



## Management Board Meeting

Monday 18 March 2019, 1400-1600 hours  
Glasgow Centre for Population Health

### AGENDA

1. Welcome and apologies

#### ***Part 1: Regular Board Business***

2. Minutes of last meeting, rolling actions and matters arising
3. General Update

Paper GCPHMB/2019/371

#### ***Part 2: Strategic Development***

4. Work Plan 2019-20
5. Public Health Reform
6. Glasgow City Council Health Summit

Paper GCPHMB/2019/372  
Presentation

Paper GCPHMB/2019/373  
Presentation

Paper GCPHMB/2019/374

#### ***Part 3: Performance, Review and Governance***

7. Risk and Opportunity Register 2019-20
8. Budget position (month 11)
9. Budget Plan 2019-20

Paper GCPHMB/2019/375

Paper GCPHMB/2019/376

Paper GCPHMB/2019/377

#### ***Part 4: Presentation and Discussion***

10. Moving Forward through Prevention
11. AOCB

Dr John O'Dowd

#### **Date of next meeting**

Monday 10 June 2019, 1400–1600 hours



**Minutes of a meeting of the Management Board  
of the Glasgow Centre for Population Health  
held on 3 December 2018  
in GCPH, Olympia Building, Bridgeton Cross, Glasgow**

PRESENT

|                              |   |
|------------------------------|---|
| Mr John Matthews             | Non-executive Board Member, NHS Greater Glasgow and Clyde (Interim Chair)                             |
| Prof Moira Fischbacher-Smith | Professor of Public Sector Management, Adam Smith Business School, University of Glasgow (Vice Chair) |
| Prof Carol Tannahill         | Director, Glasgow Centre for Population Health  |
| Dr Pete Seaman               | Acting Associate Director, Glasgow Centre for Population Health                                       |
| Mr Colin Edgar               | Head of Communication and Strategic Partnerships, Glasgow City Council                                |
| Mr David Williams            | Chief Officer, Glasgow City HSCP  |
| Dr Peter Craig               | Senior Research Fellow, MRC Social and Public Health Sciences Unit (for Prof Laurence Moore)          |
| Prof Emma McIntosh           | Professor of Health Economics, University of Glasgow  |
| Prof Nick Watson             | Professor of Disability Studies, University of Glasgow  |
| Dr Linda de Caestecker       | Director of Public Health, NHS Greater Glasgow and Clyde  |
| Dr Michael Smith             | Associate Medical Director for Mental Health, NHS Greater Glasgow and Clyde                           |

IN ATTENDANCE


|                        |  |
|------------------------|--|
| Ms Rebecca Lenagh-Snow | Administrator, Glasgow Centre for Population Health          |
| Ms Janet Robison       | Office Manager, Glasgow Centre for Population Health         |
| Mrs Liz Anderson       | Corporate Reporting Manager, NHS Greater Glasgow and Clyde   |
| Mrs Jennie Coyle       | Communications Manager, Glasgow Centre for Population Health |
| Dr David Walsh         | Programme Manager, Glasgow Centre for Population Health      |

|            |   | <u><b>ACTION BY</b></u>  |
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| <b>571</b> | <b><u>WELCOME AND APOLOGIES</u></b>   |  |
|            | The Chair welcomed the group and apologies were received from Mr Daniel Kleinberg, Mr Kevin Rush and Cllr Jennifer Layden.  |  |
| <b>572</b> | <b><u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u></b>  |  |
|            | The minutes of the meeting were ratified with one minor correction of a date.<br><br>Rolling actions: <ul style="list-style-type: none"> <li>• Community Link Workers – Prof Tannahill met with Fiona Moss and reported that GCPH has been approached about the evaluation of the Glasgow City Link Workers. There will be</li> </ul> | <b>To note</b><br><br><br><br><br><br><br><br><br><br><b>To note</b> |

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|            | <p>a meeting at the beginning of January to clarify the parameters of the task.</p> <ul style="list-style-type: none"> <li>• Prof Fischbacher-Smith reported ongoing positive discussions regarding the Olympia Social Research Hub.</li> <li>• Dr de Caestecker reported she has discussed child poverty allocations with Mr Kleinberg.</li> <li>• Dr Seaman thanked Prof Watson for forwarding the research impact blog highlighted at the previous meeting.</li> </ul>  |  |   |
| <b>573</b> | <b><u>GENERAL UPDATE</u></b>   |  |   |
|            | <p>Dr Seaman spoke to paper [GCPHMB/2018/365] highlighting how the work of the Centre continues by picking out the following points for attention.</p> <p><u>Governance, partnership and staffing – paragraphs 1-11</u></p> <p>In relation to developments within the Social Research Hub (SRH), GCPH was represented at a cross-partner development session facilitated by Robin Henderson. The session sought to come to a collective understanding of progress at the SRH and how to communicate this to the University and wider audiences. A strategic proposal for the future of the Hub is being developed, led by the University.</p> <p>There have been staffing developments, with three posts recently filled. Two were vacant core posts the third a jointly-funded Food Policy Co-ordinator employed by the Glasgow Food Policy Partnership.</p> <p>Political engagement: In January, the team will brief SNP MPs representing Glasgow on the work of the Centre, and the Glasgow Health Summit will also take place with the City Council. GCPH has also engaged with the Food Inequality Inquiry, submitting a written response and contributing a verbal submission from Dr Seaman presenting learning from food insecurity responses in Pittsburgh.</p> <p><u>Developments – paragraphs 12-15</u></p> <p>The Director and Associate Director are engaged in discussions with Council colleagues about how GCPH learning can inform the refresh of the Economic Strategy, due in 2019.</p> <p><u>Outputs and activities – paragraphs 16-31</u></p> <p>Dr Seaman highlighted the successful development of the seminar series following its organisation moving in-house for the last two seasons after being organised externally for the previous thirteen years.</p> <p>A strong roster of speakers has been put in place for the remainder of 2018/19 programme and good leads established for the 2019/20 season. It is notable that the 18/19 seminars are all being organised in partnership with relevant external organisations.</p> <p>Dr Seaman also highlighted the Scottish Faculty of Public Health conference at which GCPH had a strong showing of staff presenting</p> |  | <p><b>To note</b></p> <p><b>To note</b></p> |

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|            | work. GCPH work was also cited in several other presentations, including plenaries.   |  | <b>To note</b>  |
| <b>574</b> | <b><u>MIDYEAR REPORT 2018-19</u></b>  |  |   |
|            | <p>Dr Seaman spoke to this paper [GCPHMB/2018/366]. The format includes an at-a-glance table, a narrative section, and a table detailing all work.</p> <p>The mid-year report indicates satisfactory progress overall and Dr Seaman highlighted the table on page 13, which shows those projects which are at amber or red and steps to mitigate slippage.</p> <p>Dr Seaman reported confidence that all amber projects should be back on track by year end, and explained that often delays are due to external delays such as data acquisition.</p> <p>Comments from the Board were:</p> <ul style="list-style-type: none"> <li>• Mr Williams questioned the amber classification of some items, such as the culture and health (Paisley) work which is not going ahead. He suggested that when there were good reasons for projects not proceeding that should simply be stated. Prof McIntosh agreed. Both Prof Watson and Mr Williams suggested that which has been taken up by other organisations need not require mitigation . Board members were happy with this suggestion.</li> <li>• Dr de Caestecker asked about the ACEs work and whether this is linked into the national ACEs Hub. Dr Seaman confirmed that GCPH is connected to the ACEs Hub, but stated that this piece of work is GCPH led. Dr de Caestecker suggested ensuring it wasn't duplicating any work</li> <li>• Prof Watson liked the report and said it was informative, but raised a slight concern about the staff time that goes into producing it and wondered if there were ways to make it lighter. Mr Matthews said this had to be balanced with the need to report to the executive, and Prof McIntosh also agreed it was a very good report to read and asked if its production in this current form was useful to the Centre in other ways. Dr Seaman said it was, both for performance management purposes and in activities such as work planning.</li> </ul> |  | <p><b>To note</b></p> <p><b>To note</b></p> <p><b>GCPH</b></p> <p><b>GCPH</b></p> |
| <b>575</b> | <b><u>FINANCE REPORT</u></b>  |  |   |
|            | <p>Mrs Anderson spoke to paper [GCPHMB/2018/367], showing the Centre's financial position for the seven months to end of October.</p> <p>The main items noted were that:</p> <ul style="list-style-type: none"> <li>• Based on previous discussion the forecast element of the table has been split into three columns showing outstanding orders, planned spend and to be committed spend.</li> <li>• There were no expected deviations from the planned spend which continues to be in line with the plan.</li> </ul> <p>The Board noted and approved the contents, and thanked Mrs Anderson for preparing the paper.</p>   |  | <p><b>To note</b></p> <p><b>To note</b></p>                                       |
| <b>576</b> | <b><u>SUCCESS INDICATORS DISCUSSION PAPER</u></b>   |  |   |

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|     | <p>Dr Seaman spoke to paper [GCPHMB/2018/368], which was returning for approval to the Board after guidance and advice on a previous iteration in September. A statement of the aim and purpose for the success indicators has been added in a forward look, and some narrative case studies have also been added.</p> <p>There was all round agreement from the Board that it was now happy to approve this document.</p> <p>Prof Fischbacher-Smith noted reference to a success indicator related to the SRH strategy which is in development, and suggested this be agreed outwith the Board sessions, with agreement from the University representatives and other Board members.</p> <p>Mr Matthews felt this was a good way to show the links with the NHSGGC Public Health Directorate and Strategy and how these links led into action. He thought it will help to make the continued case for the usefulness of GCPH with the NHS Board.</p> <p>Prof Fischbacher-Smith requested permission to share this paper, given its value in explaining the Centre and its aims. Prof Tannahill and Dr Seaman agreed.</p>  |  | <p><b>To note</b></p> <p><b>Prof Fischbacher-Smith/GCPH</b></p> <p><b>To note</b></p> |
| 577 | <b><u>FORWARD LOOK 2019-20</u></b>   |  |   |
|     | <p>Prof Tannahill spoke to paper [GCPHMB/2018/369], providing an overview and highlighting the following points.</p> <p>The paper set out priorities that the GCPH team is taking into account in planning future work. The Board was asked for feedback as to whether there were any significant omissions or amendments that should be made to this picture. Prof Tannahill also highlighted the future budget position for GCPH.</p> <p>Comments from the Board were:</p> <ul style="list-style-type: none"> <li>• Dr Smith mentioned the new National Suicide Prevention priorities, and the NHSGGC Moving Forward Together strategy. Prof Tannahill mentioned that Dr John O’Dowd has been invited to speak about the prevention aspects of the Moving Forward Together strategy at a future meeting of the Board.</li> <li>• Dr de Caestecker described the relationship between Moving Forward Together and the Public Health Strategy, and agreed that more explicit action to improve public mental health is needed. Dr Smith said the whole area around wellbeing was also important, as was the need to provide support that is commensurate to everyday stresses and challenges.</li> <li>• Mr Matthews asked the Board to discuss the budget projection which, on account of absorbing pay and inflation uplifts within a flat allocation, showed an indicative balance of £67k for research.</li> <li>• Prof Watson proposed more joint grant applications with the University.</li> <li>• Prof Fischbacher-Smith agreed this would be welcome and fruitful but highlighted also the implications and hidden costs associated with research grant funding.</li> </ul> |  | <p><b>To note</b></p>   |

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|            | <ul style="list-style-type: none"> <li>Ms Anderson pointed out that the financial reporting process for grants does not match the NHS accounting process so there is an additional complication to be considered.</li> <li>Mr Matthews thought this was an issue to keep in mind with the Health Summit as there could possibly be match funding opportunities that arise from that.</li> <li>Dr Seaman reported that, rather than holding grants, GCPH has previously charged for team time and contributions, but there is no standard costing system for that and on costs are often not readily measurable. In addition, this approach alters the nature of the relationship with partners on projects.</li> <li>Prof McIntosh queried whether there was a likelihood of the set Scottish Government funding increasing in future but Prof Tannahill said that at the moment this did not look likely.</li> <li>Prof Tannahill agreed to tease out some of the issues raised and incorporate them as options in the budget plan when that comes back at a future meeting.</li> </ul>  |  | <b>GCPH</b>  |
| <b>578</b> | <b><u>TRENDS IN EARNINGS AND INCOME INEQUALITIES IN SCOTLAND AND THE UK, 1997-2016</u></b>  |  |  |
|            | <p>Dr David Walsh was welcomed to the meeting and gave a presentation [attached] on his analysis of earnings and income inequalities in Scotland and the UK from the last 20 years. Paper GCPHMB/2018/370 accompanied this.</p> <p>This research forms a large report which will be published by GCPH during December 2018. These slides were also presented by Dr Walsh at the PHINS seminar on 21 September, filming is available <a href="#">Dr David Walsh - PHINS seminar</a> if Board members would like to access.</p> <p>There was considerable interest and acclaim for the analysis and presentation. The discussion focussed on how GCPH will take this work forward and how partners wish to respond. Board members raised questions about:</p> <ul style="list-style-type: none"> <li>The potential for partners to influence and mitigate the inequalities, particularly given the high numbers employed in the public sector: salary caps for high earnings have an important role to play and enable some redistribution; further attention to real living wage, and salary progression are also important. It was also noted that differences in pay between Scotland and England is resulting in recruitment challenges for some key public sector posts.</li> <li>The changes in models of care provision, including an increase in demand for care and a shift from public sector to private and independent providers: this may have resulted in some low paid public sector jobs now being recorded as private sector. It was agreed that there is a complex and nuanced picture that would need examined more specifically.</li> <li>The extent to which specific recommendations can be identified: there being a view among some members that the role of the report is to present the analysis and allow time for people to digest it and not jump to quick solutions. Dr Walsh clarified that the report at the moment does not have detailed policy recommendations but points to recommendations made in previous documents and highlights the need for policy responses.</li> </ul> |  |  <p>Earnings, GCPH board Dec 2018.pdf</p> <p><b>To note</b></p> |

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|  | <ul style="list-style-type: none"> <li>• Gross income, the distributional effect of taxes and the extent to which Scottish Government could influence that: Dr Walsh reassured the Board that the full analysis looks at net household income trends too and in the executive summary talks about taxation.</li> <li>• Mr Matthews thanked Dr Walsh for a very interesting presentation and thought that it was important to note the points made. He wondered what a headline summary of the report would say, and Dr Walsh said the executive summary highlights the importance of a response to the analysis and some brief, non-costed suggestions for what policy responses might or could be.</li> <li>• Prof Tannahill said Dr Walsh had done his usual exemplary work with the analysis. She highlighted that the work had been carried out and reviewed with economists and it is important to bring the health perspective together with economic discussions taking place in Scotland. Health is not as strongly articulated in those discussions as it needs to be. Having the Fraser of Allander Institute and other economic bodies aware of the data and health implications is important for GCPH.</li> <li>• Prof Tannahill highlighted the need to be thoughtful about media coverage, and to allow the analysis to inform discussions about Scotland's economic strategies and purpose. She emphasised that work on income inequality is absolutely fundamental to GCPH's purpose. This will be something to return to, and the Board has an important role in continuing to challenge the team about follow up and partnerships to achieve impact.</li> <li>• Prof Watson checked if the increase in income inequalities since the 1980s could be tracked with health inequalities, which Dr Walsh said it could.</li> <li>• Mr Williams said that the GCPH has an important role in highlighting shocking facts and in being challenging. Mr Edgar felt it was appropriate to make recommendations about income taxation, as GCPH would (and has) advocated for other tax measures such as those to curb smoking and the sugar tax challenge here.</li> <li>• Dr Craig said an obvious next step would be to do some modelling of the recommendations to look at the costs and benefits of different approaches, and also to look at the trends in income inequalities relating to household, as the next policy steps for income inequalities would be different if the focus was on household income rather than earnings distribution.</li> <li>• Prof Fischbacher-Smith thought that, with regard to communicating externally and considering the implications of research carefully, it should be explicit that parameters have been put around some areas and that further discussion is needed about policy recommendations. Mr Matthews agreed with the need for consideration but stated that some communication should be put out, and he liked the concept of a 'shock factor'. Prof McIntosh supported this.</li> <li>• Dr Walsh re-stated the importance of including recommendations not least as means of monitoring impact and change. Dr de Caestecker agreed and Mr Matthews</li> </ul> |  |
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|            | <p>highlighted the role of monitoring in encouraging action both within the GCPH partnership and with others.</p> <p>Summarising, Prof Tannahill welcomed the recognition of the importance of the report – that it was one on which GCPH should build, seeking coverage and debate; and that discussion and consideration of the recommendations and implications was wanted. There is a need to think about what partnerships will be required to make the most of this analysis, and how GCPH should work with them.</p> <p>Ms Coyle said the report would be published this week. She and the communications team will be working with a journalist from The Herald to seek more detailed coverage of the analysis and to promote the work. In doing so she will take account of the points raised at this meeting.</p> <p>The chair thanked Dr Walsh for a very interesting presentation.</p> |  | <p><b>Dr Walsh/<br/>GCPH</b></p> <p><b>GCPH</b></p> |
| <b>579</b> | <b><u>ANY OTHER COMPETENT BUSINESS</u></b>   |  |   |
|            | There was no other business raised.  |  |   |
| <b>580</b> | <b><u>DATES OF MEETINGS FOR 2019</u></b>   |  |   |
|            | <p>The dates of the 2019 Management Board meetings have been circulated and these are:</p> <p>Monday 18 March, 2pm<br/> Monday 10 June, 2pm<br/> Monday 2 September, 2pm<br/> Monday 2 December, 2pm</p> <p>All meetings will be held in the Olympia Building.</p>   |  | <b>To note</b>                                      |





