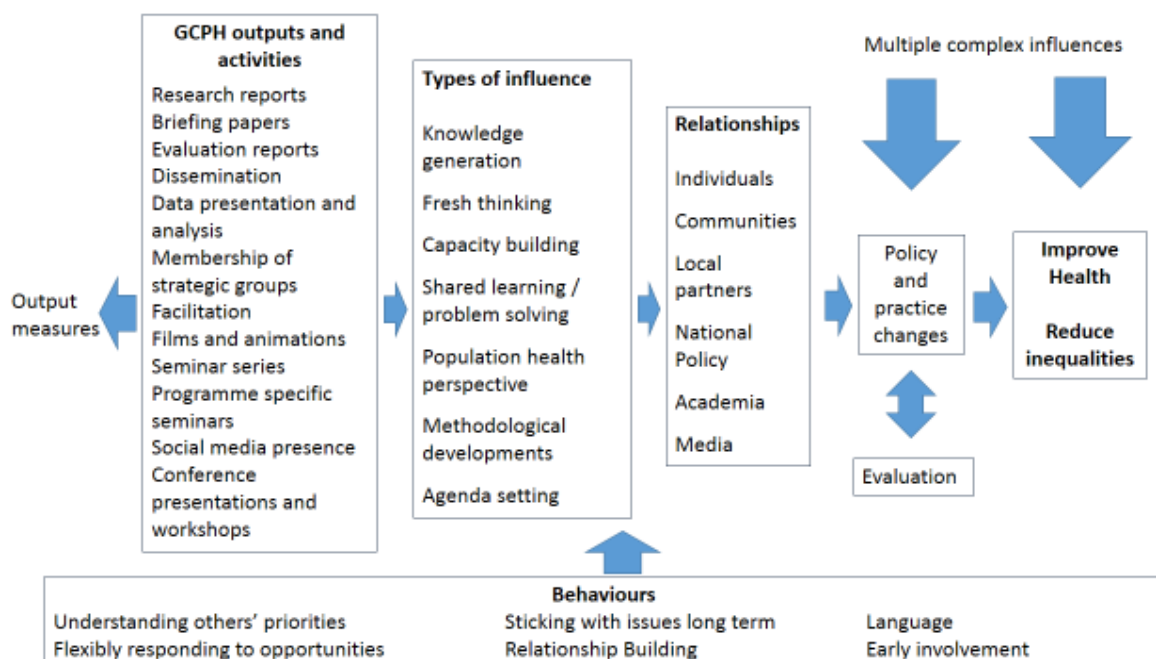
2. As a Centre, we periodically review how we assess and demonstrate progress against our aims and objectives. The success indicators published as part of the 2018-19 work plan (Board Paper 358) are designed to serve a number of functions:
 - To allow monitoring of progress of individual projects and programmes within the Centre's work plan; as such they assist midyear and end of year reporting.
 - To reflect our wider impact and role in change, and enhance understanding of the behaviours on which they are based.
 - To act as a means of communicating our contribution *internally* – ensuring a strong degree of coherence across the team and the work plan, and *externally* – to communicate to funders and others how investment in GCPH leads to changes necessary to improve population health outcomes and reduce inequality.

Our established way of working to deliver impact and influence

3. The GCPH was established in 2004, with funding from the Scottish Government and in-kind support from the three local partner organisations. Two formal reviews of the Centre

have been undertaken, both reporting positively on the Centre’s ways of working, outputs, and the value for money that these represent. It is worth setting out the features and expectations of the Centre’s work and role before looking in more detail at what success indicators might comprise.

4. Features of the GCPH working model identified as particular strengths in the external reviews included the broad remit of GCPH’s work; the flexible and responsive approach of staff; leadership of the Centre; the relevance and quality of the work at strategic and operational levels; strong partnership working and commitment to collaboration; civic engagement and ownership; the Centre’s role in stimulating new thinking and new ideas; and the focus on putting evidence into practice. The second review (in 2011) recommended further attention be paid to knowledge transfer and utilisation, evidence synthesis, and the development of a tighter set of objectives and success indicators.
5. The types of impact and influence we are aiming to achieve are driven by the Centre’s strategic statement and overarching aim, which is as follows: *“Working across the boundaries of research, policy, implementation and community life, the GCPH generates insights and evidence, supports new approaches, and informs and influences action to improve the city’s health and tackle inequality.”*
6. The Centre’s activities are located within a complex set of influences on policy and practice, and the wider context of causes and contributors to population health and inequalities. Very little of our influence is linear. The Centre’s contribution is discrete and not always readily identifiable. Rather, at the heart of what we do is to work in partnership to support change. We recognise that the production of evidence alone, even if presented in new and innovative ways, is not enough to bring about change: the process of identifying practical and deliverable responses to evidence is critical, and requires in-depth understanding of the delivery/community/policy context. The diagram below was previously agreed by the Board as an appropriate illustration of the Centre’s approach to impact and influence.



7. The Centre’s impact can be described and understood at different levels. In 2014, we agreed and evidenced five levels of influence: community, local policy and practice, national policy, academia and methodology, and media. However, for the requirements to demonstrate successful influence to be most meaningful to the team, these are best

described in relation to the organising framework deployed for team and individual objective-setting, which is in terms of programmes and projects.

8. The GCPH work plan is structured in terms of four programmes as follows, each of which has a set of aims and key areas of work for the next three years:
 - Programme 1. Action on inequality across the life-course
 - Programme 2. Understanding health
 - Programme 3. Sustainable inclusive places
 - Programme 4. Innovative approaches to improving outcomes

Our current indicators

9. The Centre's purpose statement reflects our aims, model of impact and influence (above) and broadly describes the activity which helps us achieve our strategic aim. Our purpose is expressed as:

