



Management Board Meeting

Wednesday 10th June 2020, 1330- 1630hrs
Glasgow Centre for Population Health

AGENDA

1. Welcome and apologies

Part 1: Regular Board Business

2. Rolling actions and matters arising
3. General update

Paper GCPHMB/2020/397

Part 2: Performance, Review and Governance

4. End of year report 2019-20
5. Budget position: 1st April 2019 to 31st March 2020

Paper GCPHMB/2020/398

Paper GCPHMB/2020/399

Part 3: Strategic Development

6. COVID-19: GCPH's response
7. Changing trends in mortality across UK cities and countries/ Scaling COVID-19 against mortality
8. Supporting community recovery in response to COVID19
9. Leadership structure and arrangements for GCPH
10. AOCB

Paper GCPHMB/2020/400

Presentation: David Walsh

Presentation: Chris Harkins

Discussion: Board members

Date of next meeting

Wednesday 2nd September 2020, 1330- 1630hrs

Rolling Actions list (June 2020)

Board meeting date	Action	Responsibility	Update
2nd December 2019	Memorandum of Understanding. To be run through EMT in the first instance and brought to Board for approval. To consider including statement of community relationship and values	ALL	On March meeting agenda and officially adopted.
2nd December 2019	Interest in stalling life expectancy, drug deaths and links to austerity and interest in disaggregating national and local data to see how these are playing out in different communities	GCPH	Continuing developmental focus. Refer to work plan discussed on March agenda
2nd December 2019	Board development discussion to be incorporated in to work planning	GCPH	Work planning on March meeting agenda
March 2020 (by correspondence)	Request to update the risk register to reflect the current risk to delivery posed by COVID-19	GCPH	Risk register amended with new risk added (4) and mitigation actions. The Covid-19 situation is dynamic and review of work plan as identified to be discussed at June Board meeting.  GCPH_Risk and Opportunity Register



**Glasgow Centre for Population Health
Management Board
10 June 2020**

General update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last GCPH Management Board meeting on 25th March 2020.
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, staffing and partnerships

1. *GCPH Director.* On the 1st April 2020, Professor Carol Tannahill vacated her Directorial position at the Centre. Carol has held her Director post since the Centre's inception in 2004 and for the past six years held the role jointly alongside acting as Chief Social Policy Adviser in Scottish Government. Carol's vision, leadership and commitment to the Centre over sixteen years has seen the GCPH establish and maintain a position as a key and influential organisation within the public health landscape. Carol's input will be greatly missed, and we wish her well and every success in her new role, in which she will focus in the immediate term on the COVID-19 response.
2. Dr Pete Seaman, who has held an Associate Director role since July 2016 will fill directorial duties until such a time the current COVID-19 crisis allows the recruitment of a new director. Additional duties will include representing GCPH on various groups and forums such as the Public Health Oversight Board and Public Health Standing Committee alongside existing leadership and governance duties associated with the role. Pete's current acting role as Associate Director has been extended until September 2020 to cover this interim period.
3. *COVID-19.* Business continuity measures were adopted on the 17th March entailing a focus on core priorities in planning work and using alternatives to face-to-face meetings. The team are being supported to work from home through videoconferencing and other remote working tools and have developed work plans deliverable for the short-term. The reduction in non-core priorities will enable a focus on some key tasks during the initial phase of disruption to established routines. Communication with team, office, managers and external colleagues has been underlined as paramount to navigating the disruption.
4. *Reassignment of staff to support COVID-19 response.* Four members of the team are undergoing the process of reassignment to support test, trace, isolate, protect activity. These include Kelda Mclean (Programme Administrator), Joe Crossland (Communications Officer), Carol Frame (Events Coordinator) and Jill Muirie (Public

Health Programme Manager). More details on GCPH's pandemic response is included in a separate paper.

5. *Discussion with Liverpool Health Partners (LPH), 30th April.* LPH was established by the 9 NHS trusts in Merseyside and Cheshire, Universities and other civic partners to unify the clinical and academic strengths of Cheshire & Merseyside to improve population health outcomes and economic productivity. Colleagues from Policy Scotland, GCPH and PHS met with representatives of the partnership including Dr Dawn Lawson, (CEO, LPH) Prof Iain Buchan (Public Health and Informatics Research Leader, University of Liverpool), Prof Louise Kenny, (Executive Pro Vice Chancellor, University of Liverpool) and Matt Ashton, (Director of Public Health, Liverpool City Council). There was interest in GCPH as a model of cross-sector partnership to improve population health, our response to COVID-19 and our work relating to food and inclusive growth.
6. In January 2020 we hosted a delegation of senior Dutch health and care representatives who were visiting Scotland for a five-day study visit. The group have requested we host a similar visit in September. This will again involve a walking tour of the area led by Ian Manson of Clyde Gateway, a broad overview of GCPH and David Walsh's work on excess mortality and population health trends, and input from Michael Smith and Lorna Kelly on how integration (H&SC) has developed and what it is enabling in terms of change and transformation.

Developments

7. *GCPH support for partner and key stakeholder COVID-19 responses.* As well as the Centre's own emerging programme of work, the GCPH team are supporting the responses of our wider partners. This includes an information collation role to support NHSGGC's COVID-19 poverty response. In the current phase of the crisis, the response to this involves local child poverty leads, public health, voluntary sector and the GCPH. The group has identified key themes for escalation and development of responses including digital inclusion, transport, food (access issues including but going beyond financial), the most marginalised populations (homeless and those at risk of homelessness, sex workers, asylum seekers, people with no recourse to public funds, isolated people, traveller communities, people for whom English is not a first language, disabled population), clarity around £350 million Scottish Government emergency funding and structures and organisation to locate the NHSGGC poverty response.
8. Further related to structures and governance related to COVID-19, Pete and Jackie Erdman have been in contact with Neil Farnell, who leads Glasgow's Local Authority Recovery Group and links into the National Recovery Subgroup, to understand and locate appropriate contact and access points for escalating information from the NHSGGC group. This currently appears to be through the Local Authority Recovery policy work on 'care for people' and the Local Resilience Partnership. A number of themes relate to GCPH work including the national 'renewal' work and the national thematic recovery activity on 'urban issues', 'psychosocial' dimensions, 'support for people', 'communities' and 'volunteers'.
9. The team are making contributions to subgroups of Public Health Scotland's Social Mitigation Cell. These include contributions to subgroups investigating mental health impacts of COVID-19 measures (David Walsh), social security and the economy (Valerie McNeice), food insecurity (Jill Muirie) and sustainability and active travel (Bruce Whyte). Involvement so far has been responsive to requests for support. Moving forward it will be important we are able to demonstrate our support and contribution to key partner responses whilst highlighting the distinctiveness of our approach.

10. *Whole system partnership to reduce and respond to gambling related harms.* The GCPH team are strongly represented on this group led by Michelle Gillies through Public Health Scotland and funded by the Gambling Commission. Focus has orientated to understanding and addressing increased risk for vulnerable population groups in light of COVID-19 mitigation measures. Key objectives of the group are: to mobilise public health advocacy around online gambling during lockdown; develop resources to aid recognition of the risks and harms associated with online gambling during lockdown; raising awareness of gambling harms among people in front line services and; raising awareness among the public of pathways to help, support and treatment. GCPH contribution will be through membership of advisory board (PS), public health knowledge and intelligence working group (DW), monitoring and evaluation working group (CH) and communications and advocacy group (JC). The group will report to the Public Health Oversight Board.
11. *Race and racialisation work.* Plans to recruit a secondee to deliver our work exploring racial under representation in public health decision-making, data and workforce have been impacted by COVID-19 response in PHS. We are keen our ambitions in this area are aligned and mutually supportive of similar activity in PHS. We are exploring the possibility of a remote event and plan to begin preliminary conversations with key stakeholders around the shape and content of the event.
12. As [Children's Neighbourhoods Scotland](#) (CNS) is working with local people and organisations in the communities in which they live, it is well-placed to help capture early lessons from local responses to COVID-19. As such, the team are undertaking a new piece of research, in partnership with [Policy Scotland](#), to understand the impact of COVID-19 on families with children and how services and organisations are responding to it. Key to the research is an exploration of the supports and services that are working well, as well as the challenges that families are facing due to the pandemic. Regular briefings are being prepared for the Scottish Government and published so that the emerging findings can be used by local and national services and organisations to help inform the ongoing response to COVID-19.
13. *Food for Good. Application for Supporting Communities Fund. Funding to support a community response to COVID-19.* Glasgow Community Food Network (GCFN) are currently working in a coalition to setup emergency food and resources for frontline anchor community organisations running low in supplies as a result of the COVID-19 crisis. The proposed work is in two phases. Phase one will focus on emergency Food and Resources for Communities (three months) which will map needs and offers of community groups and manage logistics of emergency food aid. Phase two will focus on longer term coordination of a Citywide Strategic Task Force for community-based supply chain logistics, working with key sector partners at Glasgow City Council streamlining services and improving quality and efficiency for communities most in need. GCPH is also in discussion with University of Glasgow for a researcher to work with them to build some evaluation into the work, and ideally building up intelligence that we can use to develop a longer term evaluation/research project looking at how communities and statutory services work together to address food insecurity.
14. *Robert Wood Johnston Foundation Funding Bid: Global Ideas for U.S. Solutions: Cities Taking Action to Address Health, Equity, and Climate Change.* Led by the City of Pittsburgh, funding bid for \$564k has been submitted with GCPH as a named applicant to support community participation activity should work be funded. Entitled 'Learning from Glasgow: Achieving Healthy Home Equity Through Affordable Warmth in Place for Pittsburgh.' Innovations the City of Pittsburgh are interested in adopting include the

Place Standard, Asset-based Approaches, spatial planning and Health Impact Assessments using community perspectives. GCPH will hold the Glasgow budget for community participation and Glasgow City Council work at \$270 over three years.

Communications outputs and activities

15. This section summarises the Centre’s communication-related outputs and activities since the last Management Board meeting in March in line with the agreed approach to communications monitoring and reporting. Our response to COVID-19 from a communications perspective is outlined in the accompanying paper on how COVID-19 is impacting and bringing adaptations to our work. What follows is a summary of recent events and seminars and a description of recently published and forthcoming publications the Board should be aware of.

Events and seminars

16. These events detailed below took place before advice on social distancing and large gatherings had commenced. At the time of the events we sought advice from our colleagues within health protection who clarified our events could take place supported by information at venues. However, the situation then quickly changed in the weeks ahead which resulted in the cancellation of three events planned for April. This included the fourth seminar of the series by Angela O’Hagan of the WiSE Centre for Economic Justice at Glasgow Caledonian University on the gendered nature of the care economy, a joint workshop with NHSGGC colleagues on mental health, and the launch of the public consultation on the development of a food plan for the city. If possible, we will rearrange these events for later in the year – either as virtual events or otherwise – as circumstances allow. We are also reviewing how we can continue to plan ahead for other events later in the year and early next year.
17. In collaboration with colleagues from Economic Development at GCC, Katherine Trebeck delivered our third seminar of the series on 11th March entitled [‘Beyond surviving to thriving: understanding the ambition of the wellbeing economy agenda’](#). In this seminar, Katherine outlined the story of the growing wellbeing economy movement and explored what a shift to a wellbeing economy would entail. Headline messages related to a need for a bolder ambition than many social and environmental ideas being offered for a transformational economy that puts wellbeing first. The seminar was attended by 137 delegates, which was much reduced from the 280 people that had registered due to concerns regarding COVID-19. Katherine also led a smaller workshop for an invited group the next morning which focussed on taking action to advance Glasgow’s economic policy towards a more inclusive model to support better and more equal health in the city. This workshop – the third and final session in a series developed by the Programme Manager for Health and Inclusive Growth – was attended by 18 people from a range of backgrounds and interests pertinent to the inclusive growth agenda. The [podcast of the seminar](#) is published online.
18. On Friday 13th March, we hosted a film screening of *‘Sorry We Missed You’*, followed by a Q&A with the film’s scriptwriter, Paul Laverty. Directed by Ken Loach (*‘I, Daniel Blake’*), this 2019 film explores the contemporary world of work, the gig economy and financial insecurity through the perspective of one family. The event was attended by just over 200 delegates, many of whom hadn’t previously attended a GCPH event. Similar to Katherine Trebeck’s seminar, this number was much reduced from the 480 people who had originally registered. Feedback and suggestion cards for future events were circulated with 76 returned. The event drew 52 new sign-ups to the GCPH network.

Publications

19. [Supporting community recovery and resilience in response to the COVID-19 pandemic - a rapid review of available and related evidence](#). Chris Harkins has produced a rapid review of available evidence designed to be a timely support to understanding and shaping action in relation to community recovery and resilience in response to the COVID-19 pandemic. The document was produced and published in an accelerated manner given the need for information at this time. It focusses on three key areas: identifying communities and population sub-groups with additional vulnerability to COVID-19, including the unintended impacts resulting from disease containment policy; a focus on the mental health and psychological impacts of COVID-19 (and related coronaviruses) and how these can be mitigated as part of community recovery, and; exploring the broader potential characteristics of community recovery from the current pandemic and how future resilience crisis situations can be fostered in future. Chris will present on this paper at today's Board meeting. On request, Pete Seaman has also presented on this at the Public Health Oversight Board at which it received much interest.
20. [Testing approaches to increase cancer screening in the Clyde Gateway area](#) (Gregor Yates and Russell Jones). This report presents findings from a commissioned evaluation of Clyde Gateway's Enhanced Screening Opportunities project. This highlights the main lessons from the project and proposes how this learning could shape future approaches to cancer screening at a local or national level. The report describes the project purpose, barriers to screening attendance in the Clyde Gateway area, the approach taken to targeting attendees, how local people were involved, how partnerships were developed within the project and externally, challenges relating to the project's impact and how this is measured, and the long-term sustainability of the approach.

Forthcoming publications

21. *Exploring the cost of the pregnancy pathway*. This commissioned qualitative research by GCPH, NHS Health Scotland, NHS Greater Glasgow & Clyde and NHS Ayrshire & Arran, explores the financial impacts of pregnancy for expectant and new families on low-income families in the two respective NHS Board areas. It set out to establish what cost-related barriers existed in accessing ante-natal healthcare and explore what health services can do to support the financial wellbeing of expectant parents and their families. The findings will be used to inform the development of strategies to better support low-income families during pregnancy and into the early stage of family life. The report is awaiting final approval from NHS GGC colleagues.
22. As previously notified by email, a joint paper with colleagues from PHS and UoG has been submitted to the Journal of Epidemiology and Community Health entitled '*Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge?*' The headline message from the paper is that COVID-19 presents a big mortality challenge in that life expectancy could drop by between 0.33 and 5.96 years (based on the Ferguson/Imperial modelled range of completely mitigated and completely unmitigated). However, over a decade the impact of inequalities is around six unmitigated (i.e. worst case scenario) COVID-19 pandemics. It therefore provides a scale against which to measure the mortality risk from COVID-19 against other causes and concludes that efforts to 'build the economy back better' in the post-pandemic period are going to be even more important than the pandemic response – important as that is – for population health in the long-term.
23. *Policy recommendations for population health: progress and challenges*. This GCPH report reviews the extent the 26 policy recommendations from the excess mortality

synthesis have been implemented since publication of the report in 2016. The review presents a mixed picture. There have been several highly positive developments, not least in relation to Scottish Government policy around social housing provision, pre-school education, public sector pay, and more. In contrast, a number of areas were identified where either there has been very little progress (e.g. in relation to the 'poverty premium') or where changes have arguably not gone far enough (e.g. income tax rates and bands). A considerable number of initiatives will require time and/or evaluation to determine their impact. With excess mortality a particular form of health inequality, and with the majority of powers required to address such inequalities still reserved to the UK Government, the work questions the extent to which the Scottish Government (and indeed local authorities) can effectively address such issues. As the work pre-dates the Scottish and UK Government's responses to COVID-19, it does not include any of the emergency measures to protect businesses, jobs and incomes. This is highlighted in both the report but concludes that the pre-pandemic policies are extremely important and relevant to future policy discussion as the country seeks to emerge from the crisis, and as governments consider ways in which the economy can be rebuilt.

24. A paper entitled '*Effects of changes to Income Tax and devolved benefits in Scotland on health inequalities: a modelling study*' will shortly be submitted to The Lancet Public Health. Building on previous work undertaken as part of NHS Health Scotland's 'Triple I' project – 'Informing Interventions to reduce health Inequalities' – this analysis looked at the likely impact of changes to income tax rates and bands, and to the value of devolved social security benefits, on a range of outcomes including income and health (mortality) inequalities. As with the Triple I work, the analyses used (1) a 'microsimulation model' to estimate how these changes would affect the distribution of household income in Scotland, and then (2) used the Triple I 'scenario modelling tool' which estimates the effect of these changes on mortality inequalities (based on the well understood link between income inequalities and health inequalities). For income tax bands and rates, Scottish 2017/18 bands and rates were used as the baseline (this was the year before notable changes were made to income tax in Scotland) which were compared with current SG bands/rates, UK Government bands/rates, and with changes to income tax that were proposed by different political parties in Scotland at the last Scottish Parliamentary election. The effects of various increases in the values of devolved benefits (+10%, +25%, +50%, +75%, +100%) were also estimated. The 'headline' result is that estimated effects of changes to income tax (both those implemented by governments and those proposed by different political parties) are extremely modest. Current income tax legislation in Scotland is more progressive than in the rest of the UK, but only to a relatively small degree. Among other political parties' proposals, that of the Scottish Greens was the most progressive, but even then, would only result in less than 2% reductions in both income inequality and mortality inequality. Increasing the value of devolved social security benefits had greater effects – but only when increased considerably. The implication of these modest effects is that for governments to reduce inequalities by a truly meaningful degree, they would need to introduce not only much bolder, more progressive, income tax policies, but do so alongside a broad set of additional economic measures.