**Glasgow Centre for Population Health  
Management Board Meeting  
Monday 18 March 2019**

**General Update**

**Recommendations**

The Management Board is asked to:

- Note and discuss this update on progress since the last Board meeting on 3<sup>rd</sup> December, 2018. This paper addresses issues not covered in other items on the agenda.
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

**Governance, staffing and partnerships**

1. *Governance:* There are two changes to the membership of the Board. We welcome Councillor Michelle Ferns, who will be representing Glasgow City Council in place of Councillor Jennifer Layden; and Liz Sadler who is our new Scottish Government representative and sponsor for the GCPH. Liz has been appointed as Head of Health Improvement, taking over from Daniel Kleinberg who has moved to work on the Scottish National Investment Bank. The Board is asked to record its appreciation to Jennifer Layden and Daniel Kleinberg for their advice and support as members of our Board.
2. *Partnerships:* The knowledge exchange and community engagement post funded jointly between GCPH and University of Glasgow will become vacant on 31 March 2019 when current post holder Jessica Watson leaves. We intend to continue our financial commitment to this post in 2019-20 after a review of the job description to reflect developments at the Olympia and to ensure alignment with the Social Research Hub Strategic Plan 2019-24 and GCPH's work plan.
3. The grant award for Children's Neighbourhoods Scotland has now been finalised between Scottish Government and the University of Glasgow. The last meeting of the existing Advisory Board took place on 11 February and a new set of governance structures are being agreed (recognising the roll-out to new neighbourhoods beyond Glasgow, the additional staff being appointed, and the University's responsibilities as grant-holder). Match funding from Glasgow HSCP and the City Council has now been agreed to enable continuation of the existing site in Bridgeton and Dalmarnock for a further year; and positive conversations are taking place with another local authority to establish a new Children's Neighbourhood during 2019. Key appointments have been made to the posts of Director (Alison Drever, joining from Education Scotland) and lead researcher (Claire Bynner, joining from What Works Scotland). The positions of Programme Administrator and Communications Manager will be advertised this month. All staff will be based in the Olympia Building.

## Developments

4. *Community Link Workers evaluation.* The Centre has been asked to support Glasgow City Health and Social Care Partnership with research and evaluation capacity relating to the Community Link Workers (CLW) roll-out. Members of the GCPH team are scoping possible options for the evaluation, and the resource implications of these, and will propose potential approaches to the CLW steering group in March. Note that the timing of this meeting means that a full update on this work is not available as planned for today's Management Board meeting. An update will be provided in June.
5. *Evaluation of the Child Poverty coordinator post.* GCPH has also been approached by the Glasgow Child Poverty Co-ordinator steering group to support an assessment of the impact of the new co-coordinator post. The parameters and expectations of the work and likely resource implications are being discussed.
6. *NIHR Community Focused Approaches that Mobilise People as Assets.* NIHR has a current funding call (deadline 30 July 2019) to develop the evidence base on the effectiveness of asset-based approaches in relation to health, wellbeing and inequalities outcomes. Proposals are invited that may include an intervention design and testing component utilising and building on community capacities. We have been invited to join two separate conversations – with the Yunus Centre for Social Business and Health at Glasgow Caledonian University and the Scottish Community Development Centre (SCDC) – to explore a partnership application for funding. The anticipated value of the bid is circa £750,000.
7. *EU Urban Innovative Action (UIA) Fund.* 'UNLEASH' is designed to build opportunities, support and resources to develop social innovation and social enterprise in the selected areas (likely to be Milton and Ruchazie). Led by partners from Development and Regeneration Services in Glasgow City Council, other partners are Glasgow Caledonian University, Move on and GCPH. Total funding of €4M has been requested over three years between the two sites to develop opportunities for social innovation and social enterprise accessible to citizens through, for example, providing digital resources, access to expert advice and mentors, financial support (particularly in terms of managing the transition from benefits) and physical space (such as a social innovation hub). If successful, GCPH will lead on the communications and community engagement component of this project. The total resources required for this have been estimated to be £266k over the three years of the project and one year of reporting. GCPH has requested £210k of this as part of the bid and will make a contribution equivalent to £56k (there is a requirement partners contributed 20%).
8. *Housing research funding for further work.* Building on the findings of the Housing through Social Enterprise Study (in collaboration with the Yunus Centre and the University of Stirling), funding has been secured from CaCHE to conduct a literature review on tenant participation and activism in the Private Rented Sector. This was a competitive bidding process, which received over 40 applications, five of which were successful. This work will be carried out in collaboration with the University of Stirling, TPAS (Tenant Engagement Experts) Scotland and Generation Rent, but primarily delivered by GCPH. GCPH salary costs of £5,000 will be reimbursed by the CaCHE fund. This is a short-term project expected to take nine months from February 2019. It is being developed as a precursor for a more substantial piece of work on tenant experiences in the Private Rented Sector for which external funding is currently being sought through developing a bid for a three-year study from the Nationwide Foundation. Again, in partnership with University of Stirling, the work would be orientated to

understanding issues and responses to the health and wellbeing implications of experiences in the Private Rented Sector.

9. *Coordination of Glasgow Food Policy Partnership (GFPP)*. The GCPH continues to provide leadership for the work of the GFPP and align activity with priorities in the city. This includes support for the city's developing strategy to tackle food poverty and insecurity. Following the food inequality inquiry, a Food Insecurity Working Group is being established to which GCPH and GFPP will contribute, and GCC has announced that it will set up a Food Strategy Working Group involving the GFPP. A Glasgow Food Summit is planned for 29th May 2019. The event aims to connect existing examples of sustainable food production with the city's response to food insecurity.
10. *Briefing session with Glasgow SNP elected representatives* took place on 25 January. We provided an overview of the Centre's work and key health and demographic challenges. The visitors were interested in explanations for stalling life expectancy and requested more information on widening health inequalities in the city. They also advised us on how to bring findings and publications to the attention of elected representatives.
11. *EUROCITIES Citizen's Panel* 26 January, St Mungo's Museum. The Centre's community engagement team, supported Glasgow City Council in the delivery of a citizen's panel workshop exploring economic development in the city in relation to a range of outcomes including health, human rights, education, social cohesion, sustainability, culture and technology.

## Outputs and activities

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

## Events and seminars

13. GCPH Seminar Series 15, Lecture 2, 16<sup>th</sup> January: David Pencheon, Honorary Professor and Associate, University of Exeter Medical School, and Founder/Former Director of NHS / Public Health England Sustainable Development Unit, '*Health, climate change and sustainable development: engaging policy-makers, politicians, the public and private sectors*'. In this seminar David highlighted that despite the growing science concerning the problems of pollution, loss of biodiversity, and dangerous climate change, this is not matched by science or action on how to implement what actually works best in protecting our living systems. David used specific case studies to illustrate both the problems and opportunities associated with the transformational change that is needed at all levels of society. He highlighted the more creative, diverse methods and business models being used – legally, economically, and behaviourally, both within health and care systems, and more broadly. The seminar was attended 103 delegates, and was followed by a smaller more focussed workshop with 15 delegates the next morning. The podcast and slides from David's seminar are available on the website and have been shared widely.
14. *Housing through social enterprise: research recommendations workshop*. 27 February, St Andrews in the Square. At this event, colleagues presented the findings from the Housing through Social Enterprise study, part of the CommonHealth research programme. The project followed a group of new tenants from three different housing organisations, asking questions about their housing service, quality and affordability, their neighbourhood and their health and wellbeing. The event explored the multiple and

complex ways in which housing and housing providers can influence tenants' health and wellbeing, and how tenants can be supported to turn a tenancy into a stable, secure and comfortable home. The presentation of the findings was followed by a workshop, where participants were asked to reflect on how the findings might (or might not) influence their day-to-day work, ongoing developments in their organisation, or aspirations for future development. The aim was to develop a set of policy and practice recommendations, based both on the research findings and delegates' expertise, that will support and enhance the health and wellbeing of tenants across Scotland. The event was Chaired by Lorna Wilson, Innovation and Future Thinking Lead, Scottish Federation of Housing Associations with the opening address by Prof Cam Donaldson of Glasgow Caledonian University. A total of 70 delegates attended.

15. GCPH Seminar Series 15: Lecture 3, 5th March: Faisal Rahman OBE, Founder and Chief Executive of Fair Finance, *'There's no such thing as financial exclusion'*. In this lecture, Faisal shared learning from his twenty years of experience working in the field of financial exclusion which has involved setting up the first microcredit programme in London's east end in 2000, and the launch of Fair Finance, a social enterprise tackling financial exclusion in the UK, in 2005. He described Fair Finance's development of a range of innovative financial products and services designed to better meet the needs of people excluded from mainstream financial services and products. A total of 73 delegates registered for the lecture.
16. Glasgow's Healthier Future Forum 23: *Money, debt and health*, 6th March. Collaborating with colleagues from the Yunus Centre for Social Business and Health at Glasgow Caledonian University, this event explored the issues of debt and income insecurity as an emerging public health issue. Chaired by Prof Cam Donaldson, speakers included Dr Olga Biosca, who presented new findings from 'Finwell' on the relationship between financial management, use of fair microcredit and health outcomes for people living on the verge of financial exclusion in Glasgow; Chris Harkins on the public health implications of low income and debt; a Deep End GP on the day-to-day reality of dealing with the impacts of financial insecurity; and Faisal Rahman on Fair Finance. Workshops in the second half of the morning utilised a Q sort method to explore future actions. The event was attended by a total of 124 delegates. An event report will be available.
17. Speakers have been confirmed for all the remaining lectures to be delivered as part of Seminar Series 15. These are
  - Wednesday 17th April: Laura Serrant OBE, Professor of Nursing, Sheffield Hallam University on identify, race equality, discrimination and diversity (title tbc). In place of a morning-after workshop, a full-day event is being planned in collaboration with Jackie Erdman for the next day. This is being led by Ima Jackson from Glasgow Caledonian University with other speakers including Guilaine Kinouani from Race Reflections in London.
  - Tuesday 28th May: Corinna Hawkes, Director of the Centre for Food Policy and vice-chair of the London Child Obesity Task Force on *Food Systems*, followed by a Food Summit the next day, detail of which was provided earlier in this paper.
  - Tuesday 25th June: Ricardo Marini, Founder, Marini Urbanismo at Gehl Architects, Edinburgh on *Humanity, health, architecture and place*.
18. Planning is underway for next year's seminar series which will run from September this year to April/May 2020. As in previous years, topic and speaker suggestions, especially where existing connections exist, are welcomed.

## Centre contributions to partner/other events

19. Members of the GCPH team continue to contribute to university courses. Over the past few months this has included David Walsh presenting on inequalities to University of Glasgow students as part of the Social and Public Policy health and health inequalities course and to evidence evaluation and policy students. Cat Tabbner has also lectured to University of Glasgow students on 'Engaging with communities to empower their health and wellbeing' as part of the health promotion module on the Master in Public Health programme. This time of the academic year sees the GCPH team make a significant contribution to Glasgow Caledonian University Masters in Public Health (Social Action Approaches to Public Health) course with a substantial number of the team delivering lectures and accompanying workshops. Cat Tabbner, Pete Seaman and Russell Jones have on 'Community development in action' with other contributions from Jennifer McLean, Valerie Mcneice, Chris Harkins, Bruce Whyte and David Walsh upcoming. Sheena Fletcher presented to PhD students and department staff from the School of Mathematics & Statistics at Glasgow University. She provided case study of how GCPH uses infographics to share research findings with good practice and tips for using infographics to extend the reach of research findings.
20. David Walsh presented on ACEs and the poverty systematic review at an NHS Health Scotland 'round table' event at The Lighthouse on 6th February.
21. David Walsh presented at the 4th Annual Scientific Symposium on Regional Health Care in Hamburg on 'What makes a city a healthy city' on 28th February.
22. Bruce Whyte presented to the South Sector Community Planning Partnership on 'Health issues and inequalities in Glasgow and Scotland' on 5th March.
23. On 11th March, Carol Tannahill is Chairing an Understanding Inequalities symposium in the Scottish Parliament, on 'The impact of inequalities in the early years on outcomes over the life-course: Using international evidence to identify creative policy solutions'.
24. Cat Tabbner is presenting to Scottish Government social researchers at a seminar focussed on how to conduct research and work with young people on 12th March.
25. Carol Tannahill will be delivering a plenary at the NHS Health Scotland 'From adversity to wellbeing: How communities thrive' event on 14th March.
26. GCPH has been invited to sit on an expert panel at a Mental Health and Climate Justice Knowledge Exchange event on 19th March being organised by the National Centre for Resilience at the University of Glasgow and the Centre for Climate Justice at GCU. It is anticipated the outcomes and collaborations from the day will feed into the World Forum on Climate Justice being held in Glasgow from 19-21 June.
27. David Walsh has been invited to present on excess mortality at the 'Symposium on the Spatial Dynamics of Inequality' in Sheffield at the end of March.

## Publications

28. The following reports have been published since the last meeting.
  - *Integrating money advice workers into primary care settings: an evaluation* (January 2019).

- *Trends in earnings and income inequalities in Scotland and the UK 1997-2016* (December 2018).
- *People change lives: consolidating five years of evaluation learning from Sistema Scotland's Big Noise centres in Stirling, Glasgow and Aberdeen* (March 2019).

29. A new report from the CHANGE (Childcare and Nurture Glasgow East) project has also been published, *The Cost of Childcare: CHANGE project area* (December 2018).

### Journal articles

30. The following journal article has recently been published: Schofield L, Walsh D, Feng Z, Buchanan D, Dibben C, Fischbacher C, McCartney G, Munoz-Arroyo R, Whyte B. Does ethnic diversity explain intra-UK variation in mortality? A longitudinal cohort study. *BMJ Open* 2019 (in press).

### Forthcoming publications

31. *Representing Communities: Developing the creative power of people to improve health and wellbeing* (March 2019). This briefing paper will summarise the research and findings from the two Scottish Representing Communities sites – Dennistoun which GCPH led on and Cromarty which colleagues from the Institute of Health, Research and Innovation at the University of Highlands and Islands led on and who we will jointly publish this paper with. This research was part of the Representing Communities research project, funded by the Arts and Humanities Research Council to extend traditional models of evidence to inform community health policy and planning. It involved five sites across the UK – in Birmingham, Cardiff, Cromarty, Glasgow, and North Merthyr to explore how community representations produced through creative arts practices (encompassing storytelling, drama, photography and craft) could be used, alongside methodologies traditionally employed by social science, as forms of evidence to inform health-related policy and service development.

32. Several GoWell outputs have been published since the last meeting including individual newsletters and at-a-glance summaries for the 15 GoWell study areas; *Briefing Paper 30: Food insecurity among residents of Glasgow's deprived neighbourhoods*; and *Briefing Paper 31: The impact of housing tenure on secondary school pupils' educational attainment*. Forthcoming publications include *Briefing Paper 32: The GoWell Panel: exploring the practical application of the GoWell community engagement and empowerment model* and *Change overtime in regeneration outcome indicators: comparing GoWell east with other GoWell areas*.

### Consultation responses

33. We have responded and published our responses to the following consultations:

- Restricted Roads (20mph Speed Limit) (Scotland) Bill Financial Memorandum (Finance and Constitution Committee call for views) (February 2019)
- Reducing Health Harms of Foods High in Fat, Sugar or Salt (HFSS) Scottish Government – joint response with Glasgow Food Policy Partnership (January 2019).