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

10. As we entered Phase 4 (2017-18), the range of underpinning behaviours were revised to include:
 - *Maintaining credibility and being a trusted source* of evidence, knowledge and insight.
 - *Working in productive relationships with partner organisations*, reflecting their priorities, in the development of our work plan, outputs and knowledge translation.
 - *Supporting the development and application of promising investments* and action to improve population health and reduce inequalities.
 - *Maintaining a focus on the social justice and equity implications* of such investments
 - *Embedding community engagement and participation* across our programmes and being a source of learning grounded in our experiences.
 - *Displaying leadership in considering new and emergent issues* that may be currently beyond our partners’ priorities.
 - *Innovating in developing our means of communication* and reflecting on how we can engage with a widened audience.
11. To ensure responsiveness to our partners, our work plans explicitly reflect local and national priorities, and success indicators are clearly linked to these. For the current work plan these include:
 - **NHSGGC’s** Public Health Strategy 2018-2028. This has translated into a success indicator for Programme 2 that makes explicit our contribution to the development of the monitoring framework for this strategy. Successful delivery of other programmes will also contribute to the strategy’s implementation.
 - **Glasgow City Council** priorities of reducing inequalities through inclusive economic growth and greater opportunity for citizen involvement in decisions. These translate into success indicators for GCPH of demonstrating an influence in shaping approaches to achieving inclusive and sustainable growth, their monitoring and evaluation, and with evidence and support for associated community engagement.
 - **University of Glasgow’s** development of the Social Research Hub at Olympia as a site for policy-focussed research on health, housing and closing the educational attainment gap. Indicators of success here have not yet been agreed but could

include collaborations established, particularly those which have secured external funding, as well as community engagement indicators. We will undoubtedly play a role in establishing the profile of the Social Research Hub locally and nationally through contribution to identifiable outputs.

- The **national priority** to reduce Child Poverty is reflected in our success indicators. Here we aim to be able to demonstrate where our learning on poverty mitigation has translated into action from the key city delivery structures (such as the Poverty Leadership Panel, Community Planning Partnership and the Child Poverty Co-ordinator). This will be achieved through GCPH supporting appropriate use and translation of learning and expertise. Two projects, Children's Neighbourhoods Scotland and CHANGE, have the potential to evidence impact in relation to indicators such as nursery take-up, and shaping national scale interventions designed to improve child health and educational outcomes.
- Other national public health priorities have become visible since the publication of our work plan and we will continue to evolve our success indicators to reflect such developments.

12. Our headline success indicators are provided in Table 1 in Appendix 1, showing how they are shaped by the GCPH aims and purpose and align with the indicators of success at programme level (Table 2). The objective here is to ensure coherence, so that team members are aware of how projects contribute to wider impact and the ambitions of partners at local and national levels.

Case studies of impact

13. The Board has previously agreed that case studies of impact are a helpful and appropriate way of describing how we achieve our markers of success. Several case studies have been provided over the years, and three more examples are included in Appendix 2. These describe: our influence on creating and translating knowledge to promote active travel, our role in strengthening responses to child poverty, and our contribution to the NHSGGC Public Health Strategy.

14. The narrative that case studies provide can be a clear way of reflecting the *collaborative, responsive and flexible* way we work to achieve impact. Being collaborative means outcomes may not be able to be prescribed at the outset but are co-created as opportunity arises and negotiated in the partner and policy landscape. The process also extends to timescales that go beyond yearly planning cycles.

15. We propose that in most cases, the current format of success indicators underpinned by illustrative case studies, is the most appropriate means of recording and reporting on success. This will involve the team routinely tracking and recording successful impacts and also the work undertaken toward developing the conditions (e.g. establishing networks, credibility, convening expertise) that may lead to impacts in future. Establishing at the start of the year which areas of work will be a case study at mid-year and end-of-year may also strengthen the case studies through highlighting the intentionality behind actions. Case studies by their nature are generally retrospective but by focussing attention on the narrative of change, they can also support thinking prospectively about how we envisage what needs to change to improve population health outcomes and identifying our role in that process.

Overview of the three case studies

Active travel

16. This case study sets out our intentions to influence transport and health-related policy and practice and describes how we achieved them through the provision of evidence and insight and by convening networks of common purpose, knowledge and action.

Outcomes achieved over the last ten years reflect the time required to embed new perspectives so that they become accepted and evidenced responses. These outcomes, some of which would not have been predictable at the work's inception, include a national doubling of funding for active travel (as announced through Programme for Government 2017-18), Glasgow's City Centre Transport Strategy 2014-2024 and Strategic Plan for Cycling 2016-2025, our evidence being used to make the case for a national 20mph speed limits on urban roads and a continuing influence through membership of Strathclyde Partnership for Transport's (SPT) Regional Transport Strategy Strategic Advisory Group.

Strengthening responses to child poverty

17. This case study highlights how our action-orientated work to develop and evaluate responses to mitigate poverty at key life stages found a receptive policy environment as part of Scotland's Child Poverty Delivery Plan (2018). We set out to co-produce interventions to ameliorate poverty at child birth, during school years and through services to support lone parents. Our characteristic way of working involved the provision of evidence, convening partners for evidence-informed consideration of actions, and encouraging collaborative practice across agencies. This took advantage of the growing interest in early years and approaches to ameliorating income-related family adversity. The inclusion of recommendations from *Healthier Wealthier Children* and *Cost of the School Day* within the Child Poverty Delivery Plan reflects our efforts to work on the right issues, at the right time and with the right people. Prospectively, we aim to continue to influence action on child poverty through a number of routes including by convening a network of action through an ACEs hub, delivery of Children's Neighbourhoods Scotland and Childcare and Nurture (CHANGE) work.

Contribution to the NHS GGC Public Health Strategy

18. This case study highlights the Centre's role in influencing the priorities and content of the NHSGGC Public Health Strategy, the first for this Board. Members of the team have contributed in various forums to help with the form, content and presentation of the strategy. For example, in the developmental phase GCPH staff highlighted evidence about the importance of maintaining a focus on preventative action as a means of tackling the causes of ill health. Currently, we are contributing to the development of the monitoring framework for the strategy, helping develop intermediate indicators for each of the six programmes of work and an associated Theory of Change. We are also working with the DPH in planning the health summit for Glasgow. As we move into 2019-20, we will deploy skills in evidence and community engagement to support the implementation of the strategy as well as delivering projects from our own work plan that will contribute to the associated delivery plans in the strategy.

Summary

19. This paper has described the proposed approach to agreeing and reporting on progress towards a set of success indicators for the GCPH going forward. Appendix 1 sets out the success indicators from the current GCPH work plan. These include both high-level Centre-wide indicators (which should be understood as operating on a three year time frame and are dependent on contributions from across the Centre's staff team and partnership) and illustrative indicators from our four substantive programmes of work. It is proposed that both sets of indicators are used in mid-year and end of year reporting.

20. Appendix 2 includes three case studies of impact and influence: active travel; supporting responses to child poverty; and supporting the development and delivery of NHSGGC Public Health Strategy (2018-2028). Following this format, if agreed, future case studies could include resilience, methodological innovation, supporting community empowerment, food, GoWell, and our role in the development and focus of the

University of Glasgow's Social Research Hub. Views are sought on the types of case study that will be most impactful.