Journal articles

25. Robison O, Egan J. The health, wellbeing and future opportunities of young carers: a population approach. Accepted for publication by *Public Health*.

Media

26. GCPH provided a quote for an article in the Herald: "Coronavirus in Scotland: fears grow over COVID-19 debt crisis" (12 April 2020).

Digital

27. The [spring issue](#) of the GCPH e-update was circulated to our 3,000+ network subscribers at the end of May. This provided an update on how we are responding to COVID-19 and other developments since our last newsletter. This e-update was also circulated to GCC elected members.
28. We have produced several news items and short blogs as a way to keep people updated on our COVID-19 responsive work and other developments. Over the past month we have published the followed articles:
- [Our response to COVID-19 and thoughts for the future](#) (Pete Seaman)
 - [Food in uncertain times](#) (Riikka Gonzalez)
 - [Children's Neighbourhoods Scotland: exploring local responses to COVID-19](#) (Jennifer McLean)
 - [What is community resilience?](#) (Pete Seaman)
 - [Coping with the COVID-19 pandemic: the central role of home](#) (Lisa Garnham)
 - [Active travel during a pandemic](#) (Bruce Whyte – blog for UBDC and reposted on GCPH website)

Looking ahead

29. The COVID-19 crisis and the changes relating to leadership at GCPH have made for an unprecedented quarter-year at GCPH. The team have adapted remarkably well to the change in working conditions and need to work remotely although continuing support and flexibility from management is anticipated. An accompanying paper outlines GCPH COVID-19 response.
30. The Director vacancy and interim arrangement present an opportunity to take stock of the role of the GCPH Director in terms of internal and external leadership. Discussion and perspectives are invited on the shape of the GCPH management structure going forward, the recruitment process, key recruitment criteria and understanding of the GCPH Director role within a dynamic partner landscape.

GCPH
June 2020



**Glasgow Centre for Population Health
Management Board Meeting
10 June 2020**

End of year report 2019-20

Recommendations

Board members are asked to:

- Note progress over the year against the 2019-20 work plan.
- Advise on successes or challenges documented to assist continuous improvement in GCPH's delivery and reporting.
- Approve or indicate amendments ahead of the approving of this document as the record of progress for 2019-20.

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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. Our focus is Glasgow and the West of Scotland but our learning is also relevant to action at a national level in Scotland and further afield. We achieve this aim through the generation of quality evidence, advice and support for partners working to improve population health outcomes and reduce associated inequalities. This involves collaborating closely with our core partners (Scottish Government, NHSGGC, 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 not only supportive of their needs but that we promote the working necessary across organisational and disciplinary boundaries to shift population health outcomes.
2. Our yearly work plan (GCPHMB/2020/372) set out several programmes of work designed to deliver against our headline purpose. This purpose states we,

“Work across the boundaries of research, policy, implementation and community life, to generate insights and evidence, support new approaches, and inform and influence action to improve the city’s health and tackle inequality.”
3. We deliver this purpose not just by the outputs we produce, but through a distinct set of practices that have proven successful in generating impact and influence across the range of organisations, decision-makers and services whose action is required to produce improved and more equal population health outcomes. These distinct ways of working form the basis of our indicators of success which we report on here alongside updates of progress against all our planned work. This end of year review reports for the

period April 2019-March 2020 and follows the mid-year report presented to and approved by the Board in December 2019 (GCPHMB/2020/388).

4. Given the reporting period, the profound impacts of COVID-19 on our work plan going forward, are discussed in a separate paper (GCPHMB/2020/400)

Structure of the report

5. This year's report provides a review of how the Centre is delivering on its headline purpose to support partner policy and action to improve health and reduce inequality. We highlight areas where we can describe continuing influence through the delivery of our planned work. This is followed by detailed updates on our four programmes of work and communications function through tables of updates, programme-by-programme and project-by-project. These enable a more finely grained view of progress against the individual project milestones within each programme.

Staffing and Resources

6. Our work plan was delivered with a core budget from Scottish Government for the year of £1.27m which included an additional within year contribution to cover salary uplifts and increments. As requested by the Board in December 2018, a greater emphasis has been placed on income generation to support new work and to recoup value which has previously been understood as 'in-kind' contribution. For 2019-20, this stood at £188,000 with an accrual of £2000 providing a total budget of £1.46m. The end of year budget statement is provided as an accompanying paper (GCPHMB/2020/399).
7. GCPH operates with a staff team of 26 that represents a full-time equivalent (FTE) of 22.5, including three externally funded attachments. The GCPH structure for the year included 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 comprise an FTE of seven.
8. A number of developments within year impacted staff capacity. This included the retirement of a jointly funded Programme Manager/Public Health Consultant, a vacant Knowledge Exchange and Community Engagement Officer post for the first six months and a Community Engagement Manager on maternity leave from August 2019. Within year, we also saw the development of a joint post with Glasgow City Council's Economic Development team which saw the Centre commit a Programme Manager to this work.

Responding and supporting national local partner priorities in support of improving health and reducing health inequality

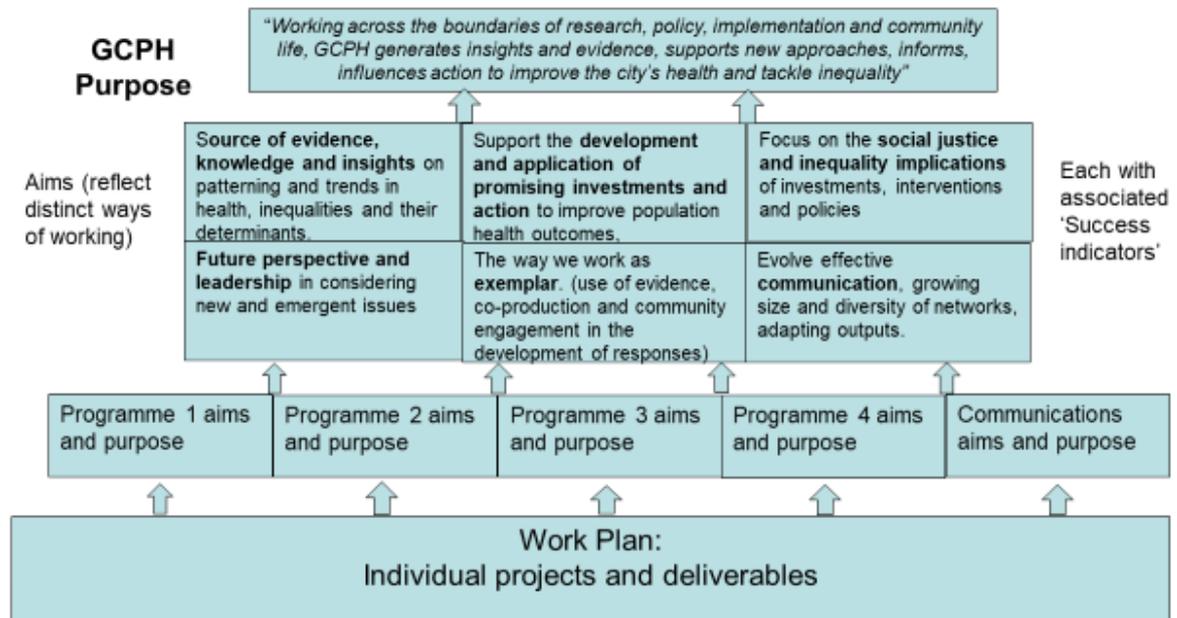
9. In our work plan for the year we positioned GCPH to be responsive and supportive of partner delivery against a range of national and local priorities and policies relevant to the improvement of population health and addressing the determinants of health inequality. These were:
 - The creation of Public 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.

- City wide commitments to tackling child poverty driven by the Child Poverty Delivery Plan, ambitious national targets to reduce child poverty and widespread recognition of the value in the investment in early years.
 - Support for Glasgow City Council's ambitions, and those endorsed by the January 2019 Health Summit, to reduce health inequalities, ensure that all citizens benefit from inclusive economic growth and are increasingly able to shape the decisions that affect them. Inclusive economic growth became a focus of national, regional and city economic strategies and is a key focus of the Community Action Plan 2018-20 to ensure wider participation in economic activity, fair work and that the benefits of a growing economy are distributed more fairly.
 - 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.
 - The roll-out of Universal Credit, providing evidence for associated service developments and the mitigation of impacts on health.
10. We also sought to develop our partner role within the University of Glasgow's Social Research Hub (SRH) at the Olympia Building. The SRH's objectives align strongly with our own in the areas of addressing inequality, the promotion of wellbeing and delivering inclusive growth.

Maintaining a focus on impact: headline progress against our purpose and aims

11. We align our support for partner priorities with an understanding of how our work has historically delivered impact. The following section and Diagram 1 articulate how we understand the impact we make. Improving health and reducing inequality is dependent on a diverse set of economic, social, policy and service-related drivers and activity. We conceptualise our role and scope of impact as informing and supporting the range of agencies in Glasgow and the West of Scotland who 'hold the keys' to population health improvement. Our headline purpose therefore is to:
- “Work across the boundaries of research, policy, implementation and community life, to generate insights and evidence, support new approaches, and inform and influence action to improve the city's health and tackle inequality.”*
12. Although the most visible outputs in supporting this headline ambition are the delivery of reports, events and briefings which are valued by partners and stakeholders in delivery, we are aware that evidence and outputs alone do not shift headline health trends. The *way we work* through delivering these outputs is just as important. We have identified *six characteristic ways* through which GCPH positions itself to influence action leading to improvement in population health. These ways of working translate into a set of aims with associated indicators of success that are described below. They also serve as an organising framework for the four programmes of work, with each programme considering the contribution individual projects make to these aims.

Diagram 1: Deliver impact: how our workplan contributes to our purpose



13. For 2019-20 our four programmes of work consisted of:

Programme 1: Action on inequality across the life-course. This programme builds 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 programme relates to the Centre's six 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, it produces and evaluates new approaches and interventions to mitigate poverty.

Programme 2: Understanding health, health inequalities and their determinants. This programme informs and influences local and national efforts to address health inequalities through expanding knowledge and understanding the fundamental causes of health inequalities. A key role is to identify and describe emergent trends in health outcomes, that can be used for priority setting and monitoring progress on population level outcomes.

Programme 3: Sustainable, inclusive places. This programme develops understanding to promote solutions in areas foundational to living a healthy and flourishing life (employment, education, public transport, physical activity, food and social connection). The team achieve this by providing evidence, evaluation and engagement with partners and communities support processes of change for Glasgow to become a more inclusive, resilient and sustainable city.

Programme 4: Innovative approaches to improving outcomes. 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. 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.

Progress against our six distinct ways of working ('Aims')

14. Our aims, presented in Diagram 1 above, enable us to articulate what 'success' would look like based on an understanding of the processes that bring about impact with our partners. Work within the team, Management Board and EMT to refine our understanding of impact led to a refreshed set of 'success indicators' which are reported against in the tables below. This is followed by a narrative overview of how our six aims have translated into impactful activity over the year.

1. Building on GCPH's reputation as valuable source of evidence, knowledge and insight on the patterning and trends in health, inequalities and their determinants.

15. This way of working ensures we provide timely and credible information and insight to support those making resource, policy and practice decisions in a manner most likely to improve population health. In building on our historical success in this area, it also maintains our reputation as an effective partner in more action orientated work.

Aim	Indicators of success	End of year update
Source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.	<ul style="list-style-type: none"> • Support for NHSGGC PH Strategy delivery. Evidence of GCPH outputs (e.g. Understanding Glasgow and associated CYP data) used to inform local action and priority setting. • Support for NHSGGC Public Health Strategy monitoring framework. Identification of indicators and inputs to monitoring reports. • Provision of population health data in accessible formats and evidence of their use by a wide range of citizens and professionals. • Influential contributions made to strategic groups and policy forums (e.g. Glasgow Community Planning Partnership; PH sub-committee of NHSGGC; Regional Economic Strategy; Glasgow's Active Travel Forum; Regional Transport Strategy Advisory Group). • Analyses in policy areas requiring new evidence (e.g. in relation to Adverse Childhood Experiences (ACEs) as a determinant of later life outcomes). • Indicators of academic credibility in our research practice, evidence generation and analysis such as peer review publications and research funding. • Maintenance and updating of analyses that expand understanding of trends in the fundamental causes of health and health inequalities, including comparative analyses. 	<ul style="list-style-type: none"> • Supporting NHSGGC's Public Health Strategy through supporting the identification of indicators and contributions to monitoring reports. A draft rationale, theory of change and associated monitoring framework was developed and presented to the Health Board's Public Health Committee. • Agreed representation on Health Public Intelligence group to monitor progress. • Contribution to regional policy, including the review of the regional economic strategy and new regional transport strategy. • Glasgow Food Policy Partnership, Glasgow's Commission for Economic Growth and Glasgow's Active Travel Forum. • Peer review articles or chapters produced by team over year including 'Editor's Choice' for Walsh <i>et al.</i>, Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. <i>Journal of Epidemiology and Community Health</i> 2019. • Trends in mortality across UK cities produced and presented to Directors of Public Health.

End of year update

16. Within year we provided evidence, knowledge and insight tailored to support partner delivery on their priorities. Work has supported partner priorities through:

17. Supporting NHSGGC's Public Health Strategy through supporting the identification of indicators and contributions to monitoring reports. A draft rationale, theory of change and associated monitoring framework was developed and presented to the Health Board's Public Health Committee. Our work is also aligned to a number of the priorities within *Turning the Tide towards Prevention* including:
- *Priority 1:* Develop a better understanding of the health experiences of our population that relates to the work of Programme 1 and 2 most centrally (particularly poverty mitigation work, monitoring trends in mortality and underlying determinants, Understanding Glasgow and Children's Report Cards).
 - *Priority 2:* Working with partners to tackle the fundamental causes of poor health, including poverty, housing and challenging personal circumstances; notably continuing poverty mitigation work dissemination, ACEs systematic review, Children's Neighbourhoods Scotland.
 - *Priority 3:* Promote health and wellbeing at all stages from early childhood to healthy ageing (see city-wide commitments to tackling child poverty below).
 - *Priority 4:* Create a culture of health and wellbeing in our communities to help people make healthy choices. Work against this priority has included our Place Standard work and dissemination, research to support development of active travel (Bikes for All evaluation), community engagement and empowerment activity and leadership in convening cross-sector support and contribution to draft city food plan.
18. City-wide commitments to tackling child poverty: This has included further production of Children's Report Cards on topics of poverty, income inequality, environment, demographics, and healthy diet and weight. A systematic literature review of the relationship between childhood socioeconomic position and adverse childhood experiences (ACEs) was published and findings shared and discussed in professional fora such as Scottish Faculty of Public Health Conference and an HSCP workforce development session. Reports have also been produced on the evaluation of the Stepping Stones for Families Wellbeing Service and on childcare provision in the Glasgow's East End summarising the use of childcare services in relation to demographic dimensions; cost at different ages and by type of provider and the impact of the cost on families.
19. A Healthier Future Forum in September 2019 on 'A Healthy Future for Children and Families' considered what works, where, when, and how, in supporting children and families. Presentations explored the impact of extended early learning and childcare provision and family support services on child/parent wellbeing to draw out evidence for action, promising practice, emerging ideas and potential next steps. Development and evaluation support have also been provided to the cross-sector group producing Local Child Poverty Action Reports with GCPH facilitating internal discussions and producing a report with recommendations for the next phase.

2. Support the development and application of promising investments and action to improve population health outcomes

20. This aim goes beyond the provision of evidence to supporting its interpretation for action and the co-production of responses. This is achieved through long-term engagement with partners around their priorities and related population health concerns. It often involves us taking a lead in convening networks of expertise and shared interest and the development and evaluation of promising investments.