### Media coverage

34. GCPH was mentioned in *Guardian* article by Penny Anderson on cultural prescribing "The Glasgow Centre for Population Health has some excellent research on the health

benefits of cultural engagement from, among other projects, the excellent Sistema youth orchestras” (13.11.18)

35. GCPH was mentioned in several newspapers in relation to the 20mph bill including the *Herald*, *Cumberland News and Star* and the *WirralGlobe*. Bruce was also interviewed on *Radio nan Gaidheal* for their morning programme *Aithirs na Maidne* and *BBC Alba* for their evening news round-up (Feb 2019). Bruce was also filmed for *Scottish Parliament TV* as part of a panel giving evidence on 20mph limits to the Rural Economy and Connectivity Committee on 6 February.

## Digital

36. Two issues of the GCPH e-update have been issued since the last meeting to our almost 3,000 network subscribers. The November issue had a 38% open rate and a 35% click rate, while the February issue had a 35% open rate and a 32% click rate. An issue of our tailored e-update for GCC elected members was circulated in February and had a 51% open rate.
37. The number of people following the Centre’s Twitter account continues to increase at a rate of around three per day (currently standing at 4,848 followers). We have now hit over 700 likes on Facebook with people using the platform to share our posts and tag colleagues and friends to alert them to new posts.
38. We continue to receive a lot of engagement with our infographics – both online and off. A more proactive approach is now being taken, producing infographics on relevant topics of current interest, as well as related web copy where appropriate. A good example of this is the new ACEs infographics and web page.
39. The GCPH website refresh is ongoing and we are well into phase 2 of this with a revised rolling review process now in place to ensure ongoing quality and consistency across the site and developments to increase the site’s accessibility such as improved image descriptions for people using screen readers. An update on the analytics for the period April 2018 to end March 2019 will provided at the next Board meeting as part of end of year reporting.

## GCPH March 2019



**Glasgow Centre for Population Health  
Management Board Meeting  
Monday 18 March 2019**

## **Work Plan 2019-20**

### **Recommendations**

The Management Board is asked to:

1. Consider whether the proposed programme of work meets partner expectations of the GCPH and priorities for the 2019-20 financial year.
2. Approve the plan or agree any required revisions.

### **Overview**

1. The Glasgow Centre for Population Health exists to understand and identify solutions to support the improvement of population health and the reduction of inequalities in health. We achieve this through the generation of quality evidence, advice and support for partners working to improve population health outcomes and reduce associated inequalities in the city, the city region or nationally. This involves collaborating closely with our core partners (Scottish Government, NHS GGC, University of Glasgow and Glasgow City Council) and other key stakeholders (including HSCPs, ALEOs, other Universities, communities and the third sector) to ensure our work is relevant and responsive to their needs and that we promote working across organisational and disciplinary boundaries necessary to shift population health outcomes.
2. The GCPH work plan is in three parts which have been combined for this document: the current part which describes the strategic underpinning of our activity across multiple programmes; an 'at a glance' document which provides a high level overview and connections with national and local public health priorities; and a matrix setting out the individual projects that comprise our work plan with key delivery milestones for the year.
3. An associated draft budget plan (Board paper GCPHMB/2019/377) details allocations for core staff costs, accommodation, office running costs, communications and events, programme running costs and staff training and development.

### **Responding to national, core and local partner priorities**

4. The work plan reflects, and provides support for, a dynamic set of national and local developments. As agreed by the Board in December 2018, the strategic developments we have taken into account for the coming year include:
  - The creation of Public Health Scotland (PHS) and the associated six core priorities to guide concerted public health action across Scotland.



- The NHS Greater Glasgow and Clyde Public Health Strategy (*Turning the Tide Through Prevention*) which highlights a key role for GCPH in both the monitoring of the strategy and in providing evidence to aid the understanding of the health experiences of the population.
  - Support for Glasgow City Council's ambitions to reduce health inequalities, ensure that all citizens benefit from inclusive economic growth and increasingly are able to shape the decisions that affect them. The Health Summit held in January (Board Paper GCPHMB/2019/374) established a clear set of ambitions and priorities for improving the city's health.
5. In addition to these public health strategies and developments, the plan includes work to address wider determinants of population health through supporting priorities and strategic change processes such as:
- Inclusive economic growth, which is a focus of national, regional and city economic strategies and the Community Action Plan 2018-20. Inclusive growth seeks to ensure wider participation in economic activity and fair work, and that the benefits of a growing economy are distributed more fairly. The relationship between the city's economy and the population's health is a top priority for the Glasgow Economic Partnership.
  - Elements of the Glasgow Community Action Plan 2018-20 including: a fairer more equal Glasgow, a focus on resilient communities, early years and building community capacity, transport and childcare as cross-cutting priorities. GCPH will support Glasgow Community Planning Partnership in relation to these priorities.
  - The Child Poverty Delivery Plan, taking action towards the achievement of ambitious national targets to reduce child poverty. GCPH work has shaped local and national delivery plans, and in 2019-20 we will be involved in project implementation as well as in providing evidence for local reporting and progress.
  - The roll-out of Universal Credit, providing evidence for associated service developments and the mitigation of impacts on health.
6. The development of the University of Glasgow's Social Research Hub (SRH) at the Olympia Building will continue to provide invaluable opportunities for community engagement and empowerment activity and research and knowledge exchange collaboration. The SRH's objectives align strongly with our own in the areas of addressing inequality, the promotion of wellbeing and delivering inclusive growth. The roll-out of Children's Neighbourhoods Scotland will begin this year, representing a foundational collaboration within the SRH.
7. Connections with each of these priorities are highlighted in the more detailed Programme descriptions that follow in this document and the accompanying 'at a glance' table. In maintaining a future perspective, we would also expect elements of our work to sit outside existing priorities. In this regard, there is clear stand of work relating to climate change that sits across programmes. This includes our work on food sustainability, climate adaption (Weathering Change) and active travel. We identify climate change as a clear and strategic public health issue with implications for service planning, prevention and community-focussed and led action. A balance is also to be maintained between delivering on core commitments and maintaining a developmental perspective on emerging issues and new response to existing challenges. The work plan takes account of this balance of core commitments and forward-looking developmental work.

## Resources

8. We do not yet have final confirmation of the core GCPH budget for 2019-20, but indications are that this will be £1.25m, an amount that has remained level for a number of years. As requested by the Board in December 2018, greater emphasis will be placed on income generation over the year to support new work and to recoup value which has previously been understood as 'in-kind' contribution. The full-time equivalent (FTE) staffing at the start of 2019-20 (including 3 externally-funded attachments) is 22.5FTE. The GCPH structure includes a Director (0.4.FTE) and full time Associate Director, six programme managers (with an additional post vacant), seven research specialists and two community engagement specialists. Our Communications and Administrative function comprises a FTE of seven.

## Maintaining a focus on impact

9. Throughout the past year, a lot of work has been carried out to examine and better articulate the identifiable contribution that the Centre's work makes in improving health outcomes and reducing inequalities. We understand this as including but going beyond the delivery of high quality and relevant outputs. Our distinct way of working is expressed through our Purpose Statement:

*“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.”*

10. Given that the impact of the GCPH operates through policy, practice and engagement processes, case study narration of our role in change, supplemented with metrics where relevant, is the appropriate approach to describe and illustrate impact. Outcomes can be difficult to predict in a linear sense and there are multiple actors and stakeholders responsible for population level outcomes.
11. Our Aims enable us to articulate what success would look like based on an understanding of the processes that bring about impact. Work with the team, Management Board and EMT to refine our understanding of impact has led to a refreshed set of 'success indicators'. These ensure this work plan has a focus on the change we expect our work to produce. Table 1 sets out our Aims, and for each provides examples of how we would indicate and describe success in future reporting.

**Table 1: Indicators of Success**

| Aim  | Indicators of success  |
|--|--|
| Build on the GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants. | <ul style="list-style-type: none"> <li>• Support for NHSGGC PH Strategy delivery. Evidence of GCPH outputs (e.g. Understanding Glasgow and associated Children and Young Persons data) being use to inform local action and priority setting.</li> <li>• Support for NHSGGC PH Strategy monitoring framework. Identification of indicators and inputs to monitoring reports.</li> <li>• Provision of population health data in accessible formats and evidence of their use by a wide range of citizens and professionals.</li> <li>• Influential contributions made to strategic groups and policy forums (e.g. Glasgow Community Planning Partnership; PH sub-committee of NHSGGC; Regional</li> </ul> |

| Aim   | Indicators of success  |
|---|--|
|   | <p>Economic Strategy; Glasgow's Active Travel Forum; Regional Transport Strategy Advisory Group).</p> <ul style="list-style-type: none"> <li>• Analyses in policy areas requiring new evidence (e.g. in relation to Adverse Childhood Experiences (ACEs) as a determinant of later life outcomes).</li> <li>• Indicators of academic credibility in our research practice, evidence generation and analysis such as peer review publications and research funding.</li> <li>• Maintenance and updating of analyses that expand understanding of trends in the fundamental causes of health and health inequalities, including comparative analyses.</li> </ul>   |
| <p>Support the development and application of promising investments and action to improve population health outcomes.</p> | <ul style="list-style-type: none"> <li>• Distinct contributions made to the development and mainstreaming of poverty prevention and mitigation activity in the city and nationally, described through evidence of policy change, new investments or practice. (e.g. translation of learning gained through Deep End Financial Advice work and Building Connections).</li> <li>• Evidence dissemination and knowledge exchange in relation to service delivery models and the scaling of approaches (e.g. Community Link Workers, affordable childcare).</li> <li>• Support for the development and establishment of new responses to systemic impacts on health in Glasgow (e.g. GCC's Food Inequality Inquiry; connectivity commission).</li> <li>• Progress in translation into policy of recommendations stemming from excess mortality synthesis; identified opportunities for translation of future recommendations.</li> </ul> |
| <p>Maintain a focus on the social justice and inequality implications of investments, interventions and policies</p>      | <ul style="list-style-type: none"> <li>• Effective partnership work to develop local evidence-informed responses to wider policies and contexts that impact on inequalities (e.g. mitigating Universal Credit impacts including on homeless populations and in workplaces).</li> <li>• Targeted programmes to improve outcomes in places with high levels of poverty, applying place-based approaches (e.g. Children's Neighbourhoods).</li> </ul>   |
| <p>Maintain a future perspective and display leadership in considering new and emergent issues.</p>                       | <ul style="list-style-type: none"> <li>• Examples of GCPH's role in bringing a new concern, or new response to an existing issue, from the margins to the mainstream of understanding, policy and/or practice. For example:</li> <li>• Food security and sustainability: connecting GCC concerns about food inequality with innovative approaches within the Glasgow Food Policy Partnership</li> <li>• Mitigation of impacts of Universal Credit: focus on homeless populations and how reforms shape relationships between employees and employers.</li> <li>• Developmental work planned with Scottish Refugee Council and partners to establish new research into the costs of the UK Government's policy of 'forced destitution.'</li> </ul>  |
| <p>Promote and continue to develop GCPH as an exemplar, with a focus on use of evidence, insight,</p>                     | <ul style="list-style-type: none"> <li>• Demonstrable impact through establishing/maintaining a network convened around a problem whereby use of evidence, collaboration and coproduction, a focus on social justice and future perspective are adopted as an</li> </ul>   |

| Aim   | Indicators of success  |
|---|--|
| coproduction and community engagement in the development of responses.  | operating model.   |
| Continue to evolve effective communications, growing the size and diversity of networks and adapting outputs to support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities. | <ul style="list-style-type: none"> <li>• Increased diversity of networks; evidence of GCPH events supporting discussion, collaboration and the inclusion of new perspectives.</li> <li>• GCPH outputs/insights/evidence provided to decision makers at the appropriate time, evidence of planning for this and assessment of use.</li> </ul> |

### GCPH Work Programmes

12. The work plan continues the Centre's four programmes of work supported by communications, community engagement and administrative functions. The four Programmes remain unchanged and are as follows:

- Programme 1: Action on inequality across the life course
- Programme 2: Understanding health, health inequalities and their determinants
- Programme 3: Sustainable and inclusive places
- Programme 4: Innovative approaches to improving outcomes

13. What follows is a summary of each programme, highlighting key pieces of work for 2019-20, and describing how the activity relates to the Aims outlined above. The sections on 'pathways to impact' set out the relationship between the programme activity and population health outcomes.

#### Programme 1: Action on inequality across the life course

##### Aims and purpose

14. This programme works to build evidence, knowledge and insight into the impacts that poverty, family and child adversity, and experiences of inequality have on health and quality of life across the life course. The work relates to the Centre's aims by:

- providing evidence for action on inequality that shifts the balance of decision-making more clearly towards proactive and preventative responses;
- building on successful past work on family and child poverty, to produce and evaluate new approaches and interventions to mitigate poverty;
- developing and strengthening engagement and influencing skills to support partner efforts to tackle poverty and inequality;
- working in partnership with communities to build community assets, local capacity and capabilities, and to improve services.

##### Key projects and deliverables

- Continued support for tackling child poverty across Greater Glasgow and Clyde through provision of accessible population health information on children and young people and evidence for action briefings. Launch of new report cards scheduled for autumn 2019.

- Developing the understanding of the effects of family and childhood adversity, their prevention and responses. New evidence and synthesis on the impacts and mitigation of Adverse Childhood Experiences will be produced this year.
- Evaluating the impact of services and initiatives on child and family wellbeing, children and young people's attainment and wider social regeneration. An assessment of the impact of a third-sector led intervention (Stepping Stones for Families) will be published in spring 2019 with translation and dissemination work thereafter.
- Building on previous poverty prevention and mitigation work such as cost of school day and school holiday, Healthier Wealthier Children and Building Connections, work will be undertaken to explore the financial implications of the pregnancy pathway. To be commissioned with key partners in spring 2019.
- A focus on issues facing young people in the transition to adulthood. Background paper to be produced in summer 2019.
- Three new strands of work looking at the impacts of Universal Credit will be developed.

### **Pathways to impact**

15. It is predicted that more than one in three children in Scotland will live in poverty by 2021, rising to 38% by 2030. Compounding this are cuts to social security, and the introduction of Universal Credit will affect in-work as well as out of work benefits. A core ambition of this programme is to support the Scottish Government, local authority, NHS and other delivery agencies mitigate the impacts of welfare changes through developing actions to tackle poverty and evaluate their success. This will involve the provision of insight and evidence through Children and Young People's report cards and Evidence for Action briefings around what works in preventing and mitigating child poverty. Sharing learning about innovative approaches to poverty mitigation will be achieved through insight grounded in the evaluation of approaches such as Stepping Stones for Families, Children's Neighbourhoods Scotland and CHANGE. These outputs will also support the implementation of the Scottish Government policy 'Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland' with its commitments for increasing entitlement to free early learning and childcare for all three and four year olds and eligible two year olds. The programme's joint work and connections with Glasgow City HSCP and Education Services will enhance the potential for informing and influencing local policy and planning.
16. This year, the programme develops in new areas by considering challenges associated with the contemporary experience of young adulthood. This builds on the Scottish Government's Independent Advisor's recognition of the need to focus on this group beyond the current investment on early years and childhood. Developmental work in the coming year will involve the establishment of a strategic advisory group and production of a background paper.
17. The policy challenges associated with Universal Credit (UC) have been well documented in the mainstream media with the rise of food banks linked to the roll out. Work with partners from NHS GGC, Health Scotland and Glasgow City Council will help the identification and application of responses. A social justice lens is being applied to consider the effects on homeless populations and in considering how workplaces are adapting to the new in-work obligations associated with UC.

## Programme 2: Understanding health, health inequalities and their determinants

### Aims and purpose

18. This programme aims to influence local and national efforts to address health inequalities through expanding knowledge and understanding of the fundamental causes of health inequalities. It maintains its role in identifying and describing emergent trends in health outcomes. All aspects of this programme are focused on producing strong and well-researched evidence that can be used for priority setting and monitoring progress on population level outcomes. Success for this programme would be determined through the maintenance and development of population health data available and relevant to city and national priorities and to have developed recommendations demonstrably influencing local and/or national policy. In summary, the purpose of this programme is to:

- improve understanding of trends in health, health inequalities and their determinants through analysis (at national, city and regional levels), sharing these analyses through a range of outputs;
- support future service planning through the identification of emerging issues and trends in demography and the determinants of health and inequality;
- support collective efforts to improve health and reduce inequality through policy recommendations that can be used by policy-makers locally and nationally.