21. The Board is invited to approve the success indicators appended and the case study approach to demonstration.

**Pete Seaman
Carol Tannahill
Revised November 2018**

Appendix 1: Summary of existing success indicators

Table 1: Centre-wide success indicators

GCPH purpose	Success indicator: Where we will be in 3 years	Method: How we will have got there
<p>1. Build on reputation as a valuable source of evidence, knowledge and insight on the patterning and trends in health, inequalities and their determinants.</p>	<p>Evidence of continued support provided for the monitoring and delivery of the NHSGGC Public Health Strategy.</p> <p>Evidence of our work shaping and contributing to the delivery of a number of Programmes for Action.</p>	<p>Centre expertise on the patterning and trends in health and wellbeing and their determinants will have supported – and been used by - colleagues at NHSGGC. A key example will be our working co-productively with NHSGGC in the identification and monitoring of indicators to track progress against the Public Health Strategy’s headline outcomes. Further, there will be evidence of having supported the Public Health Strategy’s Programmes for Action through provision and translation of research, knowledge and insight, particularly in relation to:</p> <ul style="list-style-type: none"> (i) Understanding the needs, experiences and assets of the population, how these vary by sub-group and change over time. (ii) Tackling the fundamental causes of poor health and of health inequalities - these causes are the basis on which inequalities are formed - and mitigate their effects. (iii) Applying a life course approach, recognising the importance of a healthy start in life and the need to maximise opportunities for health and wellbeing at all life stages. (iv) Intervening on the intermediate causes of poor health and health inequalities: these are the wider environmental influences on health, including access to services, equality and human rights and other aspects of society.
<p>2. Support the development and application of promising investments and actions to improve population health outcomes.</p>	<p>We will have supported key city partners including GCC, community planning and GCHSCP in the implementation of investments and actions within their strategic priorities. To include developing understanding and approaches to inclusive growth, Thriving Places, support for the early years and Children’s Neighbourhoods Scotland.</p>	<p>We will have brought a clear population health and inequalities perspective to the evolving inclusive growth work in the city, potentially through a joint post to bring population health intelligence into the economic strategy. Our emergent findings and actions stemming from early years work such as CHANGE and the broader age group represented within Children’s Neighbourhoods Scotland will begin to inform investments within the Bridgeton/ Dalmarnock Thriving Places area and roll-out areas.</p> <p>We should be able to demonstrate where such investments are being</p>

		shaped by GCPH input.
3. Maintain a focus on the social justice and inequality implications of investments, interventions and policies.	We will have contributed substantially to the mainstreaming of poverty prevention nationally and locally through translation of our child and adult poverty mitigation work, the development of responses to Adverse Childhood Experiences (ACEs), and responding to implications of welfare reform.	<p>We will have sustained an effective engagement with key agencies and individuals such as the Poverty Leadership Panel and the Glasgow Child Poverty Co-ordinator and will have helped to establish an evidence-informed culture for these processes. Specifics will have included:</p> <ul style="list-style-type: none"> • Learning from CHANGE and Children’s Neighbourhoods Scotland. • Use of ACE questions in Scottish Health Survey, increasing awareness of ACEs and their antecedents and; • Effective and tailored communications, reaching key audiences of influence. <p>Case studies will narrate the process of change highlighting how we achieved the above outcomes.</p>
4. Maintain a future perspective and display leadership in considering new and emergent issues. Stick with issues long term.	We will be able to provide substantiated examples of our primary role in bringing a new concern, or response to an existing issue, from the margins to mainstream understandings and practice.	This will be highlighted by case study examples. The active travel case study currently highlights how the time becomes right for GCPH work to gain traction and reach fruition. Potential future examples include (i) a shift to a whole system approach to food, and (ii) influencing the developing understanding of inclusive growth to include wellbeing outcomes.
5. Innovation in means of communication.	Our current Communications Strategy will be fully implemented and refreshed in 2020 to assess and respond to developments in partner landscape and communications and audience developments.	<p>We will be able to demonstrate over time how our Communications Strategy has increased influence on and engagement with key audiences (e.g. NHS GGC Board, MSPs, GCC elected members). We will report on indicators of reach and will focus on diversity of reach.</p> <p>Continuous reflection and modification of messaging and engagement to take account of developments such as the Frameworks Institute approach for communicating poverty issues with the public.</p>
	We will evidence extent to which key partners recognise GCPH impact and role in process of change.	We will identify in advance key end users, and collect their testimonials.

Table 2: Current programme success indicators

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

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

<p>community engagement and empowerment (CEE), and community-based processes of knowledge exchange.</p>	<p>partners in the implementation of CEE expectations as outlined in legislation and National Standards.</p> <p>CEE is embedded across the programmes of work at GCPH and undertaken collaboratively across the Social Research Hub.</p> <p>Established and mutually beneficial partnerships with the organisations represented at the Social Research Hub which engage with and benefit the local community.</p>	
Programme 4: Innovative approaches to improving outcomes		
<p>Provision of evidence-informed support for progress towards 1% of Council budgets being allocated through Participatory Budgeting.</p> <p>Preparation and publication of further resources to support practice; ongoing support and assistance to the National PB working group and Glasgow City Council PB Advisory Group.</p>	<p>Achievement of 1% target and influence of Centre work in delivery.</p>	<p>First two examples in this Programme represent clear 'end stage' indicators of success. Third example indicates progress at an early stage where longer term outcomes are yet to be defined but we are working on promoting the enabling conditions.</p>
<p>Increase and support opportunities for volunteering as a component of legacy for large event planning in the city; particularly focussing on narrowing the gap in the socioeconomic composition of those who access and benefit from volunteering opportunities.</p>	<p>Indication of movement in diversity of event volunteers as reported in Scottish Household Survey.</p>	<p>Work with event planning networks, bringing GCPH evidence and perspective on the role of volunteering as a contributor to population health.</p>

<p>Later years: to establish a new project exploring practice development in relation to later years, responding to the need of services to take account of the shifting disease burden, demographic change, the need to mainstream preventative approaches and living well in later years.</p>	<p>Evidence of convening networks and co-productively identifying a pertinent set of issues for exploration. Key partners might include HSCP, the ALLIANCE and/or Glasgow Life.</p>	
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Appendix 2: Case studies of impact

Impact case study: Active travel

Overview

A significant area of impact for the Centre is the progress made in helping the city increase access and use of active travel to address a range of population health outcomes. The progress has come through a number of complementary approaches that characterise the Centre's way of working including:

- building and utilising our credibility, trust and expertise as a source of insight in a particular area and in relation to the patterning of health trends, inequalities and their determinants
- supporting the application of promising investments and actions to improve population health through evidence and making the case for change
- a focus on the social justice and inequalities implications of investments
- working with sensitivity and political acuity to the organisational relationship and opportunities for change
- working within the longer term timeframes involved in transforming responses to complex social problems.