Aim	Indicators of success	End of year update
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<p>Support the development and application of promising investments and action to improve population health outcomes.</p>	<ul style="list-style-type: none"> • 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). • Evidence disseminated/ knowledge exchange in relation to service delivery models and the scaling of approaches (e.g. Community Link Workers, affordable childcare). • 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). • Progress in translation into policy of recommendations stemming from excess mortality synthesis; identified opportunities for translation of future recommendations. 	<ul style="list-style-type: none"> • Continuing representation on strategic advisory group for translation of poverty mitigation work including the Child Poverty Action Co-ordinating Network, Glasgow's Child Poverty Sub-group. • Evaluations of Child Care in Glasgow East and Stepping Stones for Family Support Service published with Healthier Future Forum entitled 'A Healthy Future for Children and Families' held in September and presentation at the Faculty of Public Health annual conference. • Draft City Food Plan produced. • <i>Policy Recommendations for Population Health; Progress and Challenges</i> produced (pre-publication).
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End of year update

21. Supporting Inclusive Economic Growth: The placement of a GCPH programme manager within the Council's Economic Development team provided opportunity to coherently align population health and economic outcomes and find shared metrics of progress and activity to achieve them. Work in the last quarter has focused on the delivery of stakeholder workshops with broad cross-city representation to develop priorities for action. Focus areas for the next stage cover transport, early learning and childcare and public sector procurement. Progress was supported with a GCPH seminar delivered by Katherine Trebeck, Policy and Knowledge lead at the Wellbeing Economy Alliance, entitled 'Beyond surviving to thriving: understanding the ambition of the wellbeing economy agenda'.
 22. Further mainstreaming activity of poverty prevention in relation to child poverty and the GCPH role has now moved to advisory through National Evaluation of the Cost of the School Day advisory group. The focus on developing and evaluating new responses to experiences of poverty included the completion of the *Housing through Social Enterprise* study with an associated evaluation report and a policymaker and practitioner workshop convened by GCPH to shape recommendations.
 23. A key area of continuing support for the development of investments related to the Centre's role in convening, facilitating and shaping a whole system response to food poverty, food security, climate emergency and inclusive growth. Leadership for the Glasgow Food Policy Partnership is supported by the Centre with a Food Summit convened in May 2019. This established commitment from a range of city partners and stakeholders to develop and produce a whole city food strategy a draft of which was delivered in winter 2019. This work aligns with a policy priority driver which emerged within year in response to the report of Glasgow City Council's Climate Emergency Working Group. It also offers support for the delivery of Health Summit priorities.
- 3. Maintaining a focus on the social justice and inequality implications of investments, interventions and policies.**

24. This focus cuts across all our programmes of work in recognition that Glasgow's particular patterning of health inequality is underpinned by socioeconomic inequality. This includes the headline monitoring of income inequality alongside a consideration of how investments and policy decisions impact on inequalities in wealth, income and power as fundamental drivers of population health. Work indicative of this approach relates to Glasgow City Council's ambition to reduce economic inequalities and the city-wide roll-out of Universal Credit.

Aim	Indicators of success	End of year update
Maintain a focus on the social justice and inequality implications of investments, interventions and policies	<ul style="list-style-type: none"> • 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). • Targeted programmes to improve outcomes in places with high levels of poverty, applying place-based approaches (e.g. Children's Neighbourhoods Scotland (CNS)). 	<ul style="list-style-type: none"> • Proposed partnership to evaluate interventions to mitigate impact of Universal Credit developed with ethics approval. • CNS has progressed to additional sites and publication of early insights in response to COVID-19 control measures.

End of year update

25. A proposal for new work was developed to explore and evaluate the piloting of three interventions by Glasgow City Council to provide housing and welfare support within the context of Universal Credit roll-out. The first project is a city centre hub to be delivered by the Simon Community Scotland to allow people to access their welfare accounts digitally. The second is a GCC team working with private rented sector (PRS) tenants to prevent evictions and subsequent homelessness. The third pilot with four registered social landlords (RSLs) in north Glasgow seeks to reduce the amount of time new RSL tenants need to wait before their accommodation is furnished, reducing the rent arrears that accrue whilst tenants are charged rent in both their temporary and their new tenancies. GCPH gained ethical approval in February 2020 to commence the data collection prior to the COVID-19 epidemic.
26. Our collaborative project with the University of Glasgow, Children's Neighbourhoods Scotland represents a key contribution to the mitigation and prevention of poverty and supports a key funding commitment of the Child Poverty Delivery Plan. Alongside the original CNS site in Bridgeton and Dalmarnock, a new site became active in the first half of 2019-20 in Clydebank. An evaluation strategy has been published to support the on-going assessment of impact from the investment and the CNS approach. Agreement was reached on the four new sites – two in South Lanarkshire, and two in Glasgow City (Drumchapel and Castlemilk) and funding secured.
27. The evaluation of Bikes for All was completed within year providing evidence of a successful scheme to widen access to active travel and mobility to groups traditionally excluded from such activity, highlighting the increased uptake of active travel and physical activity by women, ethnic minority group and asylum seekers and refugees.

4. Maintaining a future perspective and leadership in considering new and emergent issues

28. Although we orientate our work plan to respond and maintain relevance to partner priorities, we also have an established reputation for bringing new issues and approaches to attention or bringing them from the margins of practice to mainstream

focus. This is a longstanding aim of GCPH in recognition that the underlying determinants of population health and inequality are dynamic in character. We attempt to have a future perspective within all the work we do but our seminar series is a key vehicle for bringing new perspectives to attention.

Aim	Indicators of success	End of year update
Maintain a future perspective and display leadership in considering new and emergent issues.	<ul style="list-style-type: none"> • 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. • Food security and sustainability: connecting GCC concerns about food inequality with innovative approaches within the Glasgow Food Policy Partnership • Developmental work planned with Scottish Refugee Council (SRC) and partners to establish new research into the costs of the UK Government's policy of 'forced destitution.' 	<ul style="list-style-type: none"> • In relation to food security, sustainability, poverty and economy GCPH has had a key role in promoting a whole system approach through initial Council interest in food poverty. Developed through seminars and action through Glasgow Community Food and Food Policy networks. • Work with Scottish Refugee Council has not progressed from partner side.

End of year update

29. This year has seen contributions on a wellbeing economy (Katharine Trebeck), the case for Universal Basic Services (Anna Coote), the privatisation of space and exclusion of groups from cities (Anna Minton) and tackling obesity equitably (Prof Corinna Hawkes). Such perspectives continue to influence the design and delivery of our work with influence and impact notable in our work in relation to the cross-city food plan, our work on inclusive growth and the continuing conversation around welfare provision.
30. A key seminar within year was Prof Laura Serrant's contribution exploring the issue of health inequalities through the lens of race and intersectional identities. A follow-on workshop explored the issue of race and racialisation in data, research prioritisation and public health workforce in Scotland. This led to commitments from GCPH and Public Health Scotland to develop a joint response.

5. The promotion and continuing development of the GCPH model of working as an exemplar, through our focus on use of evidence, insight, coproduction and community engagement in the development of responses.

31. By working alongside partners in the ways described we hope to model and raise the profile of ways of working and forms of engagement most likely to reduce inequality and empower communities. This often involves changing practice to develop the more collaborative, cross-sector responses required for addressing complex problems.

Aim	Indicators of success	End of year update
Promote and continue to develop GCPH as an exemplar, with a focus on use of evidence, insight, coproduction and community	<ul style="list-style-type: none"> • 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 operating model. 	<ul style="list-style-type: none"> • Glasgow City Food plan development and drafting.

engagement in the development of responses.		
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End of year update

32. The Centre's role in the city-wide Food Policy Partnership has six themes structuring the plan: Fair Food for All, Food Economy, Procurement, Community Food, Environment and Children and Young People. The food strategy addresses a number of population health challenges including equitable climate adaptation, fair access to food, resilience and meaningful work. Further, the adoption of cross-system working and developments in the understanding of its application has led to requests to inform discussion of how Directors of Public Health respond to national Public Health Priority 6 on healthy weight and physical activity. There is additionally growing interest from Scottish Government in translatable learning around how GCPH's organisation and characteristic way of working could be scaled to inform a regionally integrated Public Health.

6. Evolving effective communication, growing the size and diversity of our network and adapting outputs to support practitioners, policymakers and others.

33. Our research and collaboration are supported through our communications function which continues to consider the most effective ways of supporting wider impact and, where necessary, diversifying outputs to extend reach or target particular groups of interest.

Aim	Indicators of success	End of year update
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"> Increased diversity of networks; evidence of GCPH events supporting discussion, collaboration and the inclusion of new perspectives. GCPH outputs/insights/evidence provided to decision makers at the appropriate time, evidence of planning for this and assessment of use. 	<ul style="list-style-type: none"> Collaborative approach to events has ensured inclusion of new perspectives eg 'Racism as a fundamental cause of health inequality' event Reputation, trust and reach of GCPH and its work shows continual growth demonstrated through for example increase in proactive requests and increased online engagement and sharing of resources. Work has been widely shared and accessible in variety of formats. Increase in size and diversity of network evidenced by event, website, social media and network metrics.

End of year update

34. We have continued to grow the size and diversity of our network through the production and sharing of timely, relevant and accessible outputs and resources on a prolonged and ongoing basis. Key to this ongoing engagement and growth has been a focus on maintaining and nurturing our established and trusted relationships and alliances whilst forging new ones. It is these relationships and connections that help ensure and extend the reach, influence and impact of our work.
35. This growth over the past year is evident through various metrics including attracting 389 new subscribers to our network, sustained engagement with our newsletters and a 12% increase in our Twitter followers, standing at 5,510 as of the end March. Other key Twitter metrics are levels of engagement and impressions. For the year 2019-20 the

GCPH Twitter account was engaged with 5,894 times and our tweets had 672k impressions. These demonstrate engagement with and reach of our activity beyond just follower numbers.

36. We have also seen an increase in our website traffic with the GCPH website experiencing an increase of 35% on the previous year to 40,873 unique users; and the Understanding Glasgow website users increasing by 44% to 80,403 unique users. Of this, 13% were from returning users and 87% were from new users on the GCPH website, while on the Understanding Glasgow website 90% were new users and 10% were returning. This indicates that our websites are reaching a wider audience than before, as the Centre's online/social media presence continues to grow.
37. Similarly, our events have attracted an increase in registrations, with waiting lists in operation for most events and over 100 delegates attending more than half our events. Alongside the growth in the size of our networks, we continue to consider its diversity to ensure a broad range of perspectives are included and heard. Through curating a range of topics through our Seminar Series, not always traditionally associated with public health, alongside collaborating with other organisations in the planning and organisation of these events, we have seen a broader range of experience and perspectives present. Examples include the Prof Laura Serrant seminar 'Racism as a fundamental cause of health inequality' and associated workshop in April, the Corinna Hawkes seminar and food summit in May, and the Anna Minton housing seminar in January. We have also trialled diversifying the format of our events through our film screening of 'Sorry we missed you'. This received a high level of interest with almost 500 people registered, many of whom had never attended a GCPH event before including teachers, students and community groups.
38. Equally important alongside this growth and widening reach is maintaining the quality and credibility of our outputs and messaging and the overall trust in and valuing of our work. All our communication outputs irrespective of type or intended audience go through a rigorous editing and proofing process to ensure quality, consistency of messaging and tone and also to risk assess in terms of political or partner sensitivities and priorities. All reports and external communications are approved by the Communications Manager and Associate Director prior to publication and all partners are made aware of forthcoming publications or possible media coverage in advance. This is an important part of our risk and reputation management.
39. Awareness of and sensitivity to the local and wider context in evolving effective communication has also been crucial in ensuring our messaging is relevant, timely and connects with key community, local and national priorities. Ensuring our communications and messaging remains rigorous, objective and credible but is also accessible, engaging, memorable and shareworthy is important in ensuring our outputs support practitioners, policymakers and others to develop approaches that reduce or mitigate health inequalities. This has been a constant focus and priority for the communication team over the past year and has ensured the Centre's findings, messaging and recommendations have challenged but also supported others to respond, invest and act.
40. A full list of the 2019-20 events, publications and other outputs is detailed in Appendix 2.

Update on projects identified at mid-year as at risk of slippage

41. At mid-year, we reported on the small number of projects in the work plan that were not progressing at the pace expected at the beginning of 2019-20. We noted then the relatively small proportion of projects that were behind schedule (14 of the 104 projects

for which updates are provided) and that a significant number of these are either work 'in-development' where we plan for overstretch or the slippage is considered, after minor delay, recoverable before year end. Those projects not achieving a 'green' traffic light are discussed in the Table 1 below.

Table 1: Exceptions to progress reporting

Project description	Status at 6 mnths	Core/ In Dev't	Status at 12 mnths	Update
Programme 1				
Understanding, preventing and mitigating ACEs. Exploration of expert knowledge of evidence of pathways linking ACEs to social, economic and health-related factors.	R	Core	G	Partner-led project completed, and internal report written. Because of a variety of issues (interpretation, methodology and staff illness) no further reporting planned. Mitigated through successful delivery of other projects in ACEs strand of work including systematic review and contributions to joint priority setting through ACEs hub and local partnerships.
Evaluation of Sistema Scotland. The impacts of Big Noise participation on educational attainment and post-school destinations – Report (in development – summer 2020).	A	Core	G	GCPH continues to lead the Data Sharing Agreement between GCPH and Stirling Council which was finalised and agreed in September 2019. Educational dataset development work with Big Noise Raploch is complete and ready to be linked to Scottish Qualification Agency educational records, which become available in February 2020.
Universal Credit. Three strands to reflect the range of existing and expected impacts on people's lives. 1. 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.	A	Core	A	1. A draft briefing paper was produced however has not progressed to publication.
2. Working with colleagues at GCC to explore the effects of UC on homeless populations and potential for mitigating these effects – Background paper to be completed March 2019 and circulated to partners.	A	Core		2. Significant progress was made in producing an agreed research design to evaluate pilot activity with vulnerable groups and ethics approval granted. This work has been impacted by developments in relation to COVID-19 in the final weeks of the year.
3. Working with colleagues at NHSGGC and other to investigate employers' perspectives on how UC impacts on them and their employees.	R	In Dev't	R	3. This in-development work brought together Health Scotland, GCC and NHSGGC Employment & Health Team to explore the potential impact on employers of extending UC for those in employment. Plans by the DWP in this regard have not progressed as quickly as anticipated. It is felt there has been great value in convening interest around this potential development but unable to proceed until there is a change to assess. The scale of work if changes did come to fruition would also be beyond the capacity of GCPH at the current time. The group will continue to observe developments.

Public health impacts of gambling.	A	In Dev't	G	Broad GCPH representation on cross-city partnership to reduce and respond to gambling related harms. GCPH contribution will be through membership of advisory board (PS), public health knowledge and intelligence working group (DW), monitoring and evaluation working group (CH) and communications and advocacy group (JC). The group will report to the Public Health Oversight Board.
Programme 2				
National and international mortality analyses. Life expectancy trends by deprivation.	A	Core	G	This was subject to capacity and resources. However, the mortality, age, period and cohort work has produced detailed mortality analyses for the three cities (as part of a broader set of analyses). The work has been carried forward as a possible project into the 2020/21 workplan.
Collaborative research bid to NIHR to evaluate the health impacts of major changes to Glasgow's transport infrastructure (LEZ, Avenues and City Ways).	A	In Dev't	G	Second phase bid unsuccessful. Discussions continue with partners (Institute of Occupational Medicine and University of Glasgow). Work has found new emphasis in supporting analysis of infrastructure use during and post COVID-19 lock down phase.
Programme 3				
Community Engagement and Empowerment (CEE).	A	Core	G	Reduced capacity to deliver the CEE due to maternity leave and the joint knowledge and community engagement post vacant (filled November 2019) for first half of the year. Post filled and CEE resumed with support for UofG CEE training progressing. COVID-19 live collaborative community resource document established in early weeks of COVID-19 has been an important resource.
Weathering Change – new work in two new areas.	A	Core	G	Work reconsidered with a small grants scheme developed to support civic participation and voice in relation to climate change.
Promoting community-based participation. Exploring barriers to community participation among disabled populations.	A	Core	A	Delayed. Relating to the challenges associated with adequately representing a complex evidence base covering a diverse population in the form of a briefing paper. New scheduled completion date, April 2020. Final drafting and publication has been reprioritised due focus on GCPH COVID-19 recovery paper.
Researching the views of young children - learning from the Sistema Scotland evaluation.	A	Core	A	Delayed due to priority afforded to the forthcoming quantitative Big Noise analysis. Revised schedule, early 2020.
Programme 4				
Evaluation of the rollout of Community Link Workers programme in Glasgow City.	R	In Dev't	A	GCPH designed a workshop contribution to CLW Shared Learning Event scheduled for March 2020. This was designed to understand different perspectives of programme 'success' to shape continuing development. The event was cancelled due to COVID-19 measures. Job description completed and review of existing literature underway. Funding as anticipated from Primary Care Improvement Plan steering group has been reviewed and following latest decision the work remains unfunded. To mitigate, GCPH will allocate £20k in 2020-21.