### Key projects and deliverables

- Maintenance and development of *Understanding Glasgow* as a resource for understanding health and its determinants within Glasgow (on-going).
- Reviewing the translation by policy-makers of recommendations within the excess mortality synthesis (reports end 2019-20).
- National and international mortality analyses. Updated trends in life expectancy by deprivation scheduled for publication winter 2019-20.
- Continuous development of intelligence on health inequalities and their determinants including analyses of aspects of social class on inequalities and development of research developing the measurement of poverty (during 2019/20)
- Comparative analyses of health outcomes and determinants in Glasgow and Scotland with elsewhere. Analysis of poverty and mortality between United States and Scotland. Journal paper to be submitted.
- Developmental work understanding the effects of 'austerity' policies on mortality trends.

### Pathways to impact

19. A context of changing demography including factors such as the projected growth in Glasgow's population, an ageing demographic profile combined with continuing inequalities and predicted increases in child poverty provides a need for intelligence to support service planning and development. This programme of work delivers the Centre's 'observatory function' that informs the priorities across the Centre's programmes and highlights key trends to city and national partners. The work elides strongly with the NHSGGC public health action area of *understanding the needs, experiences and assets of the population, variation by sub-group and change over time* and provides data and analysis to this end. The updating of life expectancy trends by deprivation and neighbourhood within Glasgow will be an important marker of whether progress in being made. Reports, infographics and resources such as *Understanding Glasgow* allow assessment of progress against key population health and inequality outcomes for use by policy makers, delivery organisations and citizens.

20. Work assessing progress on the recommendations included within the Centre's excess mortality synthesis will strengthen our understanding of how recommendations from data analysis and synthesis can be aligned with opportunities for policy translation. Following publication in 2016 of the excess mortality report, the work explores how policy makers have utilised the findings. This learning will allow assessment of what type and scale of further contribution will be required for impact.
21. The city's role in receiving and settling asylum seekers and refugees is a key emergent population health issue and developmental work with Scottish Refugee Council into the effects of UK Government's policy of 'forced destitution' highlights leadership in considering new and emergent approaches and working with a wider range of population health interests. Proposed work on public understandings of health inequalities will support the Centre's ongoing reflection and development of approaches to communicate learning on the social determinants of health to the public, building on the *Framework Institute's* approach to communicating social justice issues.

### **Programme 3: Sustainable and inclusive places**

#### **Aims and purpose**

22. The purpose of this programme is to support change to enable Glasgow to become a more inclusive, resilient and sustainable city. It is known that inequalities in health, income and associated outcomes can limit opportunities and access to resources foundational to living a healthy and meaningful life. The scope of this programme therefore is broad including exploration of action and policy that increase access to:
- secure, well-paid and meaningful employment through the lenses of understanding inclusive growth, volunteering and sustainable food systems and identifying and developing the actions that follow;
  - movement and physical activity in the city with a focus on public and active travel infrastructure, physical activity and greenspace access;
  - affordable and nutritious food and equitable access to play, culture and social connection.

#### **Key projects and deliverables**

- Contribution to a collaborative bid to evaluate changes to the city's transport infrastructure (Avenues projects, Low Emissions Zones and City Ways active travel infrastructure) using health and air quality as key outcome measures (second stage bid October 2019).
- Contribution to regional policy, including the review of the regional economic strategy and new regional transport strategy
- Support for the translation of sustainable approaches to food production, insecurity, procurement and food waste through Glasgow Food Policy Partnership. This will include dialogue with Glasgow City Council on how sustainable, holistic approaches to food production, procurement and enterprise can be harnessed in response to the challenge of food inequality in the city. A Food Summit between the Glasgow Food Policy Partnership and Glasgow City Council will take place in May 2019
- Development of community engagement and empowerment learning and activity, using this to inform and support colleagues in the Social Research Hub and more widely.

## Pathways to impact

23. This programme links with plans and priorities both locally and nationally as set out below:

- the national public health priority of working toward a Scotland where we live in vibrant, healthy and safe places and communities (priority 1) and where we eat well, have healthy weight and are physically active (priority 6). The programme also corresponds with priority 5: a sustainable, inclusive economy, particularly through the work associated with the Glasgow Food Policy Partnership's ambitions to mainstream sustainable approaches to food insecurity and inequality;
- the NHSGGC '*Turning the Tide*' priority of creating a culture of health and wellbeing in our communities to help people make healthy choices (food, Bikes for All research and community engagement and empowerment to support citizen voice);
- Glasgow City Council's Strategic Plan 2017-2022, the Community Plan, and Glasgow HSCP priorities of creating resilient communities and enabling citizens to influence decisions and services that affect them.

24. Impact will be achieved working collaboratively on these issues within partnerships, shaping the implementation of promising investments or influencing future priorities. This approach builds on the traction established from the Centre's long-standing work on Active Travel, where maintaining a sustained presence in convened networks of knowledge, practice and policy has shaped agendas over the long term, resulting in successes such as the substantially increased focus and resourcing of active travel infrastructure in Glasgow.

## Programme 4: Innovative approaches to improving outcomes

### Aims and purpose

25. This programme explores new approaches to improving health outcomes, supporting the delivery of the Christie Commission's recommendations of shifting resources towards prevention, involving people and communities in service design and decisions, and utilising community and individual assets in the design of responses. As the NHSGGC document '*Moving Forward Together through Prevention*' highlights, an ageing and increasingly diverse population, continuing health inequalities and concentrations of citizens living in areas of high levels of multiple deprivation continues to compound a challenging environment to understand need and deliver services that enable people to maintain health and wellbeing. The need to work upstream, in communities, is given added impetus by the increasing contribution of psychosocial disease conditions and longstanding multiple morbidities to which acute specialisms are poorly aligned to respond. This programme takes a perspective that foregrounds the value of asset-based approaches, the importance of social connections in creating wellbeing and resilience, and community empowerment. The team members working on this programme collectively possess expertise in developing responses that access and build on such strengths and their evaluation.

### Key projects and deliverables

- Building on established expertise in the implementation and evaluation of asset-based approaches, a key developmental project will be working with the Yunus Centre, Glasgow Caledonian University to develop a bid to the NIHR funding call *Community Focused Approaches that Mobilise People as Assets* that seeks



scalable learning on effective use of asset based approaches (submission of bid July 2019).

- Supporting the roll-out of Community Link Workers through evaluative support that builds on GCPH evidence in relation to colocation of services and inclusion of financial advice and other non-medical services as a component of primary care responses (development following March 2019 Steering Group and through year).
- Social Enterprise as a response to housing need. This work sits within the joint Research Council's funded *Commonhealth* programme led by Glasgow Caledonian University and enters its dissemination and recommendation phase in the first quarter of 2019-20. The strong working relationship established with the Home, Housing and Communities research programme at University of Stirling continues with a funding bid to explore health impacts of the tenant rights legislation in the private rented sector and a literature review funded by CaCHE exploring tenant participation.
- Continuing the established programmes on Participatory Budgeting, volunteering and participation to evaluate promising approaches and opportunities to develop community capacity, skills and infrastructure for participation through community-based evaluation in Gorbals.

### **Pathways to impact**

26. Work in this programme connects with key priorities including national public health priority 1: vibrant, healthy and safe places, and priority 3: good mental wellbeing (particularly through evidencing the wellbeing and confidence impacts of volunteering). Local NHSGGC action area 2: working with partners to tackle the fundamental causes of poor health including housing is addressed in the developing private rented sector work and the Community Link Workers evaluative work will connect and provide learning to support delivery of priority 5: improving health services to ensure they are fair, accessible and effective for all.

27. The work on Participatory Budgeting (PB) illustrates the GCPH model of impact and influence, combining the generation of evidence and insight with support for partner priorities. The first GCPH publication on this issue, an evaluation of a PB pilot in Glasgow (2012), was published in the wake of the Christie Commission on the future delivery of public services. It connected strongly with a national policy conversation and need for evidence, practice and principles for delivering engagement, empowerment and participation in communities. As the work has developed, through collaborations such as with What Works Scotland, the reach of PB as a tool for empowerment and social regeneration has grown. Work in this year's plan focusses on supporting a community-based evaluation of a PB exercise in the Gorbals area of Glasgow enabling the generation of insight concerning PB's role in area-based regeneration.

### **Communications**

28. Our communications function supports the remit of GCPH as a valuable source of evidence, insight and support for processes of change. This involves ensuring that our outputs are able to impact on policy and research, involving production of timely and targeted summaries for different audiences. Increasingly, the communications function recognises the need for engagement as well as delivery of outputs, to support Centre ambitions to work co-productively and with a wider range of professional and community based expertise. A separate communications plan is produced annually after approval of the wider work plan.

29. The established suite of GCPH outputs - events, reports, briefing papers and digital - will continue to be delivered to support the work plan. The activity is guided by our communications objectives:

- 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.

### **Risks and opportunities**

30. A risk register accompanies this work plan (Board paper GCPHMB/2019/375) and will be discussed separately. It highlights two main risks: the first associated with staff changes, which could impact on programme delivery, skill mix within the team and leadership capacity; the second reflecting the uncertainties associated with the reform of public health in Scotland.

31. Attention is being paid to mitigating and managing the risks while making the most of the opportunities for influence. The GCPH team is well connected to developments locally and nationally and the proposed work plan reflects our assessment of where we can best add value and make a distinct contribution in the forthcoming financial year.

**Pete Seaman and the GCPH team**  
**March 2019**

## 2019-20 Work Plan 'At a glance'

| PROGRAMME   | AREA OF FOCUS  | PROJECTS  |                                   | PARTNER PRIORITY   |  |
|---|--|---|-----------------------------------|--|--|
| <b>Action on inequality across the life course</b>                      | Child Health and Wellbeing                               | Children's Report Card  | Core                              | National Public Health Priority 2: We flourish in our early years.<br>NHSGGC Public Health Priorities 1: Developing a better understanding of Health experience of the population.<br>NHSGGC Public Health Priorities 3: Promote H&W from early childhood to healthy ageing. |  |
|   |  | Evaluating Stepping Stones, Family Wellbeing Service  | Core                              |  |  |
|   |  | Evaluating Childcare and Nurture Glasgow East   | Core                              |  |  |
|   |  | Understanding, preventing and responding to ACEs  | Core                              |  |  |
|   |  | Evaluation of Sistema Scotland  | Core                              |  |  |
|   | Child Poverty and Mitigating the impact of Child Poverty | Monitoring, advising and influencing the development of child poverty delivery plans with NHSGGC, LAs and HSCPS | Children' Neighbourhoods Scotland | Core   | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all. |
|   |  |   | Cost of the Pregnancy Pathway     | Core   |  |
|   |  |   | Cost of the School Day            | Core   |  |
|   |  |   | Cost of the School Day            | Core   |  |
|   | Young people   | Youth transitions: Advisory group and background paper  | In Dev't                          | NHSGGC Public Health Priority 3: Promote H&W from early childhood to healthy ageing.   |  |
|   | Adult Ages   | Welfare Reform and Deep End   | Core                              | NHSGGC Public Health Priority 2: Tackle the fundamental causes of poor health-poverty, housing and challenging personal circumstances.<br>NHSGGC Public Health Priority 1: Developing a better understanding of Health experience of the population.                         |  |
|   |  | Universal Credit: Briefing paper on impacts, homeless populations and employer perspectives                     | Core                              |  |  |
|   |  | Public Health impacts of gambling: Briefing paper summarising literature around low income, gambling and debt,  | In Dev't                          |  |  |
| <b>Understanding health, health inequalities and their determinants</b> | Understanding Glasgow                                    | Website maintenance   | Core                              | NHSGGC Public Health Priority 1: Developing a better understanding of Health experience of the population.<br>National Public Health Priority 5: a sustainable, inclusive economy with   |  |
|   | Excess mortality research                                | Policy recommendations from excess mortality report   | Core                              |  |  |
|   |  | Updating three city mortality and deprivation analysis  | In Dev't                          |  |  |
|   | National and international Analysis                      | Life expectancy trends by deprivation   | Core                              |  |  |

## 2019-20 Work Plan 'At a glance'

| PROGRAMME                           | AREA OF FOCUS                              | PROJECTS  |  | PARTNER PRIORITY  |      |
|-------------------------------------|--|---|--|---|------|
|                                     |  | Age, period and cohort effects analysis   | Core                                   | outcomes for all.   |      |
|                                     |  | Analyses of poverty and mortality in USA / Scotland comparison                  | Core                                   |   |      |
|                                     |  | Analyses of recent mortality inequalities                                       | In Dev't                               |   |      |
|                                     |  | Neighbourhood profiling   | Children's and Young People's profiles |   | Core |
|                                     |  | Children's profiling journal paper  | Core                                   |   |      |
|                                     | NHSGGC Public Health Strategy              | Development of monitoring framework   | Core                                   |   |      |
|                                     | Health Inequalities and their determinants | Social class and health inequalities  | Core                                   |   |      |
|                                     |  | Systematic review of socio-economic inequalities in mortality                   | Core                                   |   |      |
|                                     |  | Difference in experiences of poverty and deprivation Scotland/England           | Core                                   |   |      |
|                                     |  | ASR, forced destitution   | In Dev't                               |   |      |
|                                     |  | Public understandings of health inequalities                                    | In Dev't                               |   |      |
|                                     |  | Modelling of effects to changes to Scottish income bands on health inequalities | In Dev't                               |   |      |
|                                     |  | Additional modelling on income inequalities                                     | In Dev't                               |   |      |
|                                     |  | Understanding health benefits of active commuting                               | In Dev't                               |   |      |
| <b>Sustainable inclusive places</b> | Sustainable travel and transport           | Bikes for All evaluation  | Core                                   | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all.<br><br>National Public Health Priority 6: We eat well, have healthy weight and are physically active.<br><br>NHSGGC Priority 4: Create a culture of H&W in our communities to help people make |      |
|                                     |  | NIHR bid impacts of transport infrastructure                                    | In Dev't                               |   |      |
|                                     |  | Active Commuting research   | Core                                   |   |      |
|                                     |  | Monitoring active travel trends   | Core                                   |   |      |
|                                     |  | Evidence for 20mph national speed limit Bill                                    | Core                                   |   |      |

## 2019-20 Work Plan 'At a glance'

| PROGRAMME | AREA OF FOCUS                        | PROJECTS  |          | PARTNER PRIORITY   |
|-----------|--------------------------------------|---|----------|--|
|           |                                      |   |          | healthy choices  |
|           | Healthy Urban Environments           | GoWell  | Core     | <p>NHSGGC Public Health Priority 2: Tackle the fundamental causes of poor health-poverty, housing and challenging personal circumstances.</p> <p>NHSGGC Priority 4: Create a culture of H&amp;W in our communities to help people make healthy choices.</p> <p>National Public Health Priority 1: We live in vibrant, healthy and safe places and communities.</p> <p>National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all.</p> <p>National Public Health Priority 6: We eat well, have healthy weight and are physically active.</p> |
|           |                                      | Horizon 2020 Liveable Cities Bid                            | In Dev't |  |
|           |                                      | Scottish Government Better Places bid                       | In Dev't |  |
|           |                                      | Urban Innovation Fund Social Enterprise bid                 | In Dev't |  |
|           | Sustainable Food                     | Glasgow Food Inequality work                                | Core     | National Public Health Priority 6: We eat well, have healthy weight and are physically active.   |
|           | Air Quality                          | Air quality and low emission zones evaluability assessment  | Core     | NHSGGC Priority 6: Protect the public from health risks and disease.   |
|           | Community Engagement and Empowerment | Developing resources for transferable learning              | Core     | National Public Health Priority 1: We live in vibrant, healthy and safe places and communities.  |
|           |                                      | CEE support for GCPH programmes within place-based projects | Core     |  |
|           |                                      | Support and develop CEE with partners                       | In Dev't |  |
|           |                                      | Social Research Hub Community Engagement                    | Core     |  |
|           | Inclusive Growth                     | Review of Glasgow's Regional Economic Strategy              | Core     | National Public Health Priority 5: a   |

## 2019-20 Work Plan 'At a glance'

| PROGRAMME   | AREA OF FOCUS  | PROJECTS  |  | PARTNER PRIORITY   |
|---|--|---|--|--|
|   |  |   |  | sustainable, inclusive economy with outcomes for all.  |
|   | Climate Change and Resilience                            | Weathering Change   | Core   |  |
| <b>Innovative approaches to improving outcomes</b>          | Participatory budgeting                                  | Childcare partnership project for Aspiring Communities                                  | Core   | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all.   |
|   |  | Gorbals project   | Core   |  |
|   | Volunteering and promoting community-based participation | 2018 European championships study   | Core   |  |
|   |  | Exploring barriers among disabled populations   | Core   |  |
|   | Private rented sector housing research                   | Homes for Good evaluation, project completion and dissemination                         | Core   | NHSGGC Public Health Priority 2: Tackle the fundamental causes of poor health-poverty, housing and challenging personal circumstances. |
|   |  | Tenant participation and activism in the PRS  | Core   |  |
|   |  | Nationwide bid: PRS legislation and health outcomes                                     | In Dev't   |  |
|   | Asset-based approaches across services and settings      | NIHR Bid: Community focussed approaches that mobilise people as assets                  | In Dev't   | NHSGGC Public Health Priority 6: Improve health services to ensure they are fair, accessible and effective for all.                    |
|   | Evaluative approaches to learning from what works        | Evaluative support for the roll-out of Community Link Workers programme in Glasgow City | Core   |  |
|   |  | Evaluative support for Glasgow City Child Poverty coordinator post                      | Core   |  |
| Evaluation on the Clyde Gateway cancer screening initiative |  | In Dev't  |  |  |
| Developing a perspective on 'evidence'                      | PHEN contribution  | Core  | NHSGGC Public Health Priority 1: Developing a better understanding of Health experience of the population. |  |