Why this issue?

Active and sustainable forms of travel, including walking and cycling, are important for health in a number of ways. They make a contribution to increasing rates of physical activity – relating to current national public health priority of diet and obesity (priority six), improve mental health (priority three), tackle climate change, reduce air pollution, and can help build more connected communities (priority one). Analysis of inequalities in child road traffic accidents and supporting the creation of safer opportunities for walking and cycling to school also supports delivery on national priority two: a nation where we flourish in our early years.

It is rare that a single area of investment has the potential to deliver on such a wide range of outcomes. When the GCPH active travel work began in 2007, many of the headline outcomes which contribute to population health – exercise, healthy weight, traffic accidents and air pollution – were heading in the wrong direction. The case for active travel as a component of solutions to a number of joined up problems, including inequality and the economy, was made by the Centre in the 2009 publication '*How can transport contribute to public health?*'

Despite the recognition that active and sustainable travel is good for population health and for the environment, many transport-related trends are still moving in the wrong direction.

What did we set out to do?

We established a programme of work to inform and influence future transport and health-related policy and practice in the city. We began by appraising the current situation, by gathering and analysing information to provide useable insights and knowledge on:

- the health, social inclusion and environmental benefits of active travel
- trends and patterns in different modes of travel and vehicle availability
- trends in children's travel to school
- the impact of new investments such as the new cycling infrastructure and the city's public bike hire scheme

- adult and child road casualty trends in the city
- the health economic benefit of active travel including a health economic assessment of the likely impact of introducing a national 20mph speed restriction on urban roads across Scotland
- influences of travel choices and ways to increase active travel.

These analyses evidenced how many of the city's transport trends were moving, and in some respects continue to move, in the wrong direction. Car usage continues to increase. Levels of cycling are low as a proportion of travel choices in the city. Levels of walking and bus use are falling, traffic and vehicle emissions continue to increase.

We have outlined strong health, social inclusion and environmental arguments for reducing car use and increasing travel by other means including active travel and high quality, affordable public transport. We have highlighted the importance of greater investment in sustainable, integrated transport to promote active travel, to create safe, attractive communities, to mitigate further effects of climate change and to reduce air pollution.

We have also provided evidence that motorised transport increases inequalities as negative impacts, such as traffic casualties and air pollution, disproportionately affect vulnerable groups such as children and people living in poverty. This meant we could make the case for strong social inclusion (as well as the health and environmental) arguments for reducing car use and increasing travel by other, more sustainable means. Through our work we highlighted the need for greater and continued investment in travel solutions that promote safe, attractive communities where people are able to, and choose to, travel actively.

How and where have we had impact and influence?

Progress on active travel both nationally and locally has been slow and incremental yet has accelerated in recent years. This is partly because it has been given increased priority – as evidenced by the national doubling of the active travel funding (budget announced in the Programme for Government 2017-18) and City Deal funding being used to develop infrastructure (such as the Avenues project in Glasgow) that promotes active means of travel. Such investments are a means of making progress across a range of related policy areas; in helping to reduce carbon emissions, improve air quality, address obesity and overweight, increase physical activity, and as part of urban place-making. In this more favourable context, the evidence that GCPH has been able to provide on the impact of active travel initiatives has found a ready and engaged audience of planners, policy makers and campaigners.

Our collaboration and engagement with a wide range of organisations, community members, groups and forums, which has included both those specifically focussed on active and sustainable travel and mainstream service providers and planners, also contributes a great deal to this reach of influence. This has included our active travel forums which have brought planners, community representatives, campaigners and academics together in constructive discussion. These have also provided a platform for critiquing past mistakes, while putting forward evidence for how the transport environment could be changed to benefit people and communities. GCPH consultation responses on strategic plans, speed restrictions and low emission zones have helped make the public health case for change.

Our reputation as being a leading, and evidence informed, voice on the role of active travel in relation to public health enables us to support the momentum for change and places us in a strong position to influence policy and practice. Our evidence has directly influenced key active travel and transport developments and strategies within the city including the Glasgow City Centre Transport Strategy 2014–2024 and Glasgow's Strategic Plan for Cycling 2016–2025.

Continuing our influence

We are now recognised as an important voice and knowledge broker on active travel and its relationship to health and inequalities. We will use this recognition to continue to influence policy and practice within Glasgow and nationally.

Evidence into action

Our evidence is being used to evaluate active travel initiatives and policy developments including the public bike hire scheme and the West and South-West 'City ways'. These evaluations provide important evidence on the use of infrastructure, the value of infrastructural investment but also important learning for future developments such as the potential for impacting on inequalities. We have contributed to the evaluation framework for the roll-out of the city's 'Avenues' project and 'City Ways' to ensure the collective impact of these projects on health, liveability and travel patterns in the city are captured and inform future developments in Glasgow.

In the last year, we have been engaged as the evaluation partner for the Bike for All project, which is widening access to the city bike-hire schemes among vulnerable and socio-economically disadvantaged groups who are less likely to access the scheme. We were invited to become involved in this project due to the reputation we have gained working on active and sustainable travel over the last decade.

Nationally, our evidence is being used to make the case for implementing a national 20mph speed restriction on urban roads across Scotland. The Bill was formally submitted to parliament in September and is due to go to the Rural Economy and Connectivity Committee early 2019. After this and further consultation by the REC Committee, the Bill will then go for a vote in parliament, after which it will then proceed to stage 2 and 3 unless it falls at that vote.

Influence and expertise

We have recently accepted invitations to give evidence to City's Transport Summit, Connectivity Commission and to be a member on Strathclyde Partnership for Transport's (SPT) Strategic Advisory Group for the new Regional Transport Strategy (RTS). This relatively small group will play a key role in ensuring that the new RTS is genuinely ambitious and properly addresses the economic, environmental and social challenges facing the SPT area over the next 15-20 years. A key ambition is a focus on the wellbeing and quality of life of transport users and communities.

Our future work on active and sustainable travel will continue to focus on evidence, influence and dialogue. We will need further evidence to evaluate the health and social impacts of new active travel infrastructure in order to inform future developments. We also need to maintain an observatory function to monitor changes in travel patterns and inequalities in access to travel and in road safety.