Forward look

- Following a forward planning exercise involving the GCPH team, Board and partners a work plan was approved for 2020-21. Late during the production of the work plan, COVID-19 emerged as a new and unprecedented priority in the protection and promotion of the population's health. New elements of this work plan will therefore

emerge in the first quarter of the year. We will offer a distinct contribution to the COVID-19 response in line with the current understanding of where and how we offer value, likely to be in the areas of community resilience and effective responses and monitoring the inequalities dimensions of the pandemic at local and national levels. These will become particularly pertinent as we enter the recovery and renewal phases and connect with partner priorities at this time, including the NHSGGC remobilisation Strategy and city-led Community Recovery Task Force and Mental Health Community Recovery Strategy. These responses, and associated implications for existing work will be decided through our existing governance structures.

43. A key priority for the coming year is the replacement of the Centre's part-time Director, in response to which interim, transitional arrangements have been put in place until September 2020. This is in recognition of the current priority across partner organisations to respond to COVID-19 at this time. A separate paper outlining options for the Centre's leadership structure moving forward will be brought to the Board.

**GCPH
June 2020**

Appendix 1: Detailed reporting tables 2019-20

Programme name: Action on Inequality across the life course

Programme Lead: James Egan

Projects: Bruce Whyte, Jennifer McLean, Val McNeice, David Walsh, Chris Harkins, Lynn Naven, Katharine Timpson, Mairi Young

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
CHILD HEALTH AND WELLBEING	Children's Report Card	BW, FC, JM, SS (NHS GGC)	Core	<ul style="list-style-type: none"> Finalise Draft report cards by theme (June 2019) Publication and dissemination (summer/autumn 2019) Launch event (possibly in autumn 2019) 	<p>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.</p> <p>For each theme, a set of key headline and determinant indicators will be agreed and collected, key indicators and issues will be described and evidence for action will be highlighted. The format of presentation will include: concise briefings, slides with key indicator graphs and infographics.</p> <p>Project led by GCPH with support from NHSGGC, ISD, HS, Glasgow HSCP, Glasgow's Education dept.</p>	<p>Four report cards have been completed and published in March 2020:</p> <p>demographic trends and socio-economic context; poverty and income inequality; environment; 21st century issues.</p> <p>The 'healthy diet, weight and physical activity' is close to completion.</p> <p>Work on the mental health report card is likely to resume in the summer.</p> <p>Limited dissemination to date due to COVID-19 pandemic</p>
	Evaluate Stepping Stones for Families (SSfF) Family Wellbeing Service	FC, VM	Core	<ul style="list-style-type: none"> Finalise commissioned research report and distil findings into a briefing paper by April 2019 	<p>Assessing the impact of third sector-led early intervention on parenting and child outcomes amongst vulnerable families in Glasgow. Funding secured from SSfF (£9K)</p>	All elements complete.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
				<ul style="list-style-type: none"> Present findings to appropriate decision makers and strategic groups locally and nationally – from March 2019, on-going. Deliver launch/dissemination research seminar, assimilating SSfF work with previous related learning on child/family support – summer 2019 	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.	VM delivered presentation on the work at Scottish Faculty of Public Health conference, Nov '19.
	Evaluating the impact of Childcare and Nurture Glasgow East (CHANGE) on individual and community wellbeing	FC, VM, BW, MY	Core	<ul style="list-style-type: none"> Completion of year 3 evaluation: quantitative and qualitative research including commissioned fieldwork 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 	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.	All work on this project completed. A detailed report on childcare usage and related cots/issues written by MY.
	Understanding, preventing and responding to adverse childhood experiences	FC, DW	Core	Publication and dissemination of final systematic review April/May 2019	a) Systematic literature review of association between childhood SES and ACES.	a) Work completed and published in JECH journal paper.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
				<p>Completion of qualitative exploration of expert knowledge and views regarding pathways linking ACES to social, economic and health related factors by summer 2019</p> <p>Organisation of stakeholder events and national conferences throughout 2019</p>	<p>b) Exploration of expert knowledge of evidence of pathways linking ACES to social, economic and health related factors.</p> <p>c) Contribution to joint priority setting and action through national ACES advisory hub and through local partnerships.</p> <p>Clear links to current SG (and other partners') priorities, and involves collaborative work with NHSHS, NHSGGC, UoG and SG.</p>	b) This was led by UoG colleague, but has been discontinued due to staff sickness and methodological issues.
	Evaluation of Sistema Scotland	CH, CT, KM	Core	<p>'People change lives' report summarising the findings from the first phase of the evaluation (March 2019)</p> <p>Researching the views of young children: learning from the Sistema Scotland evaluation (briefing paper, May 2019)</p> <p>The impacts of Big Noise participation on educational attainment and post-school destinations – Report (in development – summer 2020)</p>	<p>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>Phase 2 of the evaluation commences in 2019 and involves entirely quantitative outcome analysis. This begins with analysis of educational attainment and post school destinations in Raploch.</p>	<p>'People change lives' report published March 2019.</p> <p>Phase 2 of the evaluation is delayed due to CH focus on COVID-19 and Stirling Council analyst has also been redeployed in light of COVID-19.</p>
CHILD POVERTY	Monitoring, advising and influencing the development of child	JE, LN, BW, FC, KT	Core	Ongoing to support and feed into Scottish Government	This work directly contributes to the Scottish Government's priority to reduce child poverty as outlined in the Tackling Child	KT continues to maintain and update child poverty and poverty sections of UG website.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	poverty delivery plans across NHSGGC, local authorities and HSCPs.			annual child poverty action plans. <ul style="list-style-type: none"> • Attending meetings (2 monthly) of the Child Poverty Action Co-ordinating Network + ad hoc development and planning sessions with all partners in NHSGGC • 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 • Continuing membership of Glasgow's Child Poverty Sub-group 	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	<ul style="list-style-type: none"> • Continued support range of CNS on monthly and quarterly basis – Planning Group, R&E group and Advisory Group • Continued overall project support and management • Appointment of new CNS Communications Officer and Administrations Officer – March 2019 	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	Significant programme progress over the last 12 months. Ongoing active GCPH involvement and contribution. Providing support across the programme and particularly in relation to programme governance, planning and reporting. Two CNS sites active – further development of work in original CNS site of Bridgeton and Dalmarnock and new site established in Clydebank, West

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
				<ul style="list-style-type: none"> Research seminar with a focus on how evidence can support change – April 2019 Identification, negotiation and establishment of two now CNS sites during 2019/20 – a further site within Glasgow City and a rural community Further development of CNS website and development of Communications Strategy 	<p>underway to identify and confirm two new sites to come on 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-coordinator will also be recruited for each new site. The specific contribution of GCPH is still to be confirmed.</p>	<p>Dunbartonshire. 4 further sites identified (2 Glasgow City, 2 South Lanarkshire) and work underway to establish local relationships/networks and understand the local context. Recruitment of 4 new Local Coordinators underway.</p> <p>Evaluation and Communications strategies developed and published on CNS website, alongside range of content and resources.</p> <p>First annual progress report in development, anticipated publication April 2020.</p> <p>First meeting of new national Advisory Group scheduled for April 2020. Bi-monthly Senior Leadership Team meeting and monthly Planning Group and Research and Evaluation group meetings. Quarterly progress reporting to SG and local funders.</p> <p>Host organisation for summer meeting of the UK Communities Network meeting.</p>
	Cost of the Pregnancy Pathway (CoPP)	VM, FC	Core	<ul style="list-style-type: none"> With colleagues at NHSGGC and NHSAA, plan, develop and commission primary research focused on the financial impact of 	<p>The Cost of the Pregnancy Pathway project aims to explore:</p> <ul style="list-style-type: none"> the financial impacts of pregnancy for expectant and new families living in the NHS Ayrshire and Arran (NHSAA) and NHS Greater Glasgow and Clyde 	<p>All elements complete – final report sign off imminent. Findings feeding into work at Public Health Scotland and Scottish Government, and the joint work with GCC on health and inclusive growth.</p>

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
				<p>pregnancy on low income families in urban and rural areas – spring 2019</p> <ul style="list-style-type: none"> • Manage and provide on-going support to commissioned researchers – on-going until December 2019 • Work closely with multi-agency project team to plan and deliver communication and dissemination of findings – from December 2019 	<p>(NHSGGC) areas, particularly those in receipt of a low income;</p> <ul style="list-style-type: none"> • 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. <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.</p>	
	Cost of the School day	LN, JE	Core	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.	Paper published in the <i>Journal of Poverty and Social Justice</i> – online and in Volume 27, Issue No. 3, October, 2019.
YOUNG PEOPLE	Youth transitions	LN, JE	In development	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	This project is being set up 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.	As a result of commissioning, a decision was made on the preferred research organisation to take this work forward. As this coincided with the COVID-19 lockdown, work has been put on hold until later in the year when access to young people may be more possible.

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	Children as young carers	JE, GI, OR	Core	<p>A background paper outlining the proposed aims and objectives and timescales will be published (Mar 2019) and an advisory group will be in place by June, 2019</p> <p>Working with former GCPH colleagues, Greig Inglis and Oonagh Robison, to produce a peer reviewed paper based on the GCPH report on young carers</p>	<p>A budget of £10,000 has been requested to support this work.</p> <p>Paper called the health, wellbeing and future opportunities of young carers: a population approach, was submitted and rejected by the <i>Journal of Public Health</i>. Resubmitted and accepted for publication by <i>Public Health</i>.</p>	Paper accepted and due to be published in the journal <i>Public Health</i> late summer 2020.
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	<p>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.</p> <p>This new funding comes from Primary Care Transformation monies.</p>	<p>Unsuccessful bid to Primary Care Implementation Leadership Group to roll out model.</p> <p>Dissemination activities completed to: Primary Care Programme Board & HI managers (Mar 2019); Community Link Worker national event (May 2019).</p> <p>Douglas O'Malley (Glasgow HSCP) presented findings at Faculty Public Health workshop (Nov 2019).</p> <p>GCPH blog to mark self-management Week & Challenge Poverty Week and podcast co-produced with Alliance (Oct 2019).</p>

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	Universal Credit	<ol style="list-style-type: none"> 1. JE & KT 2. JE 3. JE, LN & KT 	Core – In development	<p>Work will comprise three strands to reflect the range of existing and expected impacts on people’s lives. These include:</p> <ol style="list-style-type: none"> 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 2. Working with colleagues at GCC to explore the effects of UC on homeless populations and potential for mitigating these effects – Background paper to be completed Mar 2019 & circulated to partners 3. Working with colleagues at NHSGGC and other to investigate employers’ perspectives on how UC impacts on them and their employees 	<ol style="list-style-type: none"> 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. 2. Initial meetings have been held with HSCP (Health Inequalities) and Glasgow City Council (Financial Inclusion (FI) Team) to consider a short-term secondment from the Health Improvement secondment to work alongside GCPH and the GCC FI team on this work. 3. This work is still in the very early stages of development. NHS GGC Employment & 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>Following discussions with Glasgow city council colleagues supporting this UC work, planned primary research (see strand 2) was postponed due to COVID-19.</p> <ol style="list-style-type: none"> 1. This paper is still in the draft stages. Publication has been postponed– see above. 2. An evaluation plan was developed, and an advisory group was established. Ethics was obtained from the University of Glasgow to undertake primary research. Postponed due to CPVID-19. 3. This work has not been progressed as the focus was primarily on taking forward the second strand of work.

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	Public health impacts of gambling	CH, DW, JE	In development	Briefing paper summarising a literature review concerning the interaction of low income, debt and gambling (Oct to Dec 2019)	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.	Broad GCPH representation on cross-city partnership to reduce and respond to gambling related harms. GCPH contribution will be through membership of advisory board (PS), public health knowledge and intelligence working group (DW), monitoring and evaluation working group (CH) and communications and advocacy group (JC). The group will report to the Public Health Oversight Board.
	Future of social protection	JE, KT, PS	Ongoing	Finalising internal report Spring 2019		Internal report drafted and has been used to inform programme thinking on welfare. Decided not to proceed to publication.
	Frameworks Institute in-house training	LN, VM, CT	In development	Working with the Poverty Alliance to develop and deliver a workshop for GCPH staff and Poverty Alliance networks (n=30). Delivery of workshop – 21 st 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.	The Frameworks approach has been integrated into GCPH communications and Comms strategy.
NATIONAL AND LOCAL GROUPS	1. National Evaluation of the Cost of the School Day advisory group	LN	All ongoing	Sep. 2018 – Sep. 2019.	1. Led by NHS Health Scotland, the group oversee and direct commissioned research on CSD activities across Scotland.	Participation in national and local groups has been disrupted due to COVID-19.
	2. Welfare Advice & Health Partnerships (WAHP) Scottish Advisory Group	JE		Presentation at WHAP event (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.	

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	<p>3. Scottish Welfare Reform & Health Impact Delivery Group (HIDG)</p> <p>4. NHS GGC planning groups: Financial Inclusion; Employment & Health; Public Health & Housing*.</p> <p>5. Cost of the School Day (CoSD) advisory group - Glasgow city</p>	<p>JE</p> <p>JE & LG*</p> <p>JE</p>			<p>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.</p> <p>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.</p> <p>5. Focus remains on expanding CoSD to other schools across the schools estate and providing training and raising awareness using the established toolkit.</p>	

Programme name: Understanding health, health inequalities and their determinants

Programme Leads: David Walsh, Bruce Whyte

People: David Walsh, Katharine Timpson, Bruce Whyte, Fiona Crawford, Welcome Wami¹, Mairi Young

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
Understanding Glasgow: the Glasgow indicators project	Development, maintenance and updating of health and wellbeing indicators for Glasgow.	BW,KT,MY KMCL, SF	Core	<p>1. Updating UG is an on-going process through the year.</p> <ul style="list-style-type: none"> New debt section (Summer 2019) Updating of targets and strategies section (Summer 2019) <p>2. Should be completed by Oct 2019</p>	<p>Developing and updating the content of Understanding Glasgow (dependent on support from external partners and staff resources within Centre).</p> <p>Developing links to the Income and Earnings report. Adding selected graphs and text to relevant sections of UG. Making links to the report.</p>	<p>Updates to Understanding Glasgow have been made throughout the year. Targets and strategies have been updated by Kelda and income and earnings graphs added.</p> <p>Four children's report cards were added to the site and MYi has added new data on dental health in children, use of childcare and social media use.</p> <p>KT has been updating the child poverty indicators and food poverty pages.</p> <p>ISD analysts are working on a major update to various sections (e.g. economic participation, and various children's indicators) but this work has only just been completed.</p>
Excess mortality research programme	1. Policy recommendations from excess mortality report: assessment of	DW	1: Core; 2: In development/	1. Completed by end of 2019/20.	1. Following discussion with various policy leads, stakeholders, researchers etc., a paper will be written synthesising the original recommendations, perceived progress to date and, where possible, an	1. Detailed report (for publication on GCPH website) now written. In addition, a summary 'commentary' piece for a public health journal is

¹ Welcome's position is half-funded by GCPH until the end of 2019 only

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	<p>progress.</p> <p>2. (Possibly) updating 3-city mortality and deprivation analysis to complement and accompany the above.</p>		discussion	2. Possibly by end of 2019/20	<p>assessment of how much more would be required to achieve meaningful impact.</p> <p>2. An update to the original analyses (10 years since publication) would potentially be a helpful accompaniment to discussions regarding the above policy responses. This is subject to capacity/resources.</p>	<p>being considered.</p> <p>2. This was subject to capacity and resources. However, the mortality APCs work has produced detailed mortality analyses for the three cities (as part of a broader set of analyses). The work has been carried forward as a possible project into the 2020/21 workplan.</p>
National and international mortality analyses	<p>1. Life expectancy trends by deprivation.</p> <p>2. Age, period and cohort effects analyses.</p> <p>3. Analyses of poverty and mortality in USA (for comparison with mortality in Scotland).</p> <p>4. Additional analyses of recent mortality inequalities (TBC)</p>	BW (1 & 2), DW (2-4), WW (3)	1-3: Core 4: In development	<p>1. Analyses to be completed and written up by December 2019</p> <p>2. Analyses and write-up (journal paper) by end of year</p> <p>3. Analyses and write-up (journal paper) by end of year</p> <p>4. TBC</p>	<p>1. Updated trends in life expectancy by deprivation and neighbourhood within Glasgow.</p> <p>2. Age, period and cohort effects in mortality in UK cities (with NHSHS and UoG).</p> <p>3. Analyses being undertaken by WW; partners are NHSHS and MRC-SPHSU.</p> <p>4. To contribute (potentially) 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.</p>	<p>1. The timescale for this work was put back and now affected by COVID-19 pandemic. Work needs to be rescheduled for 2020 and proposed content reassessed in the context of the pandemic.</p> <p>2. First set of analyses (detailed trends linked to likely impact of austerity) completed, and journal paper written and submitted to BMJ Open (under review). Second set of analyses (on cohort effects for particular causes of death) are complete, and are to be written up as journal paper.</p> <p>3. Analyses completed. Summary of the work circulated around the research group.</p>

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						4. Involvement has mainly been in information-sharing/advisory capacity at regular meetings. This is ongoing.
Neighbourhood profiling and analyses	<ol style="list-style-type: none"> 1. In discussion with Glasgow HSCP over updated children and young people's profiles for Glasgow neighbourhoods. 2. Advice and links with other national profiling work involving the Improvement Service, Public Health Scotland and the OEPB (Outcomes, Evidence and Performance Board). 3. Write up children's profiling work for a journal paper. 	BW (1-3)	All core	<ol style="list-style-type: none"> 1. Dependent on the HSCP 2. Ongoing commitment 3. Aim to draft paper by Dec 2019 	<ol style="list-style-type: none"> 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. 2. Input will be as and when required. 3. An opportunity to describe process of creating the CYP profiles, their dissemination, examples of use and evaluation. 	<ol style="list-style-type: none"> 1. There have been no further discussions regarding updating the children and young people's profiles, although the profiles continue to be well-used. The children's report cards to some extent provide more up-to-date alternative intelligence but are not broken down below Council level. 2. No progress to report. 3. No progress to report.
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.	Still working with 'Tomi on a revised version of paper in response to reviewers comments (PlosOne).