**Programme name: Action on Inequality across the life course**

**Programme leads:** James Egan and Fiona Crawford

**Programme staff:** Bruce Whyte, Jennifer McLean, Val McNeice, David Walsh, Chris Harkins, Lynn Naven, Katharine Timpson, Mairi Young, Ricky Fleming

| Area of focus              | Projects  | Team members and lead    | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)   |
|----------------------------|---|--------------------------|--------------------|--|---|
| Child Health and Wellbeing | Children's Report Card  | BW, FC, JM, SS (NHS GGC) | Core               | <ol style="list-style-type: none"> <li>1. Finalise Draft report cards by theme (June 2019)</li> <li>2. Publication and dissemination (summer/autumn 2019)</li> <li>3. Launch event (possibly in autumn 2019)</li> </ol>  | <ol style="list-style-type: none"> <li>1. Produce report cards on key themes relating to children and young people's health well-being in the Glasgow and Clyde Valley Region. The themes comprise: demographic trends and socio-economic context; poverty; environment/safety; healthy diet, weight and physical activity; mental health; 21st century issues.</li> <li>2. 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. The format of presentation will include: concise briefings, slides with key indicator graphs and infographics.</li> <li>3. Project led by GCPH with support from NHSGGC, ISD, Health Scotland, Glasgow HSCP, Glasgow's Education dept.</li> </ol> |
|                            | Evaluate Stepping Stones for Families (SSfF) Family Wellbeing Service | FC, VM                   | Core               | <ol style="list-style-type: none"> <li>1. Finalise commissioned research report and distil findings into a briefing paper by April 2019.</li> <li>2. Present findings to appropriate decision makers and strategic groups locally and nationally – from March 2019, on-going.</li> </ol> | Assessing the impact of third sector-led early intervention on parenting and child outcomes amongst vulnerable families in Glasgow. Funding secured from SSfF (£9K) for evaluation, matched by GCPH. Mixed methods employed to evaluate: impact of service on parenting skills, resilience, parent/child and family relationships amongst parents engaged in service; parents' physical, mental and emotional health and wellbeing; children's confidence and capacity to learn; and added value in relation to the nursery offer.  |

| Area of focus | Projects   | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)  |
|---------------|--|-----------------------|--------------------|--|--|
|               |  |                       |                    | 3. Deliver launch/dissemination research seminar, assimilating SSfF work with previous related learning on child/family support – summer 2019.   |  |
|               | Evaluating the impact of Childcare and Nurture Glasgow East (CHANGE) on individual and community wellbeing | FC, VM, BW, MY        | Core               | <ol style="list-style-type: none"> <li>1. Completion of year 3 evaluation: quantitative and qualitative research including commissioned fieldwork.</li> <li>2. Finalisation of composite evaluation report distilling overall learning and implications for policy and practice drawing on other relevant GCPH and wider evidence by autumn 2019.</li> </ol> | Three-year collaborative project (commenced October 2016; concludes September 2019) being delivered by Children in Scotland, Glasgow City Council and GCPH funded by BLF aiming to establish improved, innovative, affordable, and sustainable childcare in three East Glasgow neighbourhoods: Calton/Bridgeton; Parkhead/Dalmarnock; and Tollcross/West Shettleston. GCPH leading mixed methods evaluation of the process and impacts of the project and distilling generalizable learning for policy and practice in Scotland. |
|               | Understanding, preventing and responding to adverse childhood experiences                                  | FC, DW                | Core               | <ol style="list-style-type: none"> <li>1. Publication and dissemination of final systematic review April/May 2019</li> <li>2. Completion of qualitative exploration of expert knowledge and views regarding pathways linking ACES to social,</li> </ol>  | <ol style="list-style-type: none"> <li>1. Systematic literature review of association between childhood SES and ACES.</li> <li>2. Exploration of expert knowledge of evidence of pathways linking ACES to social, economic and health related factors.</li> </ol>  |



| Area of focus | Projects                       | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20   | Description/ Comments (include resource considerations)   |
|---------------|--------------------------------|-----------------------|--------------------|---|---|
|               |                                |                       |                    | <p>economic and health related factors by summer 2019</p> <p>3. Organisation of stakeholder events and national conferences throughout 2019</p>   | <p>3. Contribution to joint priority setting and action through national ACES advisory hub and through local partnerships</p> <p>Clear links to current SG (and other partners') priorities, and involves collaborative work with NHSHS, NHSGGC, UoG and SG.</p>  |
|               | Evaluation of Sistema Scotland | CH, CT, KM            | Core               | <p>1. 'People Change Lives' report summarising the findings from the first phase of the evaluation (March 2019)</p> <p>2. Researching the views of young children: learning from the Sistema Scotland evaluation (briefing paper, May 2019)</p> <p>3. The impacts of Big Noise participation on educational attainment and post-school destinations – Report (in development – summer 2020)</p> | <p>1. The evaluation is at an important juncture as the primarily qualitative methods of Phase 1 (2013 to 2018) are now concluded and the findings and learning is summarised in the 'People change lives' report.</p> <p>2. Phase 2 of the evaluation commences in 2019 and involves quantitative outcome analysis. This begins with analysis of educational attainment and post school destinations in Raploch.</p> |

| Area of focus                           | Projects   | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)   |
|---|--|-----------------------|--------------------|--|---|
| Child Poverty                           | Monitoring, advising and influencing the development of child poverty delivery plans across NHSGGC, local authorities and HSCPs. | JE, LN, BW, FC, KT    | Core               | <p>Ongoing to support and feed into Scottish Government annual child poverty action plans.</p> <ol style="list-style-type: none"> <li>1. Attending meetings (2 monthly) of the Child Poverty Action Co-ordinating Network + ad hoc development and planning sessions with all partners in NHSGGC.</li> <li>2. Updating child poverty indicators on Understanding Glasgow and child poverty map of Glasgow to inform future action reports (BW/KT). Also keeping up-to-date with potential new indicators.</li> <li>3. Continuing membership of Glasgow's Child Poverty Sub-group.</li> </ol> | This work directly contributes to the Scottish Government's priority to reduce child poverty as outlined in the Tackling Child Poverty Delivery Plan. We are beginning discussions around GCPH support for assessing Child Poverty coordinator posts.   |
| Mitigating the impacts of child poverty | Children's Neighbourhoods Scotland   | JM, CT                | Core               | <ol style="list-style-type: none"> <li>1. Continued support range of CNS on monthly and quarterly basis – Planning Group, R&amp;E group and Advisory Group</li> <li>2. Continued overall project support and management</li> </ol>   | CNS continues to make good progress and to develop with pace. Funding through the Tackling Child Poverty Delivery Plan over the next 4 years will see maintenance of the work being undertaken in Bridgeton and Dalmarnock alongside the expansion of the programme into new communities within Glasgow City and into new communities beyond Glasgow, yet to be confirmed. Conversations and negotiations are underway to identify and confirm two new sites to come on |

| Area of focus | Projects                             | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)   |
|---------------|--------------------------------------|-----------------------|--------------------|--|---|
|               |                                      |                       |                    | <ol style="list-style-type: none"> <li>3. Appointment of new CNS Communications Officer and Administrations Officer – March 2019</li> <li>4. Research seminar with a focus on how evidence can support change – April 2019</li> <li>5. Identification, negotiation and establishment of two new CNS sites during 2019/20 – a further site within Glasgow City and a rural community.</li> <li>6. Further development of CNS website and development of Communications Strategy.</li> </ol> | <p>stream in 2019/20.</p> <p>The programme expansion will also see changes in the management and governance of CNS. Governance will sit with the UoG, which holds the core SG funding for the programme.</p> <p>This expansion has also seen the recent recruitment of a new National CNS Director and Lead Researcher. Local co-coordinators will also be recruited for each new site. The specific contribution of GCPH is still to be confirmed.</p>   |
|               | Cost of the Pregnancy Pathway (CoPP) | VM, FC                | Core               | <ol style="list-style-type: none"> <li>1. With colleagues at NHSGGC and NHSAA, plan, develop and commission primary research focused on the financial impact of pregnancy on low income families in urban and rural areas – spring 2019.</li> <li>2. Manage and provide on-</li> </ol>   | <p>The Cost of the Pregnancy Pathway project aims to explore:</p> <ul style="list-style-type: none"> <li>• the financial impacts of pregnancy for expectant and new families living in the NHS Ayrshire and Arran (NHSAA) and NHS Greater Glasgow and Clyde (NHSGGC) areas, particularly those in receipt of a low income;</li> <li>• feasible actions, including income maximisation, which NHSAA and NHSGGC, with their national and community planning partners, can take to reduce any observed cost-related barriers to accessing care and mitigate financial pressure on expectant parents and their families.</li> </ul> |

| Area of focus | Projects               | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)  |
|---------------|------------------------|-----------------------|--------------------|--|--|
|               |                        |                       |                    | <p>going support to commissioned researchers – on-going until December 2019.</p> <p>3. Work closely with multi-agency project team to plan and deliver communication and dissemination of findings – from December 2019.</p>   | The project is being taken forward by a working group with representation from NHSGGC, NHSAA, NHSHS and GCPH, guided by a broader multi-agency advisory group, and is expected to report in December 2019.   |
|               | Cost of the School day | LN, JE                | Core               | 1. Working with colleagues from CPAG and Strathclyde University to submit a paper, based on phase 1 of the CoSD project in Glasgow, for publication.   | Paper was rejected by the Oxford Review of Education in February 2019 and will be re-submitted - discussions are underway to identify an appropriate journal.  |
| Young People  | Youth transitions      | LN, JE                | In development     | <p>1. Linking with key and potential strategic partners to form an advisory group. The group will provide intelligence and expertise on issues concerning young people and provide support in planning and directing research and taking forward the planned outputs.</p> <p>2. A background paper</p> | Established to identify and work with partners' engaging with some of the key transition challenges facing young people moving into early adulthood. Exploratory work was carried out with the GCPH team to inform direction of the work, which will focus on transitions among youths from different socioeconomic positions. |

| Area of focus | Projects                    | Team members and lead  | Core/ In d'lopment    | Project delivery milestones for 2019-20   | Description/ Comments (include resource considerations)   |
|---------------|-----------------------------|------------------------|-----------------------|---|---|
|               |                             |                        |                       | outlining the proposed aims and objectives and timescales will be published (Mar 2019) and an advisory group will be in place by June, 2019.  |   |
| Adult ages    | Welfare reform and Deep End | JE                     | Core                  | Evaluation report on integrating advice workers in primary care settings completed and published (Feb 2019). Planned dissemination activities being undertaken - Feb '19 onwards.   | This new GCPH report directly influenced the Local Medical Committee to agree to provide funding for the financial year 2019-2020 to sustain delivery of advice services across 16 GP Practices in Glasgow city. This includes the 9 GP practices that took part in the GCPH study and were relying on funding that ended 31 March 2019.<br>This new funding comes from Primary Care Transformation monies. |
|               | Universal Credit            | 1. JE, KT<br><br>2. JE | Core - in development | Work will comprise three strands to reflect the range of existing and expected impacts on people's lives. These include:<br>1. A briefing paper discussing the potential public health effects of Universal Credit. This will inform future thinking about follow-on action. A final draft copy of the Briefing Paper is expected to be completed by summer 2019.<br>2. Working with colleagues at GCC to explore the effects of UC on homeless | 1. This paper is in the early stages of development. The wider public health implications of new, more extensive forms of conditionality will be a central theme.<br><br>2. Initial meetings have been held with HSCP (Health Inequalities) and Glasgow City Council (Financial Inclusion (FI) Team) to consider a short-term   |

| Area of focus             | Projects  | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20   | Description/ Comments (include resource considerations)  |
|---------------------------|---|-----------------------|--------------------|---|--|
|                           |   | 3. JE, LN & KT        |                    | <p>populations and potential for mitigating these effects – Background paper to be completed Mar 2019 &amp; circulated to partners.</p> <p>3. Working with colleagues at NHSGGC and other to investigate employers' perspectives on how UC impacts on them and their employees.</p> | <p>secondment from the Health Improvement secondment to work alongside GCPH and the GCC FI team on this work.</p> <p>3. This work is still in the very early stages of development. NHS GGC Employment &amp; Health Team agreed to ask employers (registered on the Healthy Working Lives database) if they have had any initial experiences of employees on UC.</p> |
|                           | Public health impacts of gambling                                   | CH, DW, JE            | In development     | 1. Briefing paper summarising a literature review concerning the interaction of low income, debt and gambling (Oct to Dec 2019)   | 1. This briefing paper is designed to introduce the public health impacts of gambling and its complex interaction with socioeconomic disadvantage, low income and debt. The literature review may be structured around key questions and will touch upon the legislation and ethics within the betting industry.   |
|                           | Future of social protection   | JE, KT, PS            | Ongoing            | 1. Finalising internal report Spring 2019   |  |
|                           | Frameworks Institute in-house training                              | LN, VM, CT            | In development     | 1. Working with the Poverty Alliance to develop and deliver a workshop for GCPH staff and Poverty Alliance networks (n=30). Delivery of workshop – 21 <sup>st</sup> March, 2019.  | The focus of the workshop 'Talking about poverty and Inequalities' will be to refresh thinking about reframing poverty and incorporate newer work by the Frameworks Institute on reframing the social determinants of health to tell a new moral story that is consistent across agencies and is solutions-focused.  |
| National and local groups | 1. National Evaluation of the Cost of the School Day advisory group | LN                    | Ongoing            | <p>Sep. 2018 – Sep. 2019.</p> <p>Presentation at WHAP event</p>   | 1. Led by NHS Health Scotland, the group oversee and direct commissioned research on CoSD activities across Scotland.  |

| Area of focus | Projects  | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20                         | Description/ Comments (include resource considerations)   |
|---------------|---|-----------------------|--------------------|---|---|
|               | 2. Welfare Advice & Health Partnerships (WAHP) Scottish Advisory Group                          | JE                    | Ongoing            | (Feb 2019) on new GCPH report - advice workers in primary care. | 2. Newly established forum for the Scottish Government, COSLA, NHS Scotland, Local Authorities and Third Sector bodies to discuss WAHP.   |
|               | 3. Scottish Welfare Reform & Health Impact Delivery Group (HIDG)                                | JE                    | Ongoing            |   | 3. HIDG provides a forum for the Scottish Government, COSLA and NHS Scotland, Third Sector bodies and others to consider the impact of welfare reforms on population health and demand for NHS and health & social care services. |
|               | 4. NHS GGC planning groups: Financial Inclusion; Employment & Health; Public Health & Housing*. | JE & LG*              | Ongoing            |   | 4. Public Health & Housing is a new short-term working group, chaired by Jackie Erdman. GCPH outputs (planned work on Universal Credit) and the new report on Housing through social enterprise will be fed into this group.      |
|               | 5. Cost of the School Day (CoSD) advisory group - Glasgow city                                  | JE                    | Ongoing            |   | 5. Focus remains on expanding CoSD to other schools across the schools estate and providing training and raising awareness using the established toolkit.   |