This will entail continuing to make the case (at conferences, seminars and other fora) for investment in good quality, safe active travel infrastructure and services that can be equitably accessed. In reporting research we will endeavour to ensure our findings reach a wide audience, but particularly key strategic audiences involved in local and national policy developments. Consultation responses will continue to be an important channel for influencing policy.

Our work will continue to be informed by local communities and their views on what is needed in their areas. In this regard, our involvement in the city's active travel forum and our ongoing community engagement activities will remain important conduits for this type of dialogue.

We will also continue to bring new ideas to the city on public health issues that can be addressed through transformative understandings of urban movement, such as hosting a seminar in 2019 by architect Ricardo Marini on how cities can be designed to improve wellbeing and interpersonal connection. We host this mindful of the long-term impact of Howard Frumkin's 2006 seminar, which has been cited as sowing the seed that led to the 'Avenues project', and the potential for evolving our understanding of the interrelationship between investment in places, infrastructure and a healthy and thriving city.

Appendix of key outputs and activities

Consultation responses:

- Building Scotland's Low Emission Zones. Transport Scotland consultation. 2017.
- Restricted roads (20mph limit) (Scotland) Bill. Scottish Parliament consultation. 2017.
- City Centre Mandatory 20mph Zone. Glasgow City Council consultation. 2015.
- Glasgow's Draft Strategic Plan for Cycling 2015-2025. Glasgow City Council consultation. 2017.

Reports:

- The potential impact of a 20mph speed limit on urban roads in Scotland. GCPH: 2018
- Active travel in Glasgow: what we've learned so far. GCPH: 2017.
- Cycle journeys on the Anderston-Argyle Street footbridge: a descriptive analysis. GCPH: 2017.
- Cycle journeys on the South-West City Way: a descriptive analysis. GCPH: 2017.
- Glasgow's public cycle hire scheme: analysis of usage between July 2014 and June 2016. GCPH: 2017.
- Travel to school in Glasgow: a descriptive analysis of results from the Hands Up Survey. GCPH: 2017.
- The Kelvingrove-Anderston route (West City Way): views of cyclists and pedestrians. ODS Consulting and Research Resource: 2015.
- Trends in pedestrian and cyclist road casualties in Scotland. GCPH: 2015.
- Glasgow – a connected city? The Glasgow Game. GCPH: 2013.
- Growing the evidence base that cycling is good for health and the economy – seminar report. GCPH: 2013.
- Moving In the Right Direction? Transport Data Sources Report. GCPH: 2012.
- Public attitudes to physical activity in Glasgow. EKOS/GCPH: 2011.
- Qualitative research into active travel in Glasgow. JMP Associates and GCPH: 2009.

Briefing papers:

- Findings series 37. Cycling is good for health and the economy. GCPH: 2013.
- Findings series 36. Learning from success: active travel in schools. GCPH: 2013.
- Findings series 29 Children's travel to school – are we moving in the right direction? GCPH: 2011.
- Findings series 28. Are trends in adult active travel moving in the right direction? GCPH: 2011.
- Findings series 26. Moving in the right direction? Findings from a review of transport policy in Scotland. GCPH: 2010.
- Findings series 22. Attitudes towards active travel in Glasgow: Findings from a qualitative research report. GCPH: 2009.
- Concepts series 5. How can transport contribute to health? GCPH: 2007.

Journal articles:

- McCartney G, Whyte B, Livingston M, Crawford F. Building a bridge, transport infrastructure and population characteristics: explaining active travel into Glasgow. *Transport Policy* 2012; 21(C):119-125.
- McKee R, Mutrie N, Crawford F, Green B. Promoting walking to school: Results of a quasi-experimental trial. *Journal of Epidemiology and Community Health* 2007; 61:818-823.

- Mutrie N, Crawford F. Editorial – Promotion of cycling and health. *British Medical Journal* 2010; 341:c5405.

Seminar talks:

Reflections on our learning: transport, active travel and inequalities - Jill Muirie (Active travel seminar, 2017).

New analysis of cycling in Glasgow - Karen Macpherson (Active travel seminar, 2017).

Active travel in an urban context: a tale of two cities – Bruce Whyte (European Transport Conference, 2016).

Walking is the good news story for physical activity and health - Prof Nanette Mutrie - (Active travel seminar, 2016).

What have we learned? A synthesis of GCPH's work on active travel – Jill Muirie (Active travel seminar, 2016).

Our unequal streets: everyday experiences as barriers to cycling - Dr Rachel Aldred (Active travel seminar, 2016).

Research into the use of the new Kelvingrove to Anderston route in Glasgow - Lorna Shaw and Emma Hewitt (Active travel seminar, January 2015).

Active travel in an urban Scottish context - Bruce Whyte (Healthier Futures Forum, 2015).

'Are we moving in the right direction? Findings from data analyses and policy review' - Fiona Crawford and Bruce Whyte (Active travel seminar, 2010).

School Travel Trends - Bruce Whyte and Mark Livingston (Active travel seminar, 2009).

'Urban vision and public health: designing and building wholesome places' – Dr Howard Frumkin) Seminar Series 2, Lecture 5, April 2006).

Blogs:

European Mobility Week: How does the GCPH team get to work? (Sept 2015).

Some reflections on active travel in Glasgow (March 2017).

Learning from other places - active travel (Sept 2015).

Walking and cycling - they're worth the risk! (August 2015).

Understanding Glasgow:

Trends in different modes of travel, vehicle availability, children's travel to school, walking and cycling trends and road casualties can be found in the transport domain of the Understanding Glasgow website.

There is also information on the length and type of cycling infrastructure in the city. The children and young people's profiles for Glasgow neighbourhoods include an indicator of the percentage of children walking to primary school.

Impact case study: Strengthening responses to child poverty

Overview

Poverty is one of the most important determinants of population health, its effects being seen both directly on physical and mental health and indirectly through behavioural, social and psychological processes. The effects of poverty on health are also transmitted through generations, and affect not only individuals and families but also community health and wellbeing. Glasgow has the highest levels of poverty in Scotland, and these are strongly associated with the city's poor health record. The nature of poverty has changed over time, and is now increasingly seen within working households, particularly those with ill-health or disability, and those with single parents. Forecasts project an increase in poverty levels as the effects of welfare reform, EU exit, and austerity policies continue to take grip. Scotland has established ambitious targets for tackling child poverty, and seeking to achieve these through actions taken both nationally and locally, working across different policy and delivery responsibilities. Since its outset, the GCPH has had a strong focus on poverty and inequality, and our work has increasingly prioritised actions focussed on the early years and supporting families in poverty. This case study tracks the development of a number of projects that have been completed, and describes how this area of the Centre's work continues to develop and impact on policy and practice both within Glasgow and nationally.