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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. Linda de C has identified several key corporate PH objectives for this year but not finalised them. Indicators of progress will be needed towards these objectives.	Joined the NHS GGC public health intelligence group. However, no meetings have been held due to the COVID-19 pandemic.
Health inequalities and their determinants	<ol style="list-style-type: none"> 1. Longitudinal cohort analyses 2. Systematic review of socio-economic inequalities in mortality. 3. Understanding differences in the experience of poverty and deprivation between Scotland & England 4. Forced destitution of asylum seekers 5. Public understandings of health inequalities project. 	DW (1-11), KT (3), BW (8)	1-4: Core 5-11: In development/ under discussion	<ol style="list-style-type: none"> 1. Paper published by middle of year 2. Paper by end of year 3. Paper by mid-2019 4. Research proposal by mid-2019 (subject to identification of suitable data) 5. TBC 6. TBC 7. TBC 8. TBC 9. TBC 10. TBC 	<ol style="list-style-type: none"> 1. Publishing paper on WW's analyses of different aspects of social class on health inequalities (with MRC-SPHSU, ISD Scotland, and UCL). 2. Led by NHSHS and MRC-SPHSU. Contribution to various aspects of the project (including write-up). 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. 4. Assisting Scottish Refugee Council (SRC) and 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 	<ol style="list-style-type: none"> 1. Paper submitted (May 2021) to International Journal for Equity in Health. 2. This has been notably delayed (by NHSHS). Work has been paused, but will hopefully restart in 2020/21 (although that is dependent on others). 3. Notable progress (led by Katharine Timpson) in what has become a very complex project. 4. Initial research proposal was created and awaiting response from the chief partner (SRC). 5. No involvement this year: possible progress in 2020/21. 6. This was expanded to examining the effects of not just changes to income tax bands and rates, but

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	<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>11.(Possible) exploratory analysis of changes to public transport provision</p>			11. TBC	<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> <p>11.Possible student project to assess the impact of changes in public transport</p>	<p>also the effect of increasing the levels of devolved social security payments. All analyses have been completed (by NHSHS) and a first draft of a journal paper has now been written.</p> <p>7. This wasn't possible with the Triple I tool and so has been dropped.</p> <p>8. Everything was in place (proposal written and officially approved, advisory group assembled, ethics approval granted, new statistician recruited from UoG (to replace Welcome)) when access to the data (via the safe setting in Edinburgh) was denied because of the COVID-19 pandemic, and the new statistician left UoG. Hopefully project can commence properly in autumn 2020.</p> <p>9. No progress because of other commitments. Taken forward into 2020/21.</p> <p>10. Dropped – no further communication from Simon Community.</p>

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					routes in Glasgow on different populations.	11. This was completed as part of a MSc project at UoE.
National and local groups	<ol style="list-style-type: none"> 1. Annual PHINS seminar. 2. Input to ScotPHO collaboration in terms of steering group, news alerts, web pages and evaluation 3. Scottish Health Survey Advisory Group 4. GGC Health and Wellbeing Survey 5. GGC Secondary School Children's HWB survey 	DW (1 & 2) BW (1-5)	All core	PHINS seminar likely to be in September 2019	<ol style="list-style-type: none"> 1. Organising programme for seminar. 2. Includes ongoing maintenance of web site sections and contribution to steering group and 'ScotPHO leads' groups. 3. Ongoing contribution. 4. Ongoing contribution to advisory group. 5. Ongoing contribution. 	<ol style="list-style-type: none"> 1. Successful event held in September 2019. 2. Ongoing contribution throughout the year. 3. Continuing to attend meetings and currently helping to advise on new telephone interview survey protocol as a result of COVID-19. 4. No meetings have been held this year. 5. No meetings have been held for 6-9 months. The survey was in the schools earlier in 2020 but completion will have been impacted by COVID-19 pandemic.

Programme name: Sustainable Inclusive Places programme**Programme Leads** Jill Muirie, Russell Jones**People:** Bruce Whyte, Cat Tabbner, Gregor Yates, Jennie Coyle, Kelda McLean, Valerie McNeice, Lisa Garnham, Jessica Watson / NEW POSTHOLDER²

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
Sustainable transport and travel	Bikes for All evaluation	BW, GY	Core	Publish survey findings report (Spring 2019) Publish commissioned report (Summer 2019)	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. Commission qualitative research (with Cycling Scotland, CoMO UK, Bikes for Good) There is a bid being made to Transport Scotland for further funding and if successful we would extend our evaluation.	Report published in November 2019 alongside summary report and infographics. GCPH continued to be a funded evaluation partner for another year (ended in April 2020) and will publish 2 year report in June 2020. GCPH involved in funding bid with Bike for Good which would involve Bikes for All being a referral through social prescribing. If successful, this bid would include a significant level of funding for evaluation of the project.
Air Quality	Air quality and low emission zones	BW	Core	Evaluability Assessment - concludes in Spring 2019, but further work may arise. CAFS work (Feb 2019 – June 2019)	1. Involvement in evaluability assessment of Glasgow's Low Emission Zone. 2. Review of CAFS, health working group.	1. Completed and report published. 2. Completed and report published.
Sustainable transport and travel	Collaborative research bid to NIHR to evaluate the health impacts of major	BW, JM, CT	In development	Expression of interest submitted March 19 th 2019	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	The bid was unsuccessful so did not proceed. However, discussions are progressing about alternative projects that could emerge from the work done.

² Throughout this plan the initials JW refer to the UofG KE and CEE post holder.

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	changes to Glasgow's transport infrastructure			Decision on expressions of interest (June 2019) Second stage bid (by Oct 2019)	changes to Glasgow's transport infrastructure (including the Avenues programme, Glasgow's LEZ and its City Ways developments). If successful in second stage project likely to start in early 2020.	GCPH is part of an ESRC bid which has been submitted involving collaborators in (Lund, Twente, Stavanger and Glasgow) to do a similar analyses and evaluation work focused on the Avenues. UBDC are collaborators and we have been involved in further work with them and GCC to assess the impact of the COVID-19 related work and social restrictions in Glasgow since lockdown was brought in on 23 rd March. Work has involved expansion of use of CCTV to count pedestrians in Glasgow and analysis of cycle and pedestrian counters in city. A blog on the latter work is available on the UBDC website.
	Active commuting research	BW	Core	Results of HEAT analysis to be presented at Active Travel Conference (June 2019) Report on all work (summer 2019)	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).	We have prepared a draft paper which we intend to submit to Transport and Health.
	Monitoring active travel trends	BW	Core	On-going	To continue to monitor active travel trends including casualties, and a broad range of environmental trends (via Understanding Glasgow).	This work continues and a new avenue of work has emerged involving the analysis of pedestrian and cycle count data held by Cycling Scotland. LG involved in this also.

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	Evidence for bill proposing a national 20mph speed limit on restricted roads	BW, JM	Core	On-going	We have already given written evidence and appeared at the Rural Economy and Connectivity Committee in relation to the bill. We may be asked to give further evidence depending on how far the bill progresses.	The Safer Streets Bill was ultimately voted down in the Scottish Parliament. Nothing further to report.
	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.	A workshop focused on co-benefits of a shift to sustainable travel was held in October 2019. A report was published on the GCPH website site and an academic think piece based on the workshop is being prepared for submission to Cities and Health.
	Cycling Casualties	MY, BW	In year development	On-going	Analysis of cycling casualties in Scotland as a result of an approach from Cycling Scotland	Analysis and a literature review were undertaken in 2019. A report on this work was published in March 2020. An academic paper is being prepared for submission to Transport and Health.
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.	Funding bid unsuccessful.
	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.	Changed to delivery and evaluation of PS alongside GCC and Thenuue Housing Association. Delayed due to COVID-19.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	Housing through Social Enterprise study	LG	Core	Project completion 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.	See Programme 4.
	Tenant participation and activism in the Private Rented Sector: literature review	LG	Core	Project completion 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 precursor to a larger, longer-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>	See Programme 4.
	Communications and Community Engagement support for Urban Innovation Fund project in 2 areas of Glasgow	JM, CT	In 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).	Bid was unsuccessful - no further work.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
Sustainable Food	Developing a sustainable food system in Glasgow	JM, RG	Core	1. Ongoing. 2. Event in May 2019.	1. Supporting, coordinating and enabling city wide support for the Glasgow Food Policy Partnership (GFPP), in particular the development of: <ul style="list-style-type: none"> - enabling improved diets and reduced food insecurity and inequality particularly in low income areas - action to reduce food waste through the GFPP Food waste subgroup; - supporting the development of the food growing strategy for Glasgow; - more sustainable food procurement Provide support and resource for a Sustainable Food Cities coordinator post in collaboration with GCC and Soil Association to coordinate the Glasgow Food Policy Partnership. 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.	A citywide food summit took place in May 2019 – it was a successful event with over 100 stakeholders from a wide range of organisations participating. Agreement followed by all GFPP partners to work together to develop Glasgow City Food Plan. A development day took place in December 2019 to start deliberations with a wide range of stakeholders about the plan. 6 working groups produced draft chapters for the draft food plan by end March 2019 as planned. The public consultation, due to start in April was postponed due to COVID-19.
Community Engagement and Empowerment	Develop CEE resources using transferable learning stemming from the Centre's historical and current community engagement work	JW, CT	Core	To be tested over the year.	Continue refining CEE planning tool for use by internal colleagues and support their use, i.e. CEE planning tool. Includes development of decision-making criteria for use of CEE tabletop game and facilitation support to support best use of	Limited work on this project due to staff absences and new staff appointment. Decision has been taken to use the toolkit to inform future work to build capacity and capability in community engagement.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
					<p>requests to align with key priorities and work plan commitments.</p> <p>Comms links:</p> <ul style="list-style-type: none"> • Set of engagement methodology snapshots that can be used to plan comms events. • Develop a new GCPH postcard to explain the organisation to communities. • Support comms stakeholder mapping by inputting to community mapping. • Advise on website accessibility. 	<p>A snapshot template was provided to the Communications team based on the race quality event. On return from maternity leave, the aim is to expand the set of snapshots to better align the work of the two teams and to increase joint working.</p>
	<p>Support and develop CEE within place-based projects and the wider GCPH work programmes as a cross cutting approach.</p>	<p>CT, JW</p>	<p>Core (1 and 2)</p> <p>In development (3, 4 and 5)</p>	<p>1. In development throughout 2019</p> <p>2. Submission March 2019 for funding result ~October 2019</p> <p>3: April/May</p> <p>4: May/June</p> <p>5. End May</p>	<p>1. Lead the development of a 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 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>	<p>1. Postponed due to staff absence (mat leave).</p> <p>2. Avenues project not funded.</p> <p>3. Work on YPs transitions delayed but likely to progress in 20/21.</p> <p>4. Did not proceed due to staff absence.</p> <p>5. See programme 4 update.</p>

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	Support and develop CEE amongst partners in delivery.	CT, JW	In development		<ol style="list-style-type: none"> 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. 2. Reactive and developmental work including events like Fire Starter and taking tabletop object to any relevant events or conferences. 	<ol style="list-style-type: none"> 1. Following on from the EUROCITIES workshop, GCPH attendance at one Peoples Assembly project meeting chaired by Bridget McConnell was brokered by GCC Community Empowerment Services. GCPH provided evidence-based recommendations for including local action research sites in the UK-wide Peoples' Assembly project. 2. Reactive work has included: As a result of learning about good procurement practice at a Fire Starter event, GCPH developed a procurement statement and flowchart to improve its communication with its suppliers, especially small community groups.
	Develop dialogue and a potential collaborative to evaluate aspects of the Community Empowerment Act in terms of impacts on inequalities.	CT, JW, JM	In development	A stakeholder meeting to agree a forward plan. Possibly leading to a collaborative approach to evaluation.	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 constructive responses were received. The next step is to work with these stakeholders to agree a forward plan.	A multisectoral meeting took place in November 2020. It was agreed to consider any further work after the GCU evaluation of the CEE Act Parts3 and 5 reports in 2020.
	Support and develop CEE and knowledge exchange between partners in the Social Research Hub.	JW	Core	1. Sharing learning and good practice between researchers and CEE practitioners across UofG and GCPH.	<ol style="list-style-type: none"> 1. Open Community Engagement forum. 2. Range of CEE events and resource development. 	

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
				2 and 3. Supporting and enabling CEE as part of GCPH and UofG work 4. In development	3. Network building and strengthening support to researchers to build their CEE skills and practice. 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	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.	Ongoing. CH and KM have collaborated with GDA on an evidence review on barriers to participation amongst disabled populations. GCPH brokered project between GDA and NHS Health Scotland that resulted in GDA holding a workshop and speaking at a WHO Healthy Cities Network conference in May 2019. Their work also influenced how NHS Health Scotland planned to review the Place Standard and take into account disabled peoples' insights into placemaking.
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.	Complete. BW continues to be a member of Economic Intelligence support Group (EISG).
Climate change resilience	Weathering Change		Core	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.	Has switched focus to a small grants programme for community organisations working with children and young people.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	Collaboration with new organisations on climate change and climate justice work/projects.	GY, VM, RJ, JM, BW	In development	Ongoing.	<p>This is a developing area and includes:</p> <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>	<p>Delayed due to COVID-19.</p> <p>GCPH website updated and new programmes of work on climate change proposed for next working year (to be reviewed in light of COVID-19).</p>
Supporting processes of change	<ul style="list-style-type: none"> • Consultation responses • Ad hoc presentations • Advice and information • Community Plan/Planning • Reducing inequalities • Monitoring trends e.g. updating 	All	Core	Ongoing	Ongoing engagement with a variety of partners to embed considerations of health and wellbeing.	Ongoing.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	Understanding Glasgow <ul style="list-style-type: none"> Balancing research and practice 					
Education, learning and experience	<ul style="list-style-type: none"> Provision of Placements, work experience, volunteering Lectures/ presentations at educational institutions Support for pupils and students 				Adult work experience	An Adult Work Placement was provided for an individual with visual impairment. This offered the participant experience in public health practice and research, while for GCPH it was useful for reflecting on our how well prepared we are as an organisation to meet different personal needs. The participant kept a reflective diary and wrote a blog on her experience. She has subsequently secured full-term employment in a related role.
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. Details above	Ongoing
	Review of Glasgow's Regional Economic Strategy	BW		Short life groups (4months)	Details above	Complete
	Review of Cleaner Air For Scotland Strategy health working group	BW		Short life group (4 months)	Details above	Ongoing
	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).	Ongoing – meetings have not taken place since summer 2019 due to delays with the plans for consultation.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	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.	Ongoing - JM has contributed to this group over the year at each of the meetings, bringing 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.	Ongoing, review delayed due to staff illness at PH Scotland but will be picked up again
	Clyde Gateway Population Health Working Group	RJ		Ongoing	Support the work of this group using GCPH evidence and make links with relevant work across the city.	Ongoing – completed work alongside GY evaluating cancer screening programme.
	Sport and Active Glasgow Group	GY		Ongoing	Support the work of this group using GCPH evidence and make links with relevant work across the city.	Ongoing – group made aware of Bikes for All and big-event volunteering research. Group focus shifting from reporting group (e.g. Glasgow Life activities) to agenda setting group with focus on population health.
	GCV Green Network Partnership (Steering Group and Board)	RJ		Ongoing	Shape the work of and provide support for the GCV Green Network.	Ongoing
	Working group on spatial planning's contribution to Public Health Reform	RJ		Ongoing	Explore policy changes needed to deliver PH priorities in spatial planning and how best to achieve that change.	Ongoing, although focus is now on COVID-19.