| Area of focus                                 | Projects  | Team members and lead              | Core/in development | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)  |
|---|---|------------------------------------|---------------------|--|--|
|   | analysis to complement and accompany the above.   |                                    |                     |  | accompaniment to discussions regarding the above policy responses. This is subject to capacity/resources.  |
| National and international mortality analyses | <ol style="list-style-type: none"> <li>1. Life expectancy trends by deprivation.</li> <li>2. Age, period and cohort effects analyses.</li> <li>3. Analyses of poverty and mortality in USA (for comparison with mortality in Scotland).</li> <li>4. Additional analyses of recent mortality inequalities (TBC)</li> </ol>                     | BW (1 & 2),<br>DW (2-4),<br>WW (3) | Core/In development | <ol style="list-style-type: none"> <li>1. Analyses to be completed and written up by December 2019.</li> <li>2. Analyses and write-up (journal paper) by end of year.</li> <li>3. Analyses and write-up (journal paper) by end of year.</li> <li>4. TBC</li> </ol> | <ol style="list-style-type: none"> <li>1. Updated trends in life expectancy by deprivation and neighbourhood within Glasgow.</li> <li>2. Age, period and cohort effects in mortality in UK cities (with NHSHS and UoG).</li> <li>3. Analyses being undertaken by WW; partners are NHSHS and MRC-SPHSU.</li> <li>4. To contribute to a NHSHS-led programme of work exploring different aspects of the recent changing mortality trends that have been linked to UK Government 'austerity' policies</li> </ol> |
| Neighbourhood profiling and analyses          | <ol style="list-style-type: none"> <li>1. In discussion with Glasgow HSCP over updated children and young people's profiles for Glasgow neighbourhoods.</li> <li>2. Advice and links with other national profiling work involving the Improvement Service, Public Health Scotland and the OEPB (Outcomes, Evidence and Performance</li> </ol> | BW                                 | Core                | <ol style="list-style-type: none"> <li>1. Dependent on the HSCP.</li> <li>2. Ongoing commitment.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Discussion needed with Fiona Moss and colleagues in Glasgow HSCP and ISD LIST team on new set of profiles. GCPH role will be to provide advice and support to a profiles steering group, but not to lead this work.</li> <li>2. Input will be as and when required.</li> </ol>   |

| Area of focus                              | Projects   | Team members and lead     | Core/in development                                    | Project delivery milestones for 2019-20   | Description/ Comments (include resource considerations)  |
|--|--|---------------------------|--|---|--|
|  | Board).<br>3. Write up children's profiling work for a journal paper.  |                           |  | 3. Aim to draft paper by Dec 2019.  | 3. An opportunity to describe process of creating the CYP profiles, their dissemination, examples of use and evaluation.   |
| Breast feeding research                    | Journal paper on the health economic benefits of breast-feeding  | BW                        | Core   | Resubmission to JECH in spring 2019.  | BW working with 'Tomi Ajetunmobi and three other co-authors on paper.  |
| Public health strategy                     | Development of monitoring framework for NHS GGC's Public Health Strategy   | FC, BW, DW                | Core   | Timescale for further development by spring/summer 2019 (but likely to be ongoing piece of work).                                 | Working with John O'Dowd and other PH colleagues to develop a robust framework that NHSGGC can use.<br><br>Director of Public Health has identified several key corporate PH objectives and in process of finalising them. Indicators of progress will be developed towards these objectives.  |
| Health inequalities and their determinants | 1. Longitudinal cohort analyses.<br><br>2. Systematic review of socio-economic inequalities in mortality.<br><br>3. Understanding differences in the experience of poverty and deprivation between Scotland & England<br><br>4. Forced destitution of asylum | DW (1-11), KT (3), BW (8) | 1-4: core<br>5-11: in development/<br>under discussion | 1. Paper published by middle of year.<br><br>2. Paper by end of year.<br><br>3. Paper by mid-2019.<br><br>4. Research proposal by | 1. Publishing paper on WW's analyses of different aspects of social class on health inequalities (with MRC-SPHSU, ISD Scotland, and UCL).<br><br>2. Led by NHSHS and MRC-SPHSU. Contribution to various aspects of the project (including write-up).<br><br>3. Scoping work to inform possible future research aimed at understanding what is already known about the theory and measurement of poverty, deprivation and inequality across different markers of socioeconomic position and intersectionality.<br><br>4. Assisting Scottish Refugee Council (SRC) and |

| Area of focus | Projects  | Team members and lead | Core/in development | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)   |
|---------------|---|-----------------------|---------------------|--|---|
|               | <p>seekers</p> <p>5. Public understandings of health inequalities project</p> <p>6. (Possibly) modelling effects of changes to Scottish income bands on health and health inequalities</p> <p>7. (Possibly) additional modelling re. earnings inequalities</p> <p>8. Understanding the health benefits of active commuting</p> <p>9. (Possibly) exploratory longitudinal analysis work</p> <p>10.(Possible) analyses of homelessness data</p> |                       |                     | <p>mid-2019 (subject to identification of suitable data).</p> <p>5. TBC</p> <p>6. TBC</p> <p>7. TBC</p> <p>8. TBC</p> <p>9. TBC</p> <p>10. TBC</p> | <p>partners to establish new research into the costs of the UK Government's policy of 'forced destitution'. With SRC, NHSGGC, UoG and Govan Community Project.</p> <p>5. University of Edinburgh led project. Advisory role only.</p> <p>6. This would be in partnership with NHSHS using their 'Triple I' tool and is dependent on capacity/resources. Any analyses would also be relevant to the excess mortality recommendations work above.</p> <p>7. As above.</p> <p>8. Linking to Programme 3, to assess the health benefits (including impacts on mortality and hospitalisation rates), and resulting policy implications, of active commuting in Scotland compared to elsewhere in the UK. Dependent on capacity and resources.</p> <p>9. Developmental work to assess the potential use of Scottish longitudinal data to undertake various policy-relevant analyses e.g. in relation to of drugs misuse, educational attainment and aspects of mental health.</p> <p>10.Potential analyses of the Simon Community's 'street census' data.</p> |

| Area of focus             | Projects   | Team members and lead  | Core/in development | Project delivery milestones for 2019-20      | Description/ Comments (include resource considerations)   |
|---------------------------|--|------------------------|---------------------|--|---|
|                           | 11.(Possible) exploratory analysis of changes to public transport provision  |                        |                     | 11. TBC                                      | 11.Possible student project to assess the impact of changes in public transport routes in Glasgow on different populations.   |
| National and local groups | <ol style="list-style-type: none"> <li>1. Annual PHINS seminar.</li> <li>2. Input to ScotPHO collaboration in terms of steering group, news alerts, web pages and evaluation.</li> <li>3. Scottish Health Survey Advisory Group.</li> <li>4. GGC Health and Wellbeing Survey.</li> <li>5. GGC Secondary School Children's HWB survey.</li> </ol> | DW (1 & 2)<br>BW (1-5) | All core            | PHINS seminar likely to be in September 2019 | <ol style="list-style-type: none"> <li>1. Organising programme for seminar.</li> <li>2. Includes ongoing maintenance of web site sections and contribution to steering group and 'ScotPHO leads' groups.</li> <li>3. Ongoing contribution.</li> <li>4. Ongoing contribution to advisory group.</li> <li>5. Ongoing contribution.</li> </ol> |

**Programme name:** Sustainable Inclusive Places programme

**Programme leads:** Jill Muirie and Russell Jones

**Programme:** Bruce Whyte, Cat Tabbner, Gregor Yates, Jennie Coyle, Kelda McLean, Valerie McNeice, Lisa Garnham, New Postholder, Kelda McLean

| Area of focus                    | Projects   | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/Comments (include resource considerations)  |
|----------------------------------|--|-----------------------|--------------------|--|---|
| Sustainable transport and travel | Bikes for All evaluation   | BW, GY                | Core               | <ol style="list-style-type: none"> <li>1. Publish survey findings report (Spring 2019)</li> <li>2. Publish commissioned report (Summer 2019)</li> </ol>                            | <ol style="list-style-type: none"> <li>1. Write-up of findings from baseline and follow-up surveys issued to participants. Part of Project advisory group and report every 6 weeks on ongoing findings.</li> <li>2. Commission qualitative research (with Cycling Scotland, CoMO UK, Bikes for Good).</li> </ol> <p>There is a bid being made to Transport Scotland for further funding and if successful we would extend our evaluation.</p> |
| Air Quality                      | Air quality and low emission zones.  | BW                    | Core               | <ol style="list-style-type: none"> <li>1. Evaluability Assessment - concludes in Spring 2019, but further work may arise.</li> <li>2. CAFS work (Feb 2019 – June 2019).</li> </ol> | <ol style="list-style-type: none"> <li>1. Involvement in evaluability assessment of Glasgow's Low Emission Zone.</li> <li>2. Review of CAFS, health working group.</li> </ol>   |
| Sustainable transport and travel | Collaborative research bid to NIHR to evaluate the health impacts of major changes to Glasgow's transport infrastructure | BW, JM, CT            | Development        | <p>Expression of interest submitted March 19<sup>th</sup> 2019. Decision on expressions of interest (June 2019).</p> <p>Second stage bid (by Oct 2019).</p>                        | This research bid (with the Institute of Occupational Medicine and colleagues from University of Glasgow) is to evaluate the health and air quality impacts of major changes to Glasgow's transport infrastructure (including the Avenues programme, Glasgow's LEZ and its City Ways developments)  |

| Area of focus | Projects   | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/Comments (include resource considerations)  |
|---------------|--|-----------------------|--------------------|--|---|
|               |  |                       |                    |  | If successful in second stage project likely to start in early 2020.  |
|               | Active commuting research  | BW                    | Core               | <ol style="list-style-type: none"> <li>1. Results of HEAT analysis to be presented at Active Travel Conference (June 2019)</li> <li>2. Report on all work (summer 2019)</li> </ol> | Analysis of Census travel to work/study trends from 2001 and 2011 (C) (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.) |
|               | Monitoring active travel trends  | BW                    | Core               | Continuing work  | To continue to monitor active travel trends including casualties, and a broad range of environmental trends (via Understanding Glasgow)   |
|               | Evidence for bill proposing a national 20mph speed limit on restricted roads                                   | BW, JM                | Core               | Continuing work  | <p>We have already given written evidence and appeared at the Rural Economy and Connectivity Committee in relation to the bill.</p> <p>We may be asked to give further evidence depending on how far the bill progresses.</p>   |
|               | Active Travel seminar – focusing on emerging research and infrastructure developments in Glasgow and Edinburgh | BW, JM                | In development     | Possible event   | Building on previous events but focusing on current developments.   |

| Area of focus              | Projects  | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20   | Description/Comments (include resource considerations)  |
|----------------------------|---|-----------------------|--------------------|---|---|
| Healthy Urban Environments | Horizon 2020 Liveable Cities Bid                        | RJ, GY, CT            | In development     | To be determined if bid successful  | Partners with GCC, NHS Health Scotland and international organisations for Liveable Cities Bid. If successful, funding will allow for the exploration/evaluation of adaptability of the Place Standard to help create better quality Liveable Cities, particularly in addressing vacant and derelict land in deprived areas.  |
|                            | Scottish Government's Better Places fund                | RJ, GY, CT            | In development     | To be determined  | Assist in delivery and evaluation of Place Standard with successful Community Council.  |
|                            | GoWell  | CET, JC               | Core               | Short-life working group to be convened in first quarter of year to consider options and develop proposal for end of programme reporting that will commence in Spring 2020.<br><br>Steering Group of partners and sponsors and Knowledge Exchange Forum meetings May 19 & Nov 19. | GoWell has come to the end of the data collection phase but analysis will continue until Sept 19 led by UoG colleagues, with key outputs and reports being produced on an ongoing basis. This is a critical phase in communicating and sharing key findings and learning from this twelve year research programme. Prog governance continues through the Steering Group while the Knowledge Exchange Forum ensures the emerging findings are being linked into relevant policy and practice forums. |
|                            | Housing through Social Enterprise study (also in Prg 4) | LG                    | Core               | Project completion<br>Dissemination of learning   | Recommendations from this study will be written and disseminated with input from a wide range of housing and public health partners – relationships and work is therefore ongoing and expected to project beyond the formal 'end' of the project in June 2019.  |

| Area of focus    | Projects  | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20         | Description/Comments (include resource considerations)   |
|------------------|---|-----------------------|--------------------|---|--|
|                  | Tenant participation and activism in the Private Rented Sector: literature review (also in Prg 4)       | LG                    | Core               | Project completion<br>Dissemination of learning | <p>This project is funded by CaCHE and being carried out in partnership with the University of Stirling, TPAS Scotland and Generation Rent, but primarily delivered by GCPH. Dissemination will be a core part of the impact of this project and is expected to extend well beyond its formal end in September 2019.</p> <p>Further, this project is being carried as a pre-cursor to a larger, longer-term term project into the experiences of tenants in the PRS, with a probable focus on power, inequality and the impacts of this on health. External funding is currently being sought.</p> |
|                  | Communications and Community Engagement support for Urban Innovation Fund project in 2 areas of Glasgow | JM, CT                | Development        | To be confirmed if bid is successful.           | To lead on the comms and CEE components of this project should the Glasgow bid be successful – GCPH will oversee the development and delivery of plans for this component of the work in the two project areas and will manage the budget allocated accordingly (commissioning/employing appropriate resources as required).   |
| Sustainable Food | Developing a sustainable food system in Glasgow   | JM, RG                | Core               | 1. Ongoing.                                     | <p>1. Supporting, coordinating and enabling city wide support for the Glasgow Food Policy Partnership (GFPP), in particular the development of:</p> <ul style="list-style-type: none"> <li>- enabling improved diets and reduced food insecurity and inequality particularly in low income areas</li> <li>- action to reduce food waste through the GFPP Food waste subgroup;</li> <li>- supporting the development of the food growing strategy for Glasgow;</li> <li>- more sustainable food procurement</li> </ul> <p>Provide support and resource for a Sustainable Food</p>                   |



| Area of focus                        | Projects   | Team members and lead | Core/ In d'lopment                         | Project delivery milestones for 2019-20   | Description/Comments (include resource considerations)   |
|--------------------------------------|--|-----------------------|--|---|--|
|                                      |  |                       |  | 2. Event in May 2019.   | <p>Cities coordinator post in collaboration with GCC and Soil Association to coordinate the Glasgow Food Policy Partnership.</p> <p>2. Delivering a high profile, multi sectoral Food Summit as part of the GFPP and in collaboration with Glasgow City Council, with the aim of informing and generating support for a Glasgow Food Strategy.</p>   |
| Community Engagement and Empowerment | Develop CEE resources using transferable learning stemming from the Centre's historical and current community engagement work. | NP, CT                | Core                                       | To be tested over the year.   | <p>Continue refining CEE planning tool for use by internal colleagues and support their use, i.e. CEE planning tool.</p> <p>Includes development of decision-making criteria for use of CEE tabletop game and facilitation support to support best use of requests to align with key priorities and work plan commitments.</p> <p>Comms links:</p> <ul style="list-style-type: none"> <li>• Set of engagement methodology snapshots that can be used to plan comms events.</li> <li>• Develop a new GCPH postcard to explain the organisation to communities.</li> <li>• Support comms stakeholder mapping by inputting to community mapping.</li> <li>• Advise on website accessibility.</li> </ul> |
|                                      | Support and develop CEE within place-based projects and the wider GCPH work programmes as a cross cutting approach.            | CT, NP                | Core (1 and 2)<br>Development (3, 4 and 5) | <p>1. In development throughout 2019</p> <p>2. Submission March 2019 for funding result ~October 2019</p> <p>3: April/May</p> | <p>1. Support co-design process another #Helfy (Healthier Futures Forum event focused on young people).</p> <p>2. Continue development of CEE strand within Programme 3 on Avenues project evaluation (see above; with BW and JM).</p> <p>3. Develop a CEE project or strand of a project with at</p>  |

| Area of focus | Projects  | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20   | Description/Comments (include resource considerations)   |
|---------------|---|-----------------------|--------------------|---|--|
|               |   |                       |                    | <p>4: May/June</p> <p>5. End May</p>  | <p>least one other GCPH programme: young people's transitions in Programme 1 pilot.</p> <p>4. Explore the CEE legacy of an historical project with at least one GCPH programme: Neighbourhood Change.</p> <p>5. Evaluate CEE and community budgeting for Gorbals Aspiring Places Fund. (Detailed in programme 4; with CH).</p> |
|               | Support and develop CEE amongst partners in delivery.   | CT, NP                | Development        | <p>1. Following on from the EUROCITIES workshop, work with GCC Community Empowerment Services to share learning and support increase in quality and sophistication of CEE approaches to align with good practice.</p> <p>2. Reactive and developmental work including events like Fire Starter and taking tabletop object to any relevant events or conferences</p> |  |
|               | Develop dialogue and a potential collaborative to evaluate aspects of the Community Empowerment | CT, NP, JM            | Development        | A stakeholder meeting to agree a forward plan. Possibly leading to a collaborative approach to  | This project is a planned continuation of work that began in 2017/18 which evolved from the work on power as a health and social justice issue. A discussion paper was disseminated last year and a range of   |