Why this issue?

Experiences associated with poverty and inequality in childhood are key ways that inequality is perpetuated across generations – meaning the experience of poverty in childhood has a long-term population impact. In recent years, policy has become increasingly grounded in recognition of the importance of early years and children's experiences of poverty. This approach is embodied by national priorities such as those within the Child Poverty Delivery Plan *Every Child Every Chance*, and the national Public Health priority that we live in a country where all flourish in their early years. Locally, the NHSGGC Public Health Strategy 2018-28 includes the promotion of health at all stages of the life course as a priority and, the Glasgow Community Plan highlights childcare as one of its two priority areas.

Across our programmes and over successive work plans, GCPH has maintained an analytical focus on the patterning of poverty in early years and childhood and on its impact on population health profiles. We have worked with partners to shape and develop investments which both mitigate the experience of poverty at this stage of the life-course and develop transformative approaches to take a longer term view of the inter-generational nature of poverty. We can demonstrate policy impact and influence through the inclusion of GCPH-led research in some of the above-mentioned strategic documents (the Child Poverty Delivery Plan and the NHSGGC Public Health Strategy in particular), but this case study highlights the continuing effort to bring about change by building on the success of previous research and crucially, the partnerships and networks of action created to apply the learning. It also illustrates how many of GCPH's individual projects combine to support synthesis and impact 'greater than the sum of their parts'.

What did we set out to do?

A number of independent projects over numerous work plans identified early years and childhood as areas of public health concern. This included interventions targeted to ameliorate poverty and its long term impacts at particular stages of the life course for vulnerable population groups and, more recently, a focus on Adverse Childhood Experiences as a public health issue. Our work can be categorised as:

- providing evidence on the patterning of trends in child and family poverty and inequality
- focussing on the co-production of promising investments to mitigate child poverty and produce population health gain over the life course
- influencing and making the case for action through using evidence and its creation to cement partnerships of common purpose, in line with the momentum of growing interest in approaches to understanding, mitigating and preventing childhood and family adversity; this enabled us to take advantage of opportunity for translation when it has arisen (being in the right place, with the right people, at the right time)
- offering on-going support for the implementation of action areas stemming from Child Poverty Delivery Plan and NHSGGC Public Health Strategy.

Key projects have included:

- Children and Young People's profiles and associated Evidence for Action briefings. These resources help in assessing and comparing levels of childhood poverty across Glasgow's communities and highlighting evidence for investments to help mitigate effects of poverty and inequality.
- Healthier Wealthier Children. Recognising childbirth as a life course event which can increase vulnerability to poverty, this partnership work developed referral pathways between early years' health service and money advice services for pregnant women and families with young children who were experiencing or at risk of child poverty. It has been operational since October 2010 across NHSGGC. It has been fully evaluated, with proven benefits of this approach to addressing child poverty.
- Cost of the School Day. Evaluation of the cost barriers and burdens that school can place on families and how these can exclude young people from participating in the school experience.
- Support for the Glasgow Lone Parent Project led by Poverty Leadership Panel and aimed at improving the way services in Glasgow support lone parents, encouraging collaborative practices across relevant service providers.
- Leadership for and development of the Adverse Childhood Experiences (ACEs) agenda in the city through direct involvement in the ACEs Hub, publishing guidance for education staff on using the Pupil Equity Fund to tackle ACEs within and beyond school.
- Publication of a GCPH synthesis *Health and Early years, Children and Young People*.
- Supporting the delivery of local authority obligations under the Carers (Scotland) Act (2016) through provision of evidence on the extent and experiences of being a young carer in Glasgow.

- Scoping of parenting and family support available in NHSGGC and user and staff experiences of nurture approaches in nurseries in the city.

How and where have we had impact and influence?

The roll-out of Healthier Wealthier Children has been one of our most visible impacts, being operational since October 2010 across NHSGGC. It has been fully evaluated, with proven benefits of this approach to addressing child poverty. The national action plan to tackle Child Poverty cited GCPH's work in this area heavily and our work has been a proving ground for some of the actions related to poverty mitigation within the document.

There is also a legacy of work that seeks to identify and address key time points across the life course where financial vulnerability may be present. This has included partner work on Cost of the School Day (CoSD) and Cost of the School Holiday (CoSH) displaying an impact on approaches and the development of innovative solutions beyond GCPH. Detailed recommendations have been developed with guidance for schools published by Education Services at Glasgow City Council in response to the CoSD findings.

Additionally, in the new Scottish Government 'Fairer Scotland' action plan, there is a commitment to explore ways in which the learning from the CoSD can be spread more widely across Scotland.

GCPH work has now shifted to explore how the experience of pregnancy can create financial vulnerability and how Health Boards can best off set the risk.

ACEs features as a key public health challenge in the latest Director of Public Health report for NHSGGC. Items on ACEs will also been included in Scottish Health Survey meaning there will be data available to monitor their frequency, design services in response and evaluate the effectiveness of trauma informed responses in future.

Continuing our influence

GCPH staff will continue to work alongside partners to develop understanding of and responses to child poverty, building on the foundation of credibility and profile in this area. The focus on co-produced solutions alongside the provision of evidence of scale and impact remains a key characteristic of this work. Even in its early stages, innovative work such as Children's Neighbourhoods Scotland is beginning to find influence with funding for its extension to additional areas.

Continuing work:

- (i) *Evidence of the patterning and underlying determinants of child poverty* includes research to understand the causal pathway between ACEs and health outcomes through a systematic literature review of the association between socio-economic status and ACEs. Further, we are exploring evidence from multiple disciplines on the pathways between ACEs and health and economic outcomes.

The Children and Young People profiles will be updated and maintained, and we will work to communicate key insights to a wide range of partners. We will also ensure

our evidence supports and engages with the Local Authority duty to report on action to reduce child poverty as enshrined in the Child Poverty Act.

- (ii) *Child poverty mitigation.* A new project on the Pregnancy Pathway is being led by Health Scotland with support from GCPH. This will be informed by evidence generated through a number of completed projects including Healthier Wealthier Children, Building Connections and Deep End Advice work.
- (iii) *Development of and support for promising investments and actions to improve outcomes in relation to child poverty.* Key work here includes projects that move beyond mitigation of poverty to identify actions transforming the underlying conditions that perpetuate child poverty. These include projects and programmes such as Children's Neighbourhoods Scotland which establishes place-based approaches to narrowing the attainment gap and improving children's health and wellbeing; and community engagement work to empower communities to develop solutions to childcare that creates local economic opportunity alongside community appropriate childcare options (CHANGE).