Programme name: Innovative approaches for improving outcomes

Programme Leads: Jennifer McLean, Pete Seaman

Projects: Valerie McNeice, Lisa Garnham, Chris Harkins, Russell Jones, Gregor Yates, Bruce Whyte, Jill Muirie

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
Participatory budgeting	<p>Childcare partnership project and support for the Aspiring Communities Fund project</p> <p>Participatory Budgeting/community engagement project (CH/CT) in Gorbals</p>	<p>VM/CH/CT</p> <p>CH/CT</p>	Core	<p>Childcare partnership evaluation plan developed and agreed in partnership (March 2019). Support with data gathering, analysis and reporting leading to report of childcare partnership project to be submitted to funder (July 2019)</p> <p>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</p>	<p>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.</p> <p>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.</p>	Both projects are now complete and were published in 2019.
Volunteering and participation	Mixed methods study on 2018 European Championships	RJ/GY	Core	Complete analysis of applicant data and online questionnaire early spring 2019. Draft report	Continue with design, data collection, analysis and dissemination of mixed-methods study. Carry forward £3700 (for qualitative study).	European Championships report published in August 2019. Disseminated

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	<p>Volunteering programme.</p> <p>Support research on volunteering and links to social determinants of health.</p> <p>Supporting ongoing city-wide commitments to volunteering.</p>	<p>RJ/GY</p> <p>GY/RJ</p>		<p>spring 2019. Publish and disseminate report early summer 2019.</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>Advisory group on analysis conducted by Volunteering Scotland using NHSGCC HWB study.</p> <p>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>	<p>to partners on advisory group/ involved in delivery of the Games.</p> <p>Supported write up of NHSGCC Health and Wellbeing Survey. GCPH a named organisation on report. Draft report available but full publication delayed due to staff illness and COVID-19 outbreak.</p> <p>Ongoing as required. Focus shifting on to COVID-19 related responses and how the nature of volunteering is changing (e.g. less formal and online forms).</p>
Promoting community-based participation	Exploring barriers to community participation among disabled populations	CH	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 community-based events, services and opportunities. In turn, the paper presents a range of considerations for community</p>	<p>Report is at advanced stage however has been delayed due focus on GCPH COVID-19 review paper.</p> <p>Completed paper anticipated for August 2020.</p>

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
					organisations and locally delivered services in order to enhance access among disabled populations.	
Asset-based approaches	Community focused approaches that mobilise people as assets	JM/PS	In development	Conversations and possible project development following the release of NIHR funding	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.	Partnership project successfully funded (subject to final financial checks). GCPH will lead the Patient and Public Involvement strand of the project. A 'Lived Experience' panel will be set up bring together community members from across the UK to shape the research approach and ensure that ongoing community expertise and perspective is brought to the research, its emerging themes, and the interpretation of findings.
	Partnership working and sharing learning	JM/VM	Core	Dissemination of learning	<p>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.</p> <p>Invitation to write a thought piece as part of the 10 year review of 'A glass half full' by Foot and Hopkins.</p>	<p>Ongoing as required.</p> <p>Member of CRUK study Advisory Group being led by the University of York. Attendance at group meetings and provision of advice in relation to asset-based working and literature. Ongoing project support being provided to CSO funded post-doctoral GP at UoG in relation to asset-based methodology, community contacts and community-led engagement activities.</p> <p>Submitted. Publication by the Local Government Association was scheduled for March 2020 but has been</p>

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	Embedding asset-based approaches and perspectives in community-based setting: Children's Neighbourhoods Scotland	JM/CT	Core	See Programme 1 plan for specific programme milestones	<p>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.</p> <p>During 2019/20 the programme will maintain and further develop the work in Bridgeton and Dalrnarnock alongside bringing two new sites on stream, a community within Glasgow City and a rural community.</p>	<p>rescheduled to take place in September 2020.</p> <p>See Programme 1 workplan for full end of year report.</p> <p>Ongoing development and delivery of programme. All six CNS sites now identified – 3 Glasgow City, 1 West Dunbartonshire, 2 South Lanarkshire. Recruitment of 4 new Local Coordinators underway.</p> <p>Annual report for 2019/20 in preparation.</p>
Developing a perspective on evidence	Knowledge matrix	VM/PS	1-3 core 4 in development	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		Revised approach in development. GCPH input now being led by LG.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
	<p>Researching the views of young children – learning from the Sistema Scotland evaluation</p> <p>Public Health Evidence Network</p> <p>Synthesis of qualitative evidence</p>	<p>CH/KM</p> <p>VM/PS</p> <p>VM</p>		<p>Revised version of knowledge matrix to be developed and published (December 2019)</p> <p>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</p> <p>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 with PHEN partners (March 2019). GCPH leading, with NHSHS, on knowledge matrix work to be progressed through PHEN partnership (on-going)</p> <p>Sharing learning on synthesis of qualitative evidence within GCPH team via a workshop (March 2019). Explore potential to use methods to</p>	<p>Briefing paper in early draft at present, anticipated publication in summer 2019.</p> <p>The Public Health Evidence network is a collaboration with membership from NHSHS, HIS, SCHR, MRC SPHSU and GCPH</p>	<p>Delayed due to GCPH COVID-19 response. Rescheduled publication timeframe of autumn 2020.</p> <p>On-going. VM on placement at GCC – PS and Lisa Garnham engaging with PHEN in VM’s absence.</p> <p>Delayed. VM on placement with GCC. Opportunities for GCPH involvement with qualitative synthesis work via the PHEN.</p>

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
				support GCPH work plan (ongoing)		
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.	Facilitation of the Game planned for the GCPH mental health event and at an event at the Glasgow Science Centre.
Private rented sector	Housing through Social Enterprise study Tenant participation and activism in the Private Rented Sector: literature review	LG LG	Core	Project completion Dissemination of learning Project completion 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. 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. Further, this project is being carried as a precursor to a larger, longer-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.	This year we have published a set of recommendations for policy and practice and been invited to speak about these at a conference of housing professionals. We have also presented findings from this project at 2 academic conferences and published 3 academic papers. This project was completed in November 2019 and the report published by CaCHE in December 2019, including being promoted to their extensive network. The GCPH produced an animation in January 2020. This project began in early 2020 with a literature review, which is ongoing.
Evaluative approaches to	Evaluation of the rollout of CLW	PS/JMur/JE/JM/MY	In development	Meeting with CLW Steering Group March 2019. Following agreement on ways forward,	Early priority is to agree parameters of the work and where it fits within existing monitoring and evaluation work.	Developed a contribution to CLW shared learning event at Hampden. Though event was cancelled after introduction

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
learning from what works	<p>programme in Glasgow City</p> <p>Evaluation of the role and impact of the Glasgow City Child Poverty Local Co-ordinator post</p> <p>Evaluation of the Clyde Gateway pop-up cancer screening initiative</p>	<p>PS/LG/KT</p> <p>RJ/GY</p>		<p>pre- data collection work such as evaluability assessment and understanding model of impact to be developed</p> <p>Meet with John Dickie/GCP Coordinator steering group in March 2019</p> <p>To be developed</p>	<p>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.</p>	<p>of social distancing. Pete remains on CLW steering group and links with mental health work offer opportunity for alignment in 2020-19</p> <p>This project was carried out and completed in summer/autumn and concluded with an internal report to the Coordinator steering group. These findings are currently being used to inform the recruitment of a new GCP Coordinator.</p> <p>GCPH commissioned by Clyde Gateway to evaluate effectiveness of enhanced screening opportunities project. Report has been completed and signed off by Clyde Gateway and is being proofed internally for publication.</p>
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.	Val McNeice on secondment in the role of Programme Manager, Health and Inclusive Growth in a joint role between the GCPH and Economic Development at Glasgow City Council. First phase of work complete. Second phase funded for two years until end March 2022.
Partnership working, sharing learning and supporting practice across	Sharing learning and dissemination of findings	ALL	Core	Ongoing, as required/ opportunities identified	Continue active dissemination of research findings and learning from areas of focus and projects across Programme, taking up opportunities for sharing learning where	Ongoing.

Area of focus	Projects	Team members and lead	Core or In development	Project delivery milestones for 2019-20	Description/Comments (include resource considerations)	Update (April 2020)
programmes of work	Partnership working and support Expertise on advisory/steering groups				possible, with external audiences and partners and also across GCPH. To continue to increase the impact of GCPH work on approaches for improved outcomes by establishing joint working and building chains of alliances. Provide support and advice to organisations (statutory and third sector) that are exploring and developing new innovative approaches to practice.	
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		Six seminars delivered over the year with contributions on race and public health (Serrant), whole -systems approaches to food (Hawkes), Place making and the city (Marini; Minton), Universal Basic Services (Coote) and economics for health and wellbeing (Trebeck). Morning-after workshops held in support of wider cross-sector activity following Serrant and Trebeck contributions.

Appendix 2: Summary of 2019-20 GCPH outputs and activities

GCPH events and seminars

Title	Date	Delegates
GCPH Seminar Series 15: Lecture 4 - Prof Laura Serrant OBE: "From silence to speaking: on silences, health and the importance of being heard"	April 2019	70
Exploring race as a fundamental cause of health inequality	April 2019	45
GCPH Seminar Series 15: Lecture 5 - Prof Corinna Hawkes: "What do we need to do differently to tackle obesity equitably? New thinking for next steps"	May 2019	85
Glasgow Food Summit: Towards a good food plan for Glasgow	May 2019	152
GCPH Seminar Series 15: Lecture 6 - Riccardo Marini: "Man, the walking animal - architecture, place-making and wellbeing"	June 2019	100
Glasgow's Healthier Future Forum 24: "A Healthy Future for Children and Families"	Sept 2019	123
Transport and Health workshop: Articulating the co-benefits to key stakeholders	Oct 2019	43
GCPH Seminar Series 16: Lecture 1 – Anna Minton: "Big Capital – who is the city for?"	Dec 2019	55
GCPH Seminar Series 16: Lecture 2 – Anna Coote: "The case for Universal Basic Services"	Feb 2020	112
GCPH Seminar Series 16: Lecture 3 – Dr Katherine Trebeck: "Beyond surviving to thriving – understanding the ambition of the wellbeing economy agenda"	Mar 2020	137
"Sorry We Missed You" film screening	Mar 2020	195

Publications

Title	Date
Stepping Stones for Families' Family Wellbeing Service: evaluation	June 2019
Supporting vulnerable people on Glasgow streets: views of service providers	June 2019
European Championships Glasgow 2018: survey of volunteer applicants	Aug 2019
A summary of childcare in the east end of Glasgow	Sept 2019

An evaluation of Glasgow City participatory budgeting pilot wards 2018/19	Oct 2019
Bikes for All: widening access to cycling through social inclusion	Nov 2019
Aspiring Communities Fund: evaluation of participatory budgeting in Gorbals	Nov 2019
The relationship between childhood socioeconomic position and ACEs	February 2020
Cycling in Scotland: review of cycling casualties	February 2020

Consultation responses

Title	Date
Good Food Nation Bill 2019 (Scottish Government)	April 2019
Scotland's Climate Change Adaptation Programme (Scottish Government)	May 2019
Scotland's future infrastructure priorities (Infrastructure Commission for Scotland)	May 2019
Climate Change 2019 Survey (Glasgow City Council)	May 2019
Public Health Scotland (Scottish Government)	July 2019
National Transport Strategy (Scottish Government)	Nov 2019

Journal articles and book chapters

Rolfe S, Garnham L, Anderson I, Seaman P, Godwin J, Donaldson C. Hybridity in the housing sector: examining impacts on social and private rented sector tenants in Scotland. <i>Housing Studies</i> 2019. DOI: 10.1080/02673037.2019.1648770 .
Naven L, Egan J, Sosu EM, Spencer S. The influence of poverty on children's school experiences: pupils' perspectives. <i>Journal of Poverty and Social Justice</i> 2019;27(3):313-331.
Walsh D, McCartney G, Smith M, Armour G. Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. <i>Journal of Epidemiology & Community Health</i> 2019;73:1087-1093.
Waite D, Whyte B, Muirie J. From an agreeable policy label to a practical policy framework: Inclusive growth in city-regions . <i>European Planning Studies</i> 2019.
Garnham L, Rolfe S. A Longitudinal, Mixed-Methods Approach to Exploring the Impacts of Housing on Health and Wellbeing. <i>SAGE Research Methods</i> ; 2019.

O'Neill M, Seaman P, Dornan D. Thinking through health and museums in Glasgow. In: O'Neill M, Hooper G (eds). *Connecting Museums*. 1st ed. London: Routledge; 2019.

Blogs

Title	Date
Lowering speed can reduce harm and boost active travel	April 2019
The climate emergency is a public health emergency	October 2019
Tackling poverty and supporting people's health	October 2019
Small steps to tackling climate change	October 2019
People and places – reflecting on climate change	October 2019
Framing the conversation – talking about poverty and inequalities	October 2019
A proposal for Universal Basic Services: It's not just about foodbanks	February 2020

Infographics

Title	Date
Stepping Stones for Families' Family Wellbeing Service: evaluation	June 2019
Sustainable healthy food plate infographic	August 2019
CHANGE: A summary of childcare in the east end of Glasgow	September 2019
Bikes for All cycling inclusion project	November 2019
Climate change as a catalyst for sustainable transport	December 2019
Glasgow City Food Plan	December 2019
Inclusive economy for Glasgow - event flyers	January 2020
Cycling in Scotland: review of cycling casualties	February 2020



**Glasgow Centre for Population Health
Management Board Meeting
10 June 2020**

Budget position: 1st April 2019 to 31st March 2020

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2019 to March 2020 detailing expenditure of £1,278,321 against a revised annual budget of £1,401,694.

Commentary on Table 1

There are a number of points to note in respect of the final budget position for 2019-20.

1. The final budget position following the budget revisions detailed in the February report has returned a favourable outcome at £103,032 underspent.
2. Throughout the year additional funding has been received from various external funders such as Children in Scotland, TASK Children's Services, Edinburgh Napier University and others. As some of this income will support work yet to be completed a figure of £83,000 has been deferred to 2020-21.
3. The staffing budget has the largest underspend in year. There are a number of reasons for this including vacancies generated as staff take up promoted posts within the team, vacancies within the partner organisations against which GCPH makes a contribution and an ongoing maternity leave which is not being backfilled. Taken together these underspends generated circa £84,000 – the largest part of the £100,000 forecast variance.
4. Following a number of retirements and vacancies within NHS GGC Public Health it has not been possible to secure additional discrete input to GCPH from NHSGGC Public Health however it is hoped that once recruitment is progressed this arrangement can be reinstated.
5. Programme expenditure lines have tracked fairly close to budget with the exception of Programme E2 Understanding Health Inequalities and E8 Communications. The budget line E2 includes a commitment to fund a Post in partnership with the University and the slippage in this line contributes to the aforementioned £84,000 underspend in pay related costs. This post became vacant part way through the year and as yet has not been replaced. In terms of E8, a communications review is planned but has not sufficiently progressed to be included in the 2019-20 accounts. Funding requirement is expected to be approximately £20,000 and it is proposed this is progressed in 2020-21.

6. Board members are requested to:

- Note the contents of this report.
- Note the forecast budget variance at £103,032 favourable.
- Note planned carry forward of £103,032 Expenditure Funding.

Fiona Buchanan
25 May 2020



**Glasgow Centre for Population Health
Management Board Meeting
10 June 2020**

COVID-19: GCPH's response

Recommendations

- Note developments from approved work plan in our response to COVID-19
- Note and comment on the strategy outlined for supporting both pandemic response and post-pandemic recovery to optimise action for tackling social determinants of health vulnerability and inequality
- Advise on additional areas where GCPH capacity would add greatest value
- Advise on arrangements for continuing adaptation of GCPH work plan, associated budget plan and staffing resource

Background

1. An annual work plan for 2020-21 was submitted for approval by the Board in March 2020 – this was developed prior to the implementation of COVID-19 control measures and had a caveat around the emerging local and national context around COVID-19. On submission of the work plan, we stated that at GCPH we develop *a distinct contribution to the COVID-19 response in line with the current understanding of where and how we offer value, likely to be in the areas of community resilience and effective responses and monitoring the inequalities dimensions of the pandemic at local and national levels. Implications for existing work will be decided through our existing governance structures.* This paper outlines the breadth of our response so far and the priorities which will shape our continuing work in the context of the pandemic response and recovery.
2. GCPH have engaged with and supported a broad range of partners in the immediate pandemic response as outlined below. A number of our partners are now beginning planning for recovery. These emerging plans include the GCC-led Post-Pandemic Economic Recovery Plan and the establishment of a Social Recovery Taskforce. NHSGGC are developing a Remobilisation Plan and a framework for responding to the mental health impacts of the pandemic has been developed at a city level. Our continuing work will be required to engage and support delivery of these strategies and frameworks.

Our principles and approach

3. Health inequalities already account for a third of ill health and early deaths in Scotland and the concentrated rates of existing co-morbidity and poverty in Glasgow are expected to contribute to the scale of impact of COVID-19. Evidence also currently indicates that measures introduced to limit COVID-19 create a separate category of risk through

economic effects, social isolation, additional impact on mental health and disruption of access to healthcare and essential services (such as education, transport). These will have the greatest impacts for people on low incomes¹. Modelling of the mortality impact of COVID-19 against the continuing impact of social and economic inequality indicates the continuing scale of contributions to mortality if action to address the underlying social determinants is not incorporated into plans for societal recovery².