| Area of focus             | Projects  | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/Comments (include resource considerations)  |
|---------------------------|---|-----------------------|--------------------|--|---|
|                           | Act in terms of impacts on inequalities.  |                       |                    | evaluation.  | constructive responses were received. The next step is to work with these stakeholders to agree a forward plan.   |
|                           | Support and develop CEE and knowledge exchange between partners in the Social Research Hub.   | New Postholder        | Core               | 1. Sharing learning and good practice between researchers and CEE practitioners across UofG and GCPH.<br><br>2 and 3. Supporting and enabling CEE as part of GCPH and UofG work.<br><br>4. In development. | 1. Open Community Engagement forum.<br><br>2. Range of CEE events and resource development.<br><br>3. Network building and strengthening support to researchers to build their CEE skills and practice.<br><br>4. Further of partnership with local schools and making appropriate links with Children's Neighbourhoods project.  |
|                           | Collaboration with the Glasgow Disability Alliance: understanding sustainability and, inclusivity of places through a community of interest/identity. | CT, GY                | Development        | In development.  | Through the researcher's forum, we will explore opportunities to work with the Glasgow Disability Alliance. This collaboration completed a 'get to know each other visit' February 2019, where GCPH and GDA staff shared their expertise and organisational priorities. Possible opportunities include sharing research knowledge, supporting community engagement and exploring a range of inequalities facing people with disabilities. |
| Inclusive Growth          | Review of Glasgow's Regional Economic Strategy  | BW, JM                | Core               | Work and reporting to be completed by June 2019  | Membership of the People and Places sub-groups tasked with reviewing the Regional Economic Strategy.  |
| Climate change resilience | Weathering Change   |                       |                    | To be determined   | Community Planning to define 2 new areas (aligned with Thriving Places areas) to take forward the Weathering Change project. £10,000 carry forward for evaluation.  |
|                           | Collaboration with new  | GY, VM, RJ,           | Development        | Continuing work  | This is a developing area and includes:   |

| Area of focus   | Projects   | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20 | Description/Comments (include resource considerations)  |
|---|--|-----------------------|--------------------|---|---|
|   | organisations on climate change and climate justice work/projects.   | JM, BW                |                    |   | <p>A talk from the Scottish Parliament's environmental manager (April 2019).</p> <p>A proposed seminar series talk from a representative of the Future Generations Commissioner for Wales (Autumn 2019).</p> <p>Exploratory work on active travel and possibly other sustainability issues with NHS GGC (starting spring 2019).</p> <p>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.</p> |
| Supporting processes of change                        | <ul style="list-style-type: none"> <li>• Consultation responses</li> <li>• Ad hoc presentations</li> <li>• Advice and information</li> <li>• Community Plan/Planning</li> <li>• Reducing inequalities</li> <li>• Monitoring trends e.g. updating Understanding Glasgow</li> <li>• Balancing research and practice</li> </ul> | All                   | Core               | Continuing work                         | Ongoing engagement with a variety of partners to embed considerations of health and wellbeing.  |
| Representation on expert panels, steering groups etc. | Member of the Glasgow City Active Travel Forum   | BW, JM                |                    | Attend quarterly meetings               | Provide support and input as required. In particular, support development of 5 pilot projects aimed at improving the school run.  |
|   | Review of Glasgow's Regional Economic Strategy   | BW                    |                    | Short life groups (4months)             | Details above.  |

| Area of focus | Projects   | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20 | Description/Comments (include resource considerations)  |
|---------------|--|-----------------------|--------------------|---|---|
|               | Review of Cleaner Air For Scotland Strategy health working group         | BW                    |                    | Short life group (4 months)             | Details above.  |
|               | Regional Transport Strategy Advisory Group                               | JM                    |                    | Short life group (2 years)              | Provide advice and input at regular meetings, to contribute public health and health inequalities evidence to development of a regional transport strategy (following on from our contribution to the Glasgow Connectivity Commission). |
|               | Represent GCPH on Obesity Alliance Scotland                              | JM                    |                    | Ongoing, review at end 2018/19          | Obesity Alliance in Scotland will be a forum for organisations working in obesity prevention to collaborate to influence policy and practice. GCPH will bring an inequalities perspective.  |
|               | Place Standard review group  | RJ                    |                    | Ongoing, review complete Autumn 2019    | Review of the Place Standard to explore what's working well and improve areas to make it easier to use.   |
|               | Clyde Gateway Population Health Working Group                            | RJ                    |                    | Continuing work                         | Support the work of these groups using GCPH evidence and make links with relevant work across the city.   |
|               | Sport and Active Glasgow Group   | RJ, GY                |                    | Continuing work                         |   |
|               | GCV Green Network Partnership (Steering Group and Board)                 | RJ                    |                    | Continuing work                         | Shape the work of and provide support for the GCV Green Network.  |
|               | Working group on spatial planning's contribution to Public Health Reform | RJ                    |                    | Continuing work                         | Explore policy changes needed to deliver PH priorities in spatial planning and how best to achieve that change.   |

**Programme name: Innovative approaches for improving outcomes****Programme leads:** Jennifer McLean and Pete Seaman**Programme staff:** Valerie McNeice, Lisa Garnham, Chris Harkins, Russell Jones, Gregor Yates, Bruce Whyte, Jill Murie, Ricky Fleming

| Area of focus                  | Projects   | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20   | Description/ Comments (include resource considerations)   |
|--------------------------------|--|-----------------------|--------------------|---|---|
| Participatory budgeting        | 1. Childcare partnership project and support for the Aspiring Communities Fund project | VM/CH/CT<br><br>VM    | Core<br><br>Core   | 1. Childcare partnership evaluation plan developed and agreed in partnership (March 2019).<br><br>Support with data gathering, analysis and reporting leading to report of childcare partnership project to be submitted to funder (July 2019). | 1. Childcare partnership work is based in Gorbals and led by TASK. Initial Aspiring Communities funding period concludes July 2019. To date, funding has supported the provision of 25 additional full time early learning and childcare places as well as the appointment of two early years practitioners, a family and community liaison practitioner, play therapist, family support worker, and new therapeutic play space. GCPH support in terms of evaluation will assist the partnership to demonstrate their added value with a view to securing further funding for continuation of this family support work. |
|                                | 2. Participatory Budgeting/community engagement project (CH/CT) in Gorbals             | CH/CT                 | Core               | 2. Fieldwork initiated in late 2018, analysis in early 2019, short GCPH report to be published in July 2019. PB work is considered against existing GCPH PB evaluation framework.   | 2. Participatory Budgeting and community engagement evaluation fieldwork is ongoing and progressing well. Report encompassing both PB and Community Engagement is due to be published on schedule. This work has been commissioned to a value of £6,000 with the Centre matching this funding with in-kind contributions.   |
| Volunteering and participation | 1. Mixed methods study on 2018 European Championships Volunteering programme.          | RJ/GY                 | Core               | 1. Complete analysis of applicant data and online questionnaire early spring 2019. Draft report spring 2019. Publish and disseminate report early summer 2019.  | Continue with design, data collection, analysis and dissemination of mixed-methods study. Carry forward £3700 (for qualitative study).  |

| Area of focus                           | Projects   | Team members and lead     | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)   |
|---|--|---------------------------|--------------------|--|---|
|   | <p>2. Support research on volunteering and links to social determinants of health.</p> <p>3. Supporting ongoing city-wide commitments to volunteering.</p> | <p>RJ/GY</p> <p>GY/RJ</p> |                    | <p>Design and conduct qualitative study summer 2019. Analysis of qualitative study autumn 2019. Draft report late autumn 2019. Publish and disseminate report winter 2019.</p> <p>2. Advisory group on analysis conducted by Volunteering Scotland using NHSGGC HWB study.</p> <p>3. 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. Follow-up on past research on the Volunteer Charter.</p> |   |
| Promoting community-based participation | Exploring barriers to community participation among disabled populations   | CH/KM                     | Core               | Literature review/evidence synthesis initiated in September 2018 and ongoing at present. Plan to publish briefing paper by summer 2019.  | <p>The established term 'disabled' is used to contextualise this work, to review important evidence and to make purposeful recommendations for policy and practice. It is recognised fully that the word 'disabled' is a limiting description and not adequately represent a diverse population.</p> <p>The purpose of this briefing paper is to further the understanding of the potential barriers faced by disabled populations when engaging and participating in local</p> |

| Area of focus          | Projects   | Team members and lead                  | Core/ In d'lopment                            | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)   |
|------------------------|--|--|---|--|---|
|                        |  |  |   |  | community-based events, services and opportunities. In turn, the paper presents a range of considerations for community organisations and locally delivered services in order to enhance access among disabled populations.   |
| Asset-based approaches | <ol style="list-style-type: none"> <li>1. Community focused approaches that mobilise people as assets</li> <li>2. Partnership working and sharing learning</li> <li>3. Embedding asset-based approaches and perspectives in community-based setting</li> </ol> | <p>JM/PS</p> <p>JM/VM</p> <p>JM/CT</p> | <p>In development</p> <p>Core</p> <p>Core</p> | <ol style="list-style-type: none"> <li>1. Conversations and possible project development following the release of NIHR funding.</li> <li>2. Dissemination of learning</li> <li>3. See Programme 1 plan for specific programme milestones.</li> </ol> | <ol style="list-style-type: none"> <li>1. Early conversations and interest taking place with colleagues at the Yunus Centre at Glasgow Caledonian University and SCDC as to a possible project proposal development and submission build and drawing on skills of respective organisations. Submission deadline of June 2019.</li> <li>2. Continue to take up opportunities to share learning and insights from our work on asset-based approaches. Presentation to students at students at Glasgow Caledonian University (April 2019). Named collaborator on successfully CRUK funded systematic review into asset based approaches for smoking and tobacco control, starting in March 2019.<br/><br/>Invitation to write a thought piece as part of the 10 year review of 'A glass half full' by Foot and Hopkins.</li> <li>3. 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, that power is shared with communities, and that the poor childhood outcomes associated with disadvantaged settings are improved.<br/><br/>During 2019/20 the programme will maintain and further develop the work in Bridgeton and Dalmarnock alongside bringing two new sites on stream, a community within Glasgow City and a rural community.</li> </ol> |



| Area of focus                        | Projects   | Team members and lead                     | Core/ In d'lopment                  | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations)   |
|--------------------------------------|--|---|-------------------------------------|--|---|
| Developing a perspective on evidence | <ol style="list-style-type: none"> <li>1. Knowledge matrix</li> <li>2. Researching the views of young children – learning from the Sistema Scotland evaluation</li> <li>3. Public Health Evidence Network</li> </ol> | <p>VM/PS</p> <p>CH/KM/VM</p> <p>VM/PS</p> | <p>Core</p> <p>Core</p> <p>Core</p> | <ol style="list-style-type: none"> <li>1. Matrix, in draft form, to be considered and tested across various projects / organisations – on-going. Exploring how knowledge matrix can support joint working as new public health body is formed, building on existing partnerships – on-going.<br/><br/>Revised version of knowledge matrix to be developed and published (December 2019).</li> <li>2. Reflecting on the creative methodologies deployed during phase 1 of the Sistema Scotland evaluation this briefing paper raises practical considerations and guidance when researching the views of young children.</li> <li>3. GCPH playing an active partnership role in the Public Health Evidence Network (PHEN). GCPH work plan to be shared with PHEN members – discuss areas for potential collaboration</li> </ol> | <ol style="list-style-type: none"> <li>1. Ongoing collaboration , Public Health Evidence Network.</li> <li>2. Briefing paper in early draft at present, anticipated publication in summer 2019.</li> <li>3. The Public Health Evidence network is a collaboration with membership from NHSHS, HIS, SCHRP, MRC SPHSU and GCPH</li> </ol> |

| Area of focus         | Projects  | Team members and lead | Core/ In d'lopment      | Project delivery milestones for 2019-20   | Description/ Comments (include resource considerations)   |
|-----------------------|---|-----------------------|-------------------------|---|---|
|                       | 4. Synthesis of qualitative evidence  | VM                    | In development          | <p>with PHEN partners (March 2019). GCPH leading, with NHSHS, on knowledge matrix work to be progressed through PHEN partnership (on-going).</p> <p>4. Sharing learning on synthesis of qualitative evidence within GCPH team via a workshop (March 2019). Explore potential to use methods to support GCPH work plan (on going).</p> |   |
| Glasgow Game          | Glasgow Game in a Box   | BW                    | Core                    | 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.   |
| Private rented sector | <p>1. Housing through Social Enterprise study</p> <p>2. Tenant participation and activism in the Private Rented Sector: literature review</p> | <p>LG</p> <p>LG</p>   | <p>Core</p> <p>Core</p> | <p>1. Project completion, dissemination of learning.</p> <p>2. Project completion, dissemination of learning.</p>   | <p>1. Recommendations from this study will be written and disseminated with input from a wide range of housing and public health partners – relationships and work is therefore ongoing and expected to project beyond the formal 'end' of the project in June 2019.</p> <p>2. This project is funded by CaCHE and being carried out in partnership with the University of Stirling, TPAS Scotland and Generation Rent, but primarily delivered by GCPH. Dissemination will be a core part of the impact of this project and is expected to extend well beyond its formal end in September 2019.</p> <p>Further, this project is being carried as a pre-cursor to a larger, longer-term term project into the experiences of tenants in the PRS, with a probable focus on power, inequality and the impacts of this on health. External</p> |

| Area of focus   | Projects   | Team members and lead                                 | Core/ In d'lopment   | Project delivery milestones for 2019-20   | Description/ Comments (include resource considerations)  |
|---|--|---|--|---|--|
|   |  |   |  |   | funding is currently being sought.   |
| Evaluative approaches to learning from what works                                       | <ol style="list-style-type: none"> <li>1. Evaluation of the rollout of CLW programme in Glasgow City</li> <li>2. Evaluation of the role and impact of the Glasgow City Child Poverty Local Co-ordinator post</li> <li>3. Evaluation of the Clyde Gateway pop-up cancer screening initiative</li> </ol> | <p>PS/JMur/JE/JM/MY</p> <p>PS/JM/LG/K T</p> <p>RJ</p> | <p>In development (Core if approved)</p> <p>In development</p> <p>In development</p> | <ol style="list-style-type: none"> <li>1. Meeting with CLW Steering Group March 2019. Following agreement on ways forward, pre- data collection work such as evaluability assessment and understanding model of impact to be developed.</li> <li>2. Meet with John Dickie/ GCP Coordinator steering group in March 2019.</li> </ol> <p>To be developed.</p> | <ol style="list-style-type: none"> <li>1. Early priority is to agree parameters of the work and where it fits within existing monitoring and evaluation work.</li> <li>3. Potential study assessing the effectiveness of a pop-up cancer screening initiative in Bridgeton aimed at increasing uptake of screening within deprived areas. Currently waiting on further information from Clyde Gateway.</li> </ol>  |
| Inclusive growth  |  | PS  | In Development   | To be confirmed   | Continuing discussion with Glasgow Regional Economic Strategy around support for the refresh of the economic strategy to develop a focus on population health outcomes.  |
| Partnership working, sharing learning and supporting practice across programmes of work | <p>Sharing learning and dissemination of findings</p> <p>Partnership working and support</p> <p>Expertise on advisory/steering groups</p>  | ALL   | Core   | Ongoing, as required/ opportunities identified.   | <p>Continue active dissemination of research findings and learning from areas of focus and projects across Programme, taking up opportunities for sharing learning where possible, with external audiences and partners and also across GCPH.</p> <p>To continue to increase the impact of GCPH work on approaches for improved outcomes by establishing joint working and building chains of alliances.</p> <p>Provide support and advice to organisations (statutory and third sector) that are exploring and developing new</p> |

| Area of focus  | Projects | Team members and lead | Core/ In d'lopment | Project delivery milestones for 2019-20  | Description/ Comments (include resource considerations) |
|----------------|----------|-----------------------|--------------------|--|---|
|                |          |                       |                    |  | innovative approaches to practice.                      |
| Seminar series |          | PS/JC                 | Core               | Scope and collate potential speakers for series and curate speaker list for the year to reflect broad range of innovative perspectives broadly linked to public health. 5-6 per academic year. | Speakers for Q1 of 2019-20 in place (3 seminars).       |



**Glasgow Centre for Population Health  
Management Board Meeting  
Monday 18 March 2019**

**Public Health Reform**

**Recommendations**

The Management Board is asked to:

- note this update on the reform of public health in Scotland;
- note the approach being taken to consider the implications for the GCPH and to involve the team;
- agree the basis of any response that the GCPH makes to the consultation on the the establishment of Public Health Scotland; and
- agree the basis of any response that the GCPH makes to the consultation on the Specialist Public Health Workforce.