Impact case study: GCPH contribution to the NHS GGC Public Health Strategy

Overview

In August 2018, NHSGGC approved the adoption of a 10 year Public Health Strategy for Greater Glasgow and Clyde – *Turning the tide through prevention*. The development of this Strategy, which was undertaken concurrently with the establishment of national public priorities for Scotland, provided an opportunity for GCPH to deploy its learning to date on the patterning and underlying causes of health and health inequalities, skill set, and distinctive ways of working to:

- Support a focus in the strategy on the causes rather than the consequences of poor health and health inequalities.
- Embed the application of a life-course approach and alignment of priorities across sectors and geographies.
- Highlight the value of partnership working across organisational boundaries including the third sector to achieve the strategy's aims.
- Reinforce the importance of working with communities and members of the public in decisions that affect them.

Why this issue?

The Public Health Strategy is integral to informing GCPH priorities and work plan – and vice versa. It provides a strategic opportunity for GCPH to influence priorities and programmes at Board level that can reduce inequalities in health. The process of developing the strategy as well as its delivery is a key opportunity to build on joint learning and experience. It also provides an opportunity for GCPH to support the application of evidence on what works for whom, when, where and why in improving health and reducing inequalities.

What did we set out to do?

GCPH set out to support the development of the NHS GGC Public Health Strategy and to demonstrate leadership in influencing its priorities and content. This was based on the Centre and its outputs being seen as a credible source of evidence and insight and our record of being able to work effectively within partnerships in a productive and mutually supportive manner. This involved:

- Highlighting the importance of thinking about preventative action as a means of tackling the causes of ill-health and creating the conditions for population health and wellbeing.
- Deploying GCPH's skills in evidence and community engagement to support the implementation of the Strategy.

How and where have we had impact and influence?

GCPH contributed to and influenced the overarching aims, principles and content of the strategy from conception to publication. The Director of GCPH was closely involved in initial thinking and development of priorities. Other contributions from senior GCPH staff included writing specific sections of the strategy as well as providing detailed feedback and advice on appropriate population health outcome indicators in relation to overall aims and targets.

Continuing our influence

Realising the aspirations of the Strategy will involve strengthening system leadership for collective action through communication and collaboration between the two organisations.

GCPH and NHS GGC have already begun working together to develop a logic model that articulates the pathways between actions/inputs, impacts and outcomes that could inform a monitoring framework. This was presented to the NHS GGC Public Health Standing Committee on 23 October 2018 with examples of SMART measures of impact. Next steps involve the development of intermediate indicators of impact for each of the six programmes of work described in the strategy. This will be undertaken by NHS GGC public health staff with support from GCPH.

The priorities and programmes of work framing the Strategy will remain key in setting the priorities of GCPH's future work plans.

For Glasgow City, the Strategy provides the starting point for the 2019 City Health Summit, planning for which is being led jointly by the DPH and the Director of GCPH.



**Glasgow Centre for Population Health
Management Board Meeting
Monday 3 December 2018**

Forward look 2019-20

Recommendation

- This 'forward look' represents the Centre's initial scan of our operating landscape for developments which will shape our 2019-20 work plan. We ask the Board to advise on our identification and categorisation of priorities, and to consider the implications of the Centre's financial position going forward.

Background

1. GCPH is now working on the basis of annual work plans within a three year rolling framework, which provides clarity about longer-term priorities and how these will change over time. We undertake some core functions that we propose will continue (e.g. Understanding Glasgow; GCPH seminars and events); have some established commitments that cross multiple years (e.g. evaluation of Sistema Scotland; development and roll-out of Children's Neighbourhoods Scotland); others that are coming to an end (e.g. evaluation of Commonwealth Games and Clyde-sider volunteering programmes; GoWell); and some areas of work that are becoming increasingly substantial (e.g. our work on food systems, and on children/early years).
2. This high-level forward look comes ahead of the detailed work plan to be presented for the Board's agreement in March 2019. Within the 2019-20 work plan we anticipate a number of existing work themes and streams coming into sharper focus, particularly work contributing to the Public Health Strategy priorities for GGC, the focus on child poverty, and the development of the next Glasgow City Economic Strategy. We will also be proactively shaping our position and contribution in relation to Public Health Scotland's coming into being.

Key dates

3. The phasing and prioritisation of work should ensure that we deliver our contributions in a timely way to fit with key decision-making and reporting opportunities. These might include:
 - Establishment of Public Health Scotland – what evidence would be helpful to the new leadership (which will start to be appointed in early 2019)?
 - Key dates flowing from the Glasgow Health Summit – currently unknown, but priorities and milestones should become clear following the summit in January.
 - Review periods for the Public Health Strategy – are there requirements for annual reporting? If so, when?
 - Glasgow Economic Strategy refresh and relaunch (November 2019).
 - Annual reporting on child poverty delivery (summer 2019).

- Policy briefings from the Social Research Hub – in advance of Programme for Government (late summer 2019).
- End of grant for GoWell – autumn 2019.
- Others?

Key issues

4. The following are being used to shape our plans and priorities. Board members are asked to consider whether there are any specific gaps, or issues of particular importance within this list.

National Priorities

- National Public Health Priorities and establishment of Public Health Scotland: interpreting our position and relationship.
- Programme for Government: emphasis on mental health and on diet/obesity; roll-out of link workers.
- National Performance Framework: clarity of contribution to national outcomes; generation of evidence and examples.

Local Priorities

- Delivery on 'Turning the Tide for Prevention'. Supporting Council, IJB, and other partner investments to support strategy aims and particularly follow-up from Health Summit.
- Glasgow Community Action Plan 2018-20.
 - Focus on Economic Growth including use of procurement, grow quality jobs, social economy, support volunteering.
 - A fairer more equal Glasgow including commitment to equalities, promoting social justice, pre-employment programmes.
 - Resilient Communities: neighbourhood environment, early years, community capacity.
 - Cross-cutting priorities of transport and childcare.
- Council Strategic Plan 2017-2022: Supporting vision for a world class city with a thriving, inclusive economy where all benefit from city's success: creating more opportunities for our citizens to become involved in decisions that affect their neighbourhoods and how services are developed.
- Local reporting on Child Poverty Delivery Plan.
- Glasgow Food Inequality Inquiry. Supporting follow-up work, taking advantage of GFPP coordinator post.
- Universal Credit roll-out and associated mitigation/support.
- Inclusive Growth. Supporting Council economic strategy with clear guidance on relationship between economic priorities and population health.