4. The Centre has an important contribution to make in supporting partners to respond and adapt practice to the implications of both COVID-19 and mitigating the potential health impacts of associated control measures. GCPH's headline purpose of '*supporting new approaches and informing action to improve health and tackle inequality*' is consistent with positioning GCPH to make a significant contribution across the phases of crisis response, control, recovery and the transition to a new social and economic equilibrium post-crisis. It is clear that the impacts of the crisis will affect many people for some time, albeit that the manifestation of these impacts may change. GCPH's evidence and learning, and experience in working collaboratively to develop innovative approaches to public health challenges will be of particular value as public services seek to develop appropriate and sustainable responses.
5. Principles guiding this recovery should include:
 - the protection of the most vulnerable;
 - a focus on embedding and mainstream action to reduce the continuing contribution made to ill-health and mortality by social determinants;
 - recognising the importance of population-level mental health action in reducing complex co-morbidities and implementing action to mitigate harmful effects and promote population wellbeing;
 - supporting public and community voices in decision making to broaden participation and the range of perspectives shaping decisions^{3,4}; and:
 - learning from the crisis response and control phases, so that the lessons can be built into future planning
 - a cross-system approach that embeds existing success in the pandemic response.

Connecting to partner structures and strategy

6. From the outset of the pandemic 'lockdown' phase, the GCPH team have engaged widely to maximise the contribution of GCPH resource and expertise in the COVID-19 response. As a consequence, we are contributing to national and local structures outlined in the following sections. Our staff resource can and should continue to be used responsively and flexibly in the crisis response and control phases. However, our highest value contribution is in supporting our partners in the process of 'building back better' using our networks, skills and experience and our understanding of the successful pathways to impact¹ and translation of learning into new responses.

¹ Douglas M, Katikireddi S V, Taulbut M, Mckee M, McCartney G. Mitigating the wider health effects of COVID-19 pandemic response. *BMJ*, 369 (2020)

² McCartney G, Leyland A, Walsh D, Dundas R. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? *medRxiv*. 2020

³ <https://www.thersa.org/discover/publications-and-articles/matthew-taylor-blog/2020/04/transition-Covid-lockdown>

⁴ Harkins C. Supporting community recovery and resilience in response to the COVID-19 pandemic – a rapid review of evidence. Glasgow; GCPH: 2020.

Time frames of response

7. In conceptualising the timeframes of response, we are adopting the emerging nomenclature of *Crisis Response*, *Crisis Control*, *Recovery Phase* and establishment of a new equilibrium or '*New Normal*' post-crisis.

Crisis Response and Control

8. These stages involve services responding flexibly to emerging challenge in the first few weeks to minimise transmission ('Response') and developing and utilising evidence over the first few months to support services with evidence of need and emerging action to mitigate impact ('Control').
9. Within these initial phases, GCPH has supported organisational efforts through offering support in the collation of information and existing evidence and collecting new evidence to support service responses. Not only does this maintain an understanding of the impacts on communities through a social determinants lens consistent with protection of the most vulnerable, but also ensures that future GCPH investments are aligned with need and emerging challenges.
10. Activity in this phase includes (reported chronologically)
- Support for the NHSGGC Poverty Response group, a role that has included the collation and communication of emerging issues for poverty mitigation and community responses. Links have also been established with local authority resilience structures which will come into greater prominence as we enter the recovery and renewal phases.
 - The GCPH team are represented across Public Health Scotland social mitigation cells to support evidence collation on mental health impacts, economic effects, food insecurity and an environments and spaces group. Activity in these groups is developing but will focus on identifying impacts, emerging data and evidence, and appropriate policy responses and actions (national and local level). Activity of the environments and spaces group includes a health impact assessment of recent guidance published by HM Government entitled Coronavirus (COVID-19): Safer Public Places – Urban Centres and Greenspaces in order to make recommendations for a Scottish version.
 - Our Community Engagement team have delivered a coordinating role through the collaborative development of a shared community information resource as a central, accessible point for websites and information on COVID-19. This was designed to support existing community and newly established mutual aid groups have timely access to information on the pandemic, and to better connect academics to third sector partners.
 - The Children' Neighbourhoods Scotland (CNS) project have developed a series of 'Early Insight' briefings which are received weekly at Scottish Government and made publicly available via the CNS website⁵. The challenges identified and areas of progress made have been consistent with those identified by the NHSGGC Poverty Response group, highlighting increasing severity of issues stemming from vulnerabilities such as poverty, digital exclusion, increasing levels of need for emotional, mental health and food and fuel support as lockdown continues. A new responsive piece of work has been developed to collect evidence to inform national and local policy and practice about service responses to and experiences of children

⁵ <https://childrensneighbourhoods.scot/resources/>

and young people living in high poverty settings to the COVID-19 virus pandemic. This is designed to establish what has worked well and the challenges remaining to inform the Scottish Government as sponsor of the work.

- GCPH's key co-ordinating role within community food, through its Sustainable Food Places coordinator, contributed to resourcing from the Scottish Government's Supporting Communities Fund for short-term emergency food relief and longer-term co-ordination work to ensure innovations in community food are embedded in recovery.
- Communications: Our communications outputs and strategy adapted rapidly to support the COVID-19 response, including identifying and progressing a series of relevant briefings, mainly in the form of blogs, from past work that offer useful evidence or insights to the current context. Initially, these have drawn on our work on resilience, asset-based approaches, housing, and transport and travel. Best use of our communications resource will continue to be reviewed as we progress into subsequent stages.
- GCPH staff resource has also been made available to support NHSGGC's testing, tracing, isolation and support work. Four members of staff are awaiting training with one in a senior leadership/mentoring role.
- We are also supporting HSCP efforts to understand the implications of the pandemic and associated measures on use and provision of mental health services. This responds to identified inequalities dimensions especially as more services move towards remote/digital provision for service users and increases in mental health and emotional support emerge from frontline and community intelligence.

Recovery phase

11. As the pandemic becomes under control (or progress is disrupted by a subsequent COVID-19 peak), GCPH will support the rebuilding to address structurally determined vulnerability and build resilience to existing and unanticipated stressors to population health and the services which respond to them in line with the principles highlighted above. Our focus will include:
 - Learning from promising innovations and developments which can be 'locked-in' in the recovery phase to utilise a renewed focus on reducing existing vulnerability. This will have relevance both in post-pandemic recovery and in identifying and responding to the needs of vulnerable groups in the case of subsequent COVID-19 peaks.
 - Supporting the work of the National Recovery Sub-Group's Thematic Recovery activity such as Support for People, Psychosocial dimensions, Communities, Volunteering and Urban Issues
 - Mental health, including a focus on the key elements of public mental health response outlined by NHSGGC's Mental Health Improvement team document: resilience and population wellbeing, addressing isolation and loneliness, building social connection, responding to underlying causes of mental health threat (unemployment, material hardship complex needs and risk of harm).
 - Responding to the shift in focus from 'economic development' to 'economic recovery and renewal' post-crisis and ensuring economic activity is aligned with population health outcomes, reducing vulnerability created through low or insecure pay and promoting a fairer distribution of opportunity and income.
 - Contributing to Glasgow City HSCP work to refresh the Health Improvement Strategy in a manner which will take account of the societal impact of both COVID-19 and the COVID-19 response with specific attention to building mental wellbeing and resilience, tackling poverty and raising aspirations and place-based approaches.
 - A continuing focus on the underlying social determinants driving inequalities in health and headline mortality with a continued monitoring of their contribution with a context

of pandemic and post-pandemic recovery. This should include an understanding of the intersections between low income and characteristics such as ethnicity, migration status, gender, age and disability.

- A rapid scoping of evidence has already been produced, *Supporting community recovery and resilience on response to COVID-19* aimed at supporting partners in community recovery and underpinning future GCPH work.
- A focus on place and community as sites of post-pandemic rebuilding and renewal to promote improved social connection, democratic participation and empowerment and access to health enhancing resources.
- The development of new research and engagement practices required under conditions of social and physical distancing that require the transformation of data collection, facilitation and engagement techniques.

12. Key planned or in development work here includes:

- Mental Health and Primary Care Pathways. This work, under development before the pandemic, to take a population health focus to service development around primary care pathways to address unmet, increasing and increasingly complex need will now be developed against a context of post-pandemic population mental health challenge.
- Community Link Workers. Work to develop a clear narrative of success was impacted when social and physical distancing restrictions began as link workers adjusted roles accordingly. This provides opportunity to assess and embed changes in understanding of practice with potential alignment in support of population mental health and primary care pathways work.
- Inclusive Growth. The second stage of this work will have renewed emphasis on economic and community recovery through merging action areas in Transport, Early learning and childcare and Public Sector Procurement.
- Food Security and access. Learning from communities, heightened food insecurities and adverse effects of COVID-19 on local food economies demonstrates the importance of building a more resilient and fairer food system. As well as providing learning from innovation that can be fed into the Glasgow City Food Plan (consultation on draft delayed due to partner priorities relating to COVID-19), GCPH have helped develop a bid to the Supporting Communities Fund to enhance emergency relief and strengthen collaboration between elements of the broader community food network which are essential not only in situations of acute food crisis but in producing more sustainable, equitable and health enhancing food supply chains in recovery.
- Mutual Aid. The emergence of Mutual Aid groups as a community-led response to COVID-19, having a particular role in mitigating food insecurity and impacts of social isolation on those shielding, is an example of the type of innovation that could become a standard component of community infrastructure for health, wellbeing and participation during recovery. GCPH is exploring work on how Mutual Aid groups and third sector and public sector organisations develop relationships to build resilience, reduce social isolation and support mental health, particularly for the most vulnerable, and whether the Mutual Aid model can sustainably and transition from an immediate crisis response phase to recovery phase.
- New research and engagement practices: Place Standard. We have responded to a call from Planning Aid Scotland, Scottish Government and NHS Health Scotland on how best to transition community engagement exercise to virtual exercises with a

focus on using the Place Standard tool. Approaches under consideration include using virtual workshops with break-out rooms, training on how to facilitate these successfully and the incorporation of citizen science techniques where people take photos and attach comments of their local area during their daily exercise to substitute for the facilitated walkabout.

- Data analyses: There will be added need across the wider public health workforce for access to timely and relevant data sources to help assess the differential impact of the pandemic and associated control measures on different population groups and communities. This will support the delivery of inequalities sensitive approaches and recognise societal changes brought about by the COVID-19 response as well as the impact of pre-existing challenges. Understanding Glasgow provides updates on the distribution of food insecurity, child poverty and economic participation and remains responsive to data and interpretation need across the city.
- Mortality analyses: Existing work has provided an understanding of the pre-pandemic health inequalities context in Glasgow and Scotland in comparison to other parts of the UK. This includes a detailed examination of recent trends which highlight increasing death rates in the poorest parts of all our cities, as well as analyses of age cohorts: the latter helps to understand drivers of particular mortality trends, including identifying groups likely to be at greater risk of future harm. Trends will be updated to include the effects of the current pandemic and longer-term economic impacts on inequalities.
Understanding the impact of work and travel restrictions on people's movement. Many trends observed during 'lockdown', if adopted longer term have the potential to support population health and environmental objectives. Collaboration with Urban Big Data Centre, and GCC will allow assessment of how the population has adapted to lockdown restrictions, and subsequent easing, through monitoring counts of traffic, pedestrians and cyclists recorded through innovative use of CCTV and AI techniques at strategic locations in the city.
- Community recovery: Our rapid literature review '*Supporting community recovery and resilience in response to pandemic*' outlined the importance of asset-based approaches, empowerment and participatory principles in (re)building social cohesion in a manner that mitigated and addressed the inequalities impact of the pandemic and associated increases in mental health demand. Interest from the Public Health Oversight Board and Community Recovery Task Group indicates an important role for GCPH in the community rebuilding as this activity comes on stream.

New equilibrium or new 'normal'

13. GCPH's contribution to the current crisis containment phase, through active participation in national and local working and mitigation groups, and the rapid synthesis of relevant data and evidence to help inform developing responses, shows the value of the team's flexibility, knowledge and insight. However, GCPH's accumulated and developing knowledge and evidence, skills and approach will be of particular value to our partners in the 'recovery and renewal' phase as society, services and policymakers remobilise and rebuild.
14. The opportunity presented for rebuilding and renewal however does not alone guarantee its successful delivery. The contribution of GCPH outlined above will, through the development of new cross-system and evidence informed ways of working, increase the potential for communities and the services on which they rely to maintain resilience in

the face of both future COVID-19 peaks and the impact of new and existing health inequalities within our post-pandemic context.

Resource implications

15. GCPH's current staff resource equates to a full-time equivalent (FTE) of 20.5 of which 14 FTE is dedicated to research. Centre management, communications and administration staff resource amounts to 6.5. Two programme manager posts (1.5 FTE) and a Director post (0.4 FTE) are currently vacant.
16. *Staff currently committed to partner COVID-19 activity*
 NHSGGC: Test, Trace, Isolate and Support. One programme manager (0.8FTE) and three communications and administrative staff (2.2 FTE) currently in the process of reassignment to support NHSGGC activity.
 Glasgow City Council; Economic Recovery. One programme manager seconded to Glasgow City Council whose work will now focus on integrating health into post-pandemic economic recovery. (0.8 FTE).
 Children's Neighbourhoods Scotland (Scottish Government and city-wide COVID-19 priorities) One programme manager (0.8FTE).
17. This equates to 22% of current resource directly committed to partner COVID-19 related work. As this outline however indicates, the majority of our staff resource is responding to our partner's COVID-19 priorities as recovery and renewal phases are entered. The possibility of backfilling vacant posts creates the option for direct work with partner recovery priorities for example, in relation to the work of the Community Recovery Task Group.

Conclusion and discussion

18. The proposed plan of activity is designed to ensure GCPH's resource is utilised to maximise the public health gain of the pandemic response in the medium-term. The team's current focus across a broad range of partner priority areas increases the likelihood of new and continuing work aligning and avoiding duplication to support the implementation of approaches required to address new and existing threats to health and health inequalities.
19. Requests continue to be received for the Centre's expertise across a wide range of partners and organisations within the wider public health landscape. Each provides opportunity for developing new action and approaches that will reduce existing and future inequalities. However, each has an associated opportunity cost in terms of resource for future work. We are also aware of current gaps in terms strategic GCPH coverage such as the National and Local Resilience Subgroups. Views of the Board are invited on how GCPH can continue to make best use of its resource.

Pete Seaman
Associate Director
June 2020

ⁱ These pathways to impact are:

- Building and developing GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.
- Supporting through collaboration the identification, development and assessment of promising investments and action to improve population health.
- A focus on the social justice implications of investments.
- Maintaining a future perspective and displaying leadership in considering new and emergent issues.
- GCPH as an exemplar organisation, in its ways of working with a focus on use of evidence, insight, coproduction and community engagement in the development of responses.
- Continue to evolve effective communications, to maintain our position as a trusted voice on health inequalities in Scotland.



Responding to Covid-19

**Current and future developments
to GCPH work plan**

Background

- Ⓒ Work plan approved for 2020-21 in March with caveat around the then emerging Covid-19 amendments
- Ⓒ How has our work plan been impacted?
- Ⓒ What are we already doing in response and support of partners?
- Ⓒ What should we continue to do? Which areas should we develop?
- Ⓒ Where do we offer the greatest value?

Developments in partner landscape

NHSGGC/ HSCP

- Poverty response group
- Board Remobilisation Strategy
- Public Mental Health Response to Covid-19

Glasgow City Council

- Community Recovery Task Group
- Links to Economic development/ Economic Recovery Task Force

University of Glasgow

- Policy Scotland/ College of Social Science- support aligning of resource to Covid-19 response

Principles of our approach

- Recognising the significant contribution of social determinants and concentrated rates of poverty and co-morbidity in Glasgow, all expected to contribute to scale of impact of Covid-19.
- As well as a focus new existing and vulnerability, a focus on what has worked well and can be incorporated into future actions and responses.
- We work best and most impactfully when working alongside partners and are informed by their priorities – a cross- system approach.
- Importance of addressing population mental health as part of the Covid-19 recovery and supporting community participation in decisions.

How has our work plan been impacted?

1. Covid-19 has shifted partner priorities and/or changed the research context significantly so that planned work cannot go ahead as planned

- Planned projects exploring Universal Credit and new areas for service development for vulnerable groups (homeless, private rented sector and registered social landlords).
- NIHR work with GCU on mobilising community assets has been delayed until January 2021 (due to Community Led Organisations focus on Covid-19 response)

2. Social distancing or other Covid-19 control measures have impacted ability to conduct the work

- GCPH programme of events and seminars
- Youth transitions work postponed to Autumn 2020
- Place Standard work alongside the Health Foundation, Glasgow City Council and Thenue Housing Association

Areas able to rapidly adapt to Covid-19 context

- ◌ Cross-city food work
- ◌ Avenues Project
- ◌ Children's Neighbourhoods Scotland
- ◌ Communications

A range of existing GCPH areas of work will maintain relevance to supporting 'recovery' stage

Timeframes of activity

Crisis response

Responding to support partner efforts minimise transmission.

Crisis control

Producing, collating and utilising intelligence to support services with evidence of need and emerging action to mitigate impact on different population groups.

Recovery phase

Rebuilding to address structurally determined vulnerability, utilising knowledge to address new and existing stressors and learning from success in crisis responses.