**Background**

1. This paper provides a summary of the current position in relation to public health reform in Scotland. The Board has had regular updates over the past year, and Eibhlin McHugh (Co-Director of the Public Health Reform Team in Scottish Government) attended our Board meeting in June 2018 to hear Board members' perspectives and gain more insight into the GCPH model. Key points from her reflections following that discussion were:
  - a. The Public Health Reform 'Commissions' are potentially confusing to people not involved in the programme, and in particular there is a risk of fragmentation if cross-cutting themes are not picked up.
  - b. The critical role of a relatively local collaborative space and strong partnership relationships to allow an articulation of the issues that partners need research to focus on and on-going iterative dialogue to shape implementation and ensure that research is close to the "action". It is that longer term relationship between partners focused on the challenges that they're tackling and the "common good goals" that makes the difference.
  - c. The potential role of a national body as an observatory.
  - d. Organisational identity and its role in promoting shared ownership.
  - e. The critical role of leadership and culture.
  - f. The opportunity to enable better decision making by giving decision makers/ politicians at a local level good access to data.
2. The process of reform is now reaching a key stage with regard to the establishment of Public Health Scotland and its proposed Target Operating Model. Consultation on options for the core public health workforce is also currently taking place. What follows is a summary of the reform process to date and the issues for the Management Board's consideration. A presentation at the Board meeting will distil these for discussion and agreement of the approach that the Board takes in relation to the consultation and future decisions as they impact on GCPH.

## **Public Health Reform: rationale**

3. Despite improvement over time, average life expectancy in Scotland remains significantly lower than in other countries of the UK and the rest of Western Europe. The significant and persistent health inequalities that exist across Scotland; the need for our care services to respond to the needs of a changing population with more complex needs; and the particular effects of current key issues such as obesity, mental health problems, alcohol and substance misuse require an increased, coordinated effort to achieve greater improvements in the health of the population in Scotland and contribute to the long term sustainability of our public services.
4. The 2015 Public Health Review ([Public Health Review](#)) made a number of recommendations to strengthen the public health function in Scotland. In response, the Scottish Government and the Convention of Scottish Local Authorities (CoSLA) have committed to a reform programme bringing together partners from across public health, the public, private and third sectors.
5. The Health and Social Care Delivery Plan set out the actions Scottish Government and CoSLA will deliver through the reform programme:
  - Set national public health priorities with that will direct public health improvement across the whole of Scotland and inform local, regional and national action.
  - Establish a new national body – Public Health Scotland – to strengthen national leadership, visibility and support the public health priorities and providing the evidence base to underpin immediate and future action.
  - Support whole system working nationally and locally through existing partnerships to drive national public health priorities and adopt them to local contexts enabling a joined-up approach to public health at a local level.

## **Progress against the Health and Social Care Delivery Plan Actions**

6. In June 2018 the Scottish Government and CoSLA published Scotland's [Public Health Priorities](#) that reflect public health challenges that are important to focus on over the next decade. They provide a focus for closer collaboration and seek to encourage everyone working in the health and social care system and beyond to align their efforts to improve population health and wellbeing, reduce inequalities and increase healthy life expectancy.
7. Following publication of the priorities the focus of the reform programme has been on the development and design of Public Health Scotland (PHS) and progressing with partners from across the whole system actions to strengthen collaborative action on the agreed priorities. This has been a collaborative process from the outset with a substantive and productive input from NHS, Local Government, Health and Social Care Partnerships, the third sector, and academia.
8. The programme will undertake further formal engagement to inform the development of PHS and the wider public health system consistent with the ambitions for reform. This engagement will focus on three distinct but interdependent developments.

## Public Health Scotland - Legislative Consultation

9. The Scottish Government will launch a consultation on establishing PHS, focusing on the legislative requirements needed to establish the new body by the end of 2019. The consultation describes the role, structure and expected functions of the new body and sets out the future relationships with other parts of the wider public health system as part of a collaborative, multi-disciplinary approach required to tackle Scotland's public health challenges.
10. The views of all partners will be important and responses that reflect local circumstances are encouraged. At the time of writing, the consultation document and timescale were not yet finalised but the process was anticipated to be active imminently. It will be able to be accessed via <https://consult.gov.scot/public-health/public-health-scotland>
11. The GCPH Management Board will want to consider responding to this consultation.

## Creating Public Health Scotland

12. In order to ensure that PHS is designed in a way that reflects the needs and perspectives of the organisations vested in its success, a series of commissions or projects have been undertaken, tasked to describe the various functions the national body will deliver. These included: health protection, health improvement, healthcare public health and how the new body will use data and intelligence, research and embed innovation.
13. The reform programme is developing a Target Operating Model (TOM) for Public Health Scotland that will bring together the work of the commissions and projects. Drafts have been discussed by the Programme Board (of which Linda de Caestecker is a member) and Oversight Board (of which Carol Tannahill is a member) for the reform process and a further iteration will be submitted for the Programme Board's consideration on 22 March. Again, the GCPH has the opportunity to submit comments in advance of this date. Further information on PHS and the TOM is available via: <https://publichealthreform.scot/public-health-scotland>.

## Specialist Public Health Workforce

14. A key consideration of the reform programme has been how to ensure that the local Specialist Public Health Workforce, currently based in local NHS Boards, is organised in the most efficient, effective and resilient way to improve and protect the public's health.
15. A short life working group, representative of the public health workforce and partners from local government and other stakeholders across the wider system was established to take this work forward. The group is co-chaired by Audrey Sutton, Head of Connected Communities, North Ayrshire Council and Dona Milne, Director of Public Health, NHS Fife.
16. The group is supported by an expert advisory group – drawing on expertise and insight from across the whole system to develop options for the future workforce reflecting the ambitions for reform. The group has developed six options for consideration and has carried out a high level option appraisal. The options developed are as follows:
  - Move staff in public health teams to local authorities.
  - Move staff to health and social care partnerships.

- Enhanced status quo: public health teams remain in NHS Boards and form new relationships with Public Health Scotland.
- All staff from public health teams move to Public Health Scotland and are deployed from there.
- Regional public health hubs.
- Hybrid model with national, regional and local elements.

17. The reform programme is now undertaking a programme of engagement about these options with professional bodies, local government, community planning partnerships, community and voluntary organisations, NHS and Health and Social Care Partnerships. Directors of Public Health are also leading local discussions. This process is to be concluded by 22 March 2019. The process will be subject to peer review and the developed options will be considered by the Programme Board to consider in April 2019.

### **Implications for the GCPH**

18. The GCPH staff team forms part of the specialist public health workforce in Scotland, but within a distinct organisational structure and with a specific function associated with distinct, ring-fenced Scottish Government funding. Responsibility for the governance and strategic direction of the GCPH sits with the Management Board which involves senior representation from all partners and the Glasgow Integration Joint Board. All staff are employees of NHSGGC and the NHS Board has also placed a senior member of staff into the GCPH as Director. The GCPH budget is managed through NHSGGC Management Accounts. Core funding comes from Scottish Government as a separate allocation into NHSGGC. The GCPH is co-located with the University of Glasgow in the social research hub, and benefits from IT infrastructure and shared accommodation benefits from that partnership. The City Council is the third local partner, underwrites the GCPH sub-let, and actively partners and co-funds a range of the GCPH activities. The Glasgow Health Summit has proposed an ambitious public health agenda for the city which the Leader is now taking through the City Administration.

19. The position of GCPH and its future role needs to be carefully considered in the context of public health reform as set out above. We are clearly part of the 'whole system' and indeed work in a way that to a considerable degree exemplifies the ambitions of the reform process. The discussions at the Board meeting will provide an opportunity for the Board as a collective to feed in to the above consultations and agree the basis on which it would like future discussions to proceed. Given the role of NHSGGC as employer and the close working between GCPH and the Director of Public Health, the outcomes of the discussions taking place within the NHS Board and Public Health Directorate are of central importance. In addition, discussions have been held with the GCPH team to ensure that their experiences and perspectives inform our considerations. Initial feedback from these discussions will be presented to the Board.



## **Appendix 1. Enabling the Whole System: further background information:**

Supporting and enabling a whole system approach to improving health and wellbeing in Scotland underpins the approach to tackling Scotland's Public Health priorities and designing Public Health Scotland.

The engagement processes led by the reform programme have identified a number of themes to be developed as a programme in supporting whole system change. These will increasingly be the focus of the collaborative effort between national and local government.

### ***Working beyond organisations***

The systems we work in are complex. Fundamental to effective whole systems working is the importance of communities as a focus for systems thinking.

### ***Outcomes focussed***

Valuing and measuring the right things is important. Data underpin our understanding of the system but we need to focus on what is important to communities as well as systems.

### ***Measuring success***

A more streamlined and collaborative performance culture to enable the system is important with more flexible approaches to measuring ongoing success, working with communities to determine what is important to them.

### ***Collaboration***

Engaging and collaborating widely is important in understanding systems and where we can be effective in intervening.

### ***Importance of place***

Place and community are an important locus and focus for applying systems based approaches to improving health and wellbeing. The relationship and interaction of different systems within a specific place is the most practical way of thinking about the impact of systems on people and communities.

### ***Leadership***

To enable the whole system, we need to consider supporting and nurturing the collaborative, cross sector leadership and behaviours required to challenge and transform the organisational cultures and norms that drive the current system.

### ***Innovation in policy and practice***

Innovation in this context isn't about technology and data alone, but about embracing new ways of working which challenge current understanding and approaches.

### ***Research and innovation***

The reform programme ambition for Public Health Scotland incorporates an ambition for the new body to have a central role in relation to research and innovation. This includes the establishment of a public health research, innovation and applied evidence function at national level within the new public health body. A programme of engagement on the development of this function is currently underway, led by the Scottish Public Health Network (ScotPHN). This engagement aims to focus on the organisational arrangements for this function and describe how research can best be co-ordinated and delivered to support the wider public health system at the national, regional and local level across Scotland. Allied to this a programme of work is being undertaken looking at innovation in the context of the new body and support for the wider system.



**Glasgow Centre for Population Health  
Management Board Meeting  
Monday 18 March 2019**

**Glasgow City Council Health Summit**

**Recommendations**

The Management Board is asked to:

- note the draft report from the Glasgow Health Summit, held on 28 January 2019 and the proposed next steps; and
- advise on any additional perspectives that should be taken into account from their own organisations.

**Background**

1. Recognising the criticality of local government working closely with the NHS in order to impact positively on the wider determinants of population health, a Health Summit was held on 28 January to establish a shared ambition and set of strategic proposals as the basis of a reinvigorated public health partnership for Glasgow.
2. The draft report of the summit is attached as an Annexe to this paper. The proposals within this draft report are now being considered by the City Administration and through the relevant policy committees, after which a final report will be distributed from the Leader's office.
3. All of the GCPH core partners contributed to the summit and have therefore helped to shape the resultant proposals. Similarly, the agreed actions will be taken forward in an integrated way and without an additional set of governance mechanisms. It is proposed that a repeat Summit would be held in January 2020 to take stock of developments and learn from the experience during the year.
4. Further to the summit, work has begun within the City Council to identify resources to align with the priorities, and discussions have been initiated to consider how the role of the Community Planning Partnership could be maximised to support the shared ambition for the city's health. Participants in the summit have also been keen to follow-up on the discussions – including the new City Urbanist, and colleagues in Clyde Gateway who are considering how the Population Health Joint Working Group can align its activities to this agenda.
5. Finally, to support the Summit's call for learning from other cities, Linda de Caestecker and Carol Tannahill have made contact with the Health Foundation which supports a network of combined authorities/metropolitan regions in England in their collective learning and development about maximising their impact on population health. There was an initial positive response to the possibility that Glasgow might be supported to become part of this network.



**Glasgow Centre for Population Health  
Management Board Meeting  
Monday 18 March 2018**

**Budget position: 1<sup>st</sup> April 2018 to 28th February 2019 (Month 11)**

**Recommendations**

The Management Board is asked to note:

- The Centre's financial position for the first ten months of 2018/19 showing expenditure to date of £1,250,517.
- The planned expenditure which will ensure the allocation is fully committed within the financial year.

**Commentary on Table 1**

1. Expenditure to February is broadly in line with the overall plan. Some timing differences in receipt of external income have impacted slightly on the reported spend per project however when considered in conjunction with the prior year carry forward the outturn is as expected. A number of commitments are in progress and are expected to be completed prior to the financial year end resulting in a minimal planned carry forward amount of £38,000 to meet commitments which will take place early in financial year 2019.20.
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.

**Fiona Buchanan  
11<sup>th</sup> March 2019**

|      | <i>Income</i>                               | <i>Planned<br/>2018/19<br/>£</i> | <i>Actual to<br/>February<br/>£</i> | <i>Outstanding<br/>Orders<br/>£</i> | <i>Planned<br/>Spend<br/>£</i> | <i>To be<br/>Committed<br/>£</i> | <i>Forecast<br/>Out-turn<br/>£</i> |
|------|---|----------------------------------|-------------------------------------|-------------------------------------|--------------------------------|----------------------------------|------------------------------------|
| I 1  | Annual SG Allocation                        | 1,250,000                        | 1,250,000                           |                                     |                                |                                  | 1,250,000                          |
| I 2  | Sponsors Contribution to GoWell & GoEast    | 83,000                           | 85,630                              |                                     |                                |                                  | 85,630                             |
| I 3  | Other Income                                | 66,500                           | 62,672                              |                                     | 3,828                          |                                  | 66,500                             |
|      | <b>Total Income 18/19</b>                   | <b>1,399,500</b>                 | <b>1,398,302</b>                    | -                                   | <b>3,828</b>                   | -                                | <b>1,402,130</b>                   |
| I 4  | Carry Forward from previous years           | 44,687                           | 44,687                              |                                     |                                |                                  | 44,687                             |
|      | <b>Total Available 18/19</b>                | <b>1,444,187</b>                 | <b>1,442,989</b>                    | -                                   | <b>3,828</b>                   | -                                | <b>1,446,817</b>                   |
|      | <b>Expenditure</b>                          |                                  |                                     |                                     |                                |                                  |                                    |
|      | Research:                                   |                                  |                                     |                                     |                                |                                  |                                    |
| E 1  | Action on Inequality                        | 50,000                           | 24,312                              |                                     | 10,000                         | 19,000                           | 53,312                             |
| E 2  | Understanding Health Inequalities           | 40,000                           | 22,520                              |                                     | 6,000                          |                                  | 28,520                             |
| E 3  | Sustainable Inclusive Places                | 31,000                           | 14,059                              |                                     | 350                            | 4,000                            | 18,409                             |
| E 4  | Innovative Approaches to Improving Outcomes | 20,000                           | 2,941                               |                                     | 12,000                         |                                  | 14,941                             |
| E 5  | GoWell/GoEast                               | 99,500                           | 88,679                              |                                     | 6,642                          |                                  | 95,321                             |
| E 6  | Training & Development                      | 25,000                           | 10,121                              |                                     | 9,000                          |                                  | 19,121                             |
| E 7  | Allocation to Networks                      | 9,500                            | 450                                 |                                     | 7,000                          |                                  | 7,450                              |
|      | <b>Total Research</b>                       | <b>275,000</b>                   | <b>163,082</b>                      | -                                   | <b>50,992</b>                  | <b>23,000</b>                    | <b>237,074</b>                     |
|      | Communications:                             |                                  |                                     |                                     |                                |                                  |                                    |
| E 8  | Communications                              | 45,000                           | 26,824                              | 1,000                               |                                | 15,000                           | 42,824                             |
|      | <b>Total</b>                                | <b>45,000</b>                    | <b>26,824</b>                       | <b>1,000</b>                        | -                              | <b>15,000</b>                    | <b>42,824</b>                      |
|      | Management and Administration               |                                  |                                     |                                     |                                |                                  |                                    |
| E 9  | Centre Management, Admin & Running Costs    | 24,668                           | 13,666                              |                                     | 3,000                          |                                  | 16,666                             |
| E 10 | Accommodation Costs                         | 118,000                          | 97,491                              |                                     | 20,509                         |                                  | 118,000                            |
| E 11 | Core Staffing                               | 981,519                          | 949,454                             |                                     | 82,000                         |                                  | 1,031,454                          |
|      | <b>Total Management &amp; Admin</b>         | <b>1,124,187</b>                 | <b>1,060,611</b>                    | -                                   | <b>105,509</b>                 | -                                | <b>1,166,120</b>                   |
|      | <b>Total Expenditure</b>                    | <b>1,444,187</b>                 | <b>1,250,517</b>                    | <b>1,000</b>                        | <b>156,501</b>                 | <b>38,000</b>                    | <b>1,446,018</b>                   |
|      | <b>Balance</b>                              | <b>0</b>                         | <b>192,472</b>                      | <b>(1,000)</b>                      | <b>(152,673)</b>               | <b>(38,000)</b>                  | <b>799</b>                         |