GCPH Priorities

- Delivering against established success indicators.
- Developing role and GCPH contribution to the Social Research Hub.
- Key project timelines:
 - For Board, will highlight yearly priority for each programme (e.g. CNS, CHANGE, Supporting Universal Credit roll-out and monitoring/mitigation)
 - Assessing impact/ influence of excess mortality work
 - Supporting inclusive growth
 - Refresh and maintenance of UG in a manner responsive to partner priorities
 - Each programme to propose a developmental priority for next year.

Budget planning

5. Indications from Scottish Government are that funding for GCPH will remain at the current £1.25 million for the coming financial year. Over the next three years, staffing costs are due to increase by around 10% not including staff increments. The GCPH accountant, Liz Anderson, is producing a projection for three years to take account of increments. The current indication is this will see salaries rise from £990K to at least £1.04M before increments. Accommodation costs are currently £118K and office running costs £25K per annum.
6. If there is no reduction in staffing levels, this leaves £67,000 in total for research, communications and training and development. Consideration therefore needs to be given to whether we should place greater priority on income generation for the GCPH. Board views on this would be helpful.

**GCPH
December 2018**



**Glasgow Centre for Population Health
Management Board Meeting
Monday 3 December 2018**

Even money?

Trends in earnings and income inequalities in Scotland and the UK, 1997-2016

Recommendations

The Board is asked to:

- note the analysis and recommendations of this new report ahead of publication
- discuss and advise on the implications for the wider city economy and partners.

Background

1. A presentation will be provided by David Walsh on the analysis, findings and recommendations on trends in earnings and income inequalities. The Executive Summary of the report is provided below.

Executive summary

2. Income inequality is a well-established 'fundamental cause' of health inequality. Given that earnings are an important component of income, the aim of this work was to explore trends in inequalities in earnings (as well as in overall household income) within Scotland and other parts of the UK over the last two decades. This was done by means of analyses of the UK's Office for National Statistics (ONS)'s Annual Survey of Hours and Earnings (ASHE), a 1% sample of all employee jobs taken from HM Revenue and Customs 'Pay As You Earn' (PAYE) records. Analyses were undertaken for the four UK nations, as well as eleven large UK cities. These were supplemented by additional analyses of household income derived from the Scottish Household Survey.
3. The analyses highlighted a number of important issues:

Overall trends in inequalities

- Absolute inequalities in earnings widened considerably in Scotland, and in other parts of the UK, between 1997 and 2016. Relative inequalities widened until around 2011, but then decreased to levels similar to those observed in 1997. However, there were differences between the scale of, and trends in, inequalities in earnings from full-time (lower and fairly static) and part-time employment (higher and increasing).
- Trends in overall household income (for a shorter period: 1999/2000-2016) followed a broadly similar pattern to those of full-time earnings: increasing absolute inequalities, and little change in relative inequalities.

- The narrowing of earnings inequalities in the later period of analysis was influenced by the recession and the decrease in the value of earnings in real terms among the highest paid after 2008. However, independent forecasts suggest income inequality is set to widen again in the next few years across the UK.

Inequalities in the public and private sectors

- In Scotland around one third of all employee jobs, and 40% of all female employee jobs, are in the public sector. These figures are higher than in England, and they emphasise the importance of the public sector to any attempts to narrow economic inequalities in Scottish society.
- There has been some progress in this regard: in the public sector (but not in the private sector), increases in earnings among the lowest paid between 1997 and 2016 exceeded (proportionally) increases among the highest paid. As a result, relative inequalities in earnings in the public sector decreased over time, in contrast to the private sector where they increased (particularly for part-time employment). In addition, the lowest paid jobs in the public sector are now generally better remunerated than the lowest paid in the private sector.
- Median earnings in the public sector are also higher than in the private sector, particularly for part-time employment. This gap has widened over time, with the private sector having been much more affected by the decrease in earnings in real terms following the recession.
- Differences in public sector earnings between Scotland and England were also observed: among lower-paid full-time employees, increases in earnings over the period of analysis were notably greater in Scotland than in England; increases for the lowest paid part-time employees were also slightly higher in Scotland.

Low pay and gender inequality

- The scale of low paid employment is considerable. In 2016, half a million jobs in Scotland – 20% of all employee jobs, and almost 40% of part-time jobs – were paid below the level of the ‘real’ living wage (RLW). Approximately 65,000 of those jobs were in Glasgow. The figures had improved slightly by 2017 (and to a greater extent in some parts of Scotland) but remained high.
 - The lowest paid jobs are predominantly held by women. Approximately two thirds of jobs paid below the RLW, and two thirds of jobs paid below minimum wage levels, are held by women.
 - Males continue to be paid more than females on average. However, the size of the overall gender gap in earnings varies considerably depending on the choice of statistical measure employed. In 2016, full-time weekly earnings in Scotland for men were almost 20% higher than for women. However, the gap has reduced considerably since 1997 (when male full-time earnings were 38% higher in Scotland), with decreases seen across all occupation groupings.
 - In Scotland, reductions in the gap in earnings between men and women have been observed in both the public and private sectors. However, a much larger gap remains in the private sector. In addition, the reduction in the earnings gender gap in the public sector has been greater in Scotland than in England.
4. Income inequalities in Scotland have widened considerably since the late 1970s. The more recent trends presented in this report show that there has been no real narrowing of the gap in the last 20 years: this is true of both household income inequalities, and also earnings inequalities – the main focus of this report. With income inequalities predicted to widen further in the years ahead, health

inequalities in Scotland are also likely to widen unless there is a concerted political effort to address the issue. One of the stated aims of the Scottish Government is to narrow health inequalities: to do this they will need to employ all available economic powers to narrow socio-economic inequalities in the country. This could include a variety of approaches. For example, with power over public sector pay, the Scottish Government has the ability to directly redistribute paid income among a very sizeable section of Scottish society. Their current approach (as recently implemented as part of the NHS pay agreement) of freezing senior pay and increasing pay at lower levels could be expanded to reducing the pay of the highest earners in order to increase that of the least well paid. More broadly, previous recommendations aimed at narrowing income inequalities in Scotland highlighted a range of policy options that were available with existing and recently devolved powers. These include increasing total income tax take and making it more progressive, using all available power to support reduced inequality in capital ownership (i.e. housing, companies, land, etc.), new measures of wealth and asset taxation, and a variety of actions to address poverty. These could be implemented alongside additional learning from the approaches of other countries with narrower earnings (and income) inequalities.

**David Walsh and Bruce Whyte
December 2018**