'New normal'

Post-crisis equilibrium. Not guaranteed. Rebuilding communities, economy and services to prioritise social determinants, prevention, participation key activity in recovery phase

Crisis response - responding to support partner efforts minimise transmission

- Reassignment of key staff on test, trace, isolation and support strategy
- Community engagement, coordination of information to support third sector and statutory responses

Crisis control – producing , collating and utilising intelligence to support services with evidence of need and emerging action to mitigate impact on different population groups

- NHSGGC Poverty Response group
- Public Health Scotland Social Mitigation Cells (Food Insecurity, Mental Health Impacts, Economic Effects and Environments and Spaces group)
- Children's Neighbourhoods Scotland Early Insights briefings
- Supporting HSCP efforts to deliver Public Mental Health Strategy response

Recovery phase - Support rebuilding to address vulnerability to subsequent peaks and address new and existing sources of long term vulnerability. Evidence and Action components.

Data analysis and insight

- Understanding Glasgow and continuing work on patterning of health inequality (continuing mortality analyses), other forms of evidence such as intelligence from community engagement activity
- 'Avenues' evaluation of impact now looking at active travel / public space use as lockdown eases. What activities have been kept?
- Building on 'Supporting community recovery and resilience in response to Covid-19' to translate into Community Recovery and mitigation of future peaks
- Development of work on race and racialisation

Recovery phase

Learning from innovation to 'lock-in' responses that support community, economic and service rebuilding

- Mental Health focus: Opportunity to align learning through NHSGGC Public Mental Health work and Primary Care Pathways - supporting widening/innovation of services needed to address PH mental health impacts of Covid-19
- Support for refresh of Health Improvement Strategy (potentially digital exclusion, building mental wellbeing and resilience, tackling poverty and raising aspirations, place-based approaches)
- Mutual Aid; MA groups- sustainability and integration into existing systems of response and community support
- New research and engagement practices: E.g. Young people's transitions, Place Standard work

Recovery phase

Learning from innovation to 'lock-in' responses that support community, economic and service rebuilding

- Community Link Workers; new practices under social distancing, appraising 'success' and aligning with MH priorities
- Food insecurity, evidence and action on Covid-19 impact and community third sector responses, translated into Glasgow City Food Plan and city wide activity
- Children's' Neighbourhoods Scotland- building on early insights, research on Covid-19 impacts on services and families and what worked well
- Aligning Inclusive Growth and Health (or 'economic recovery') in areas of Transport, Early learning and Childcare and Public Sector Procurement

'New normal' phase

- For GCPH, the long-term impact of Covid-19 combined with the continuing role played by existing inequalities will define the majority of our work moving forward.
- Outcome: Community, economy and services rebuilt to more effectively address continuing and new vulnerability. Supported by GCPH evidence, insight and support for the development of new approaches
- This is not guaranteed! Requires alignment of ambition and whole system approach or moment can be lost (see 2008 financial crash)

Questions and comment

- Ⓒ Does this approach align with Board's understanding of where GCPH currently adds value?
- Ⓒ Where are the gaps to be addressed as we move forward? (links with SG activity and structures)
- Ⓒ Note resource implications.
Potential to backfill vacant posts in line with plan.

Contextualising COVID-19:

1. Changing trends in mortality in UK cities & countries (GCPH-led)
2. Scaling COVID-19 against inequalities (PHS-led)

David Walsh

Glasgow Centre for Population Health

1) Changing trends in mortality across UK cities and countries

Analyses

- What?
 - European age-standardised mortality rates (EASRs)
 - All-causes deaths
 - 10 specific causes: respiratory disease, IHD, stroke, cancer, lung cancer, suicide, external causes, MVTAs, alcohol-related, drug-related poisonings
- Why?
 - Project looking at age, period, cohort effects in mortality
 - birth cohort analyses to be published later
 - Also, to examine recent changing mortality trends at country **and city level**
- Where?
 - Countries: Scotland, England/England & Wales, N. Ireland
 - Cities: Glasgow, Edinburgh, Dundee, Aberdeen; Liverpool, Manchester, Birmingham, Leeds, Sheffield, Bristol; Belfast



Analyses

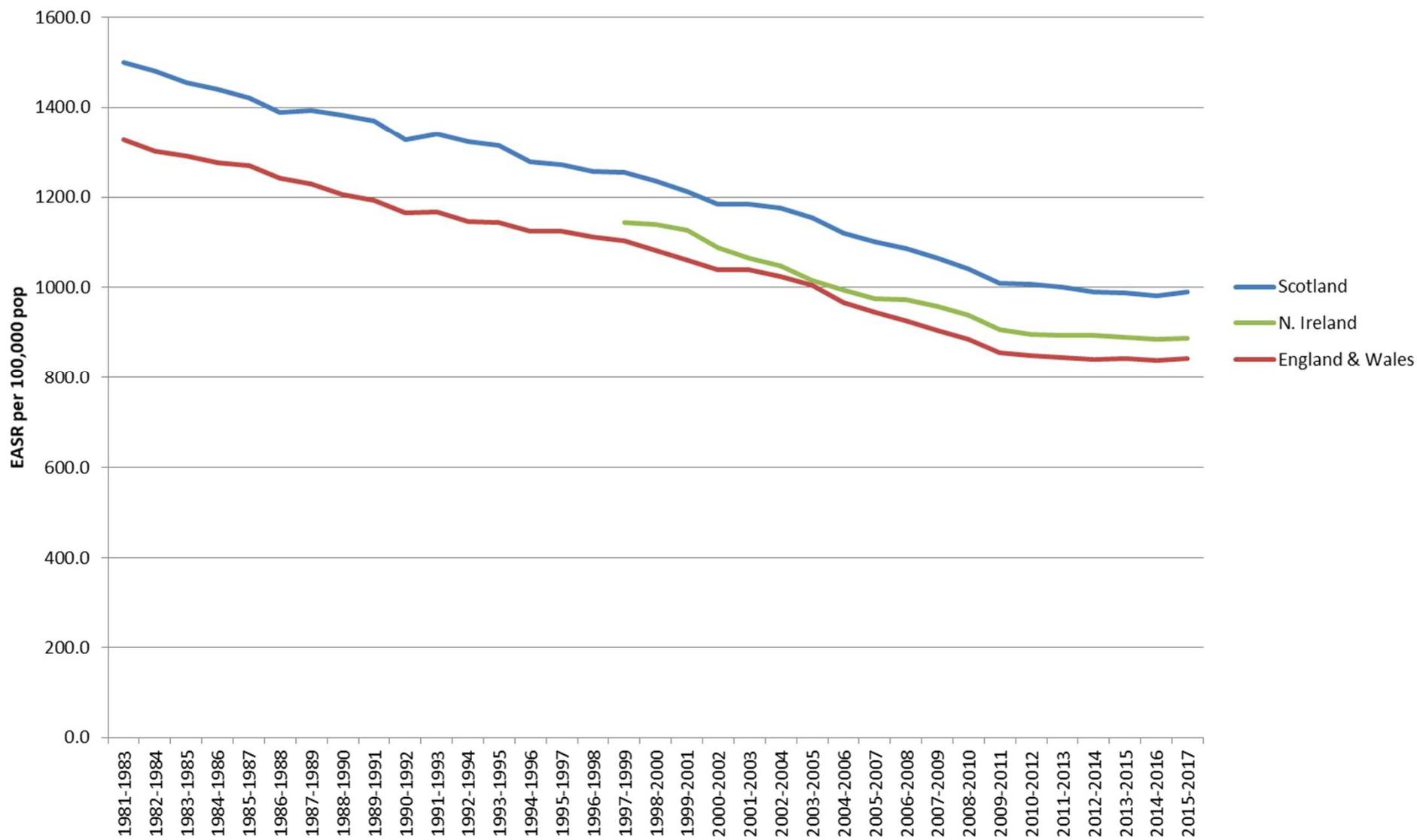
- When?
 - Approx 1981-2017 (varies a bit)
- Who?
 - By sex
 - By 6 age groups: all ages, 0-14, 0-64, 15-44, 45-64, 65+ years
 - By deprivation 2001-17 using different national indices
 - includes *city-specific* quintiles for Scotland
- Equals?
 - *11 causes x 4 countries x 11 cities x 2 sexes x 6 age groups x 5 deprivation quintiles = c.3000 separate analyses = **death-by-data***
- 10 minute rapid overview of main points to follow...

Results: 1 (of 4)

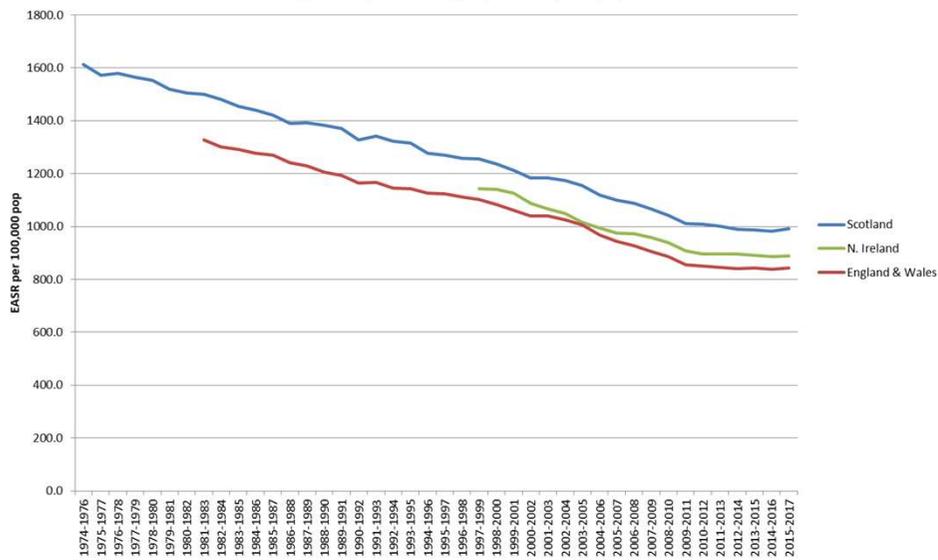
- Recent changes in mortality rates observed across all UK countries and cities

Females, all ages, all cause: European age-standardised mortality rates

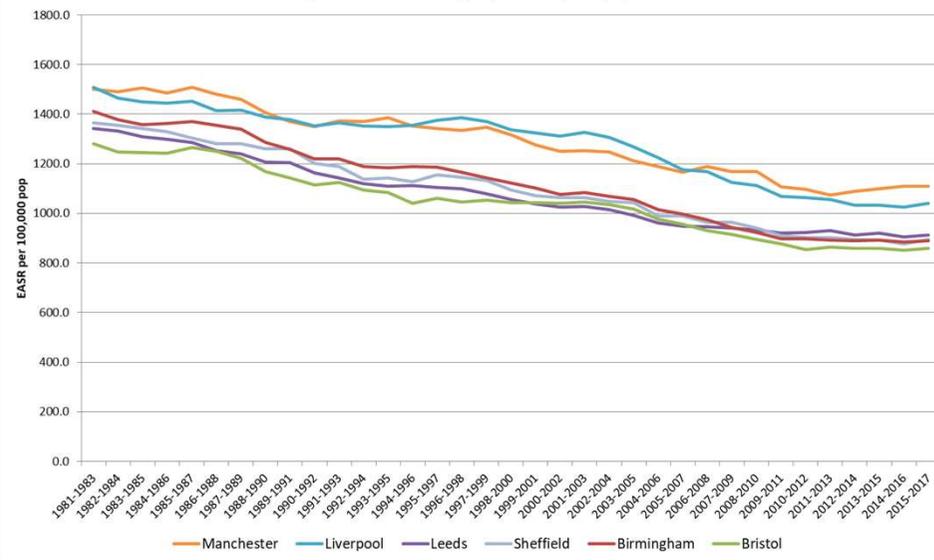
Rolling three-year averages per 100,000 population



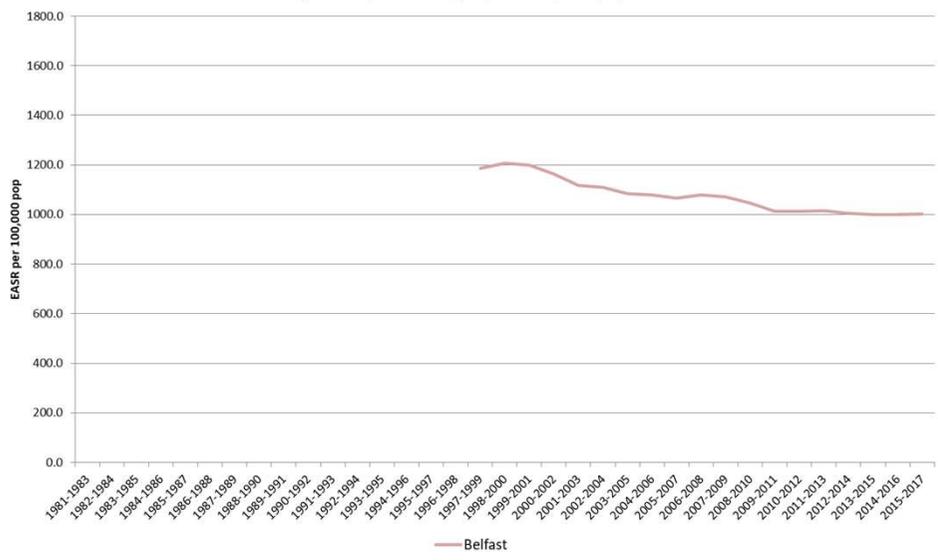
Females, all ages, all cause: European age-standardised mortality rates
Rolling three-year averages per 100,000 population



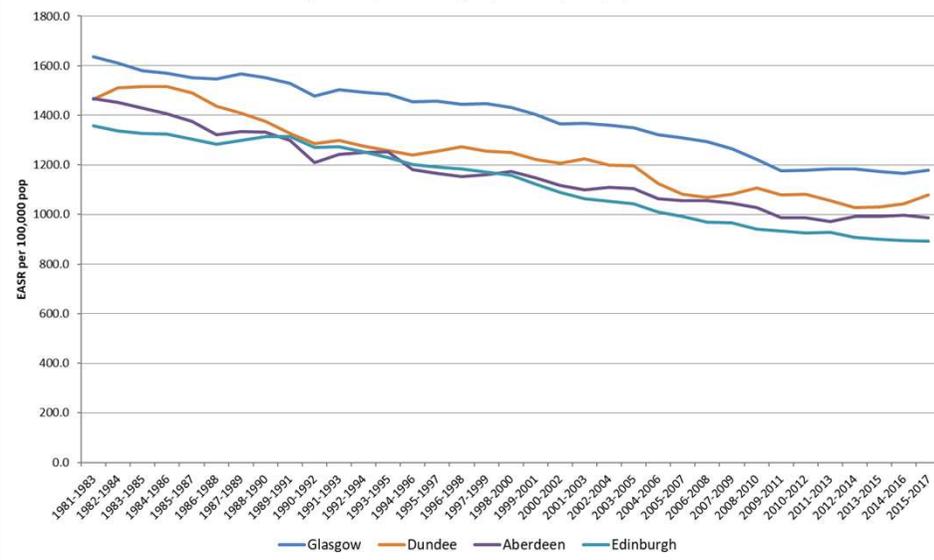
English cities: females, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



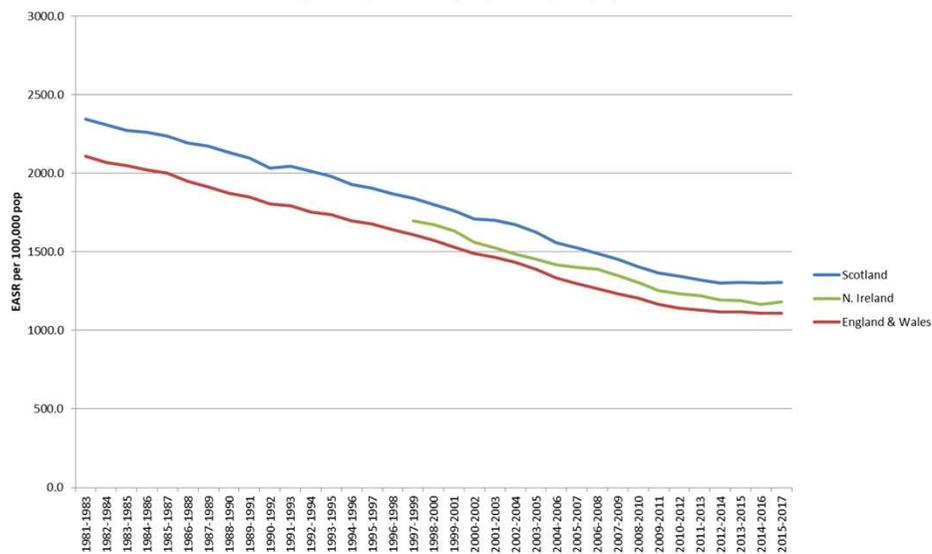
Belfast: females, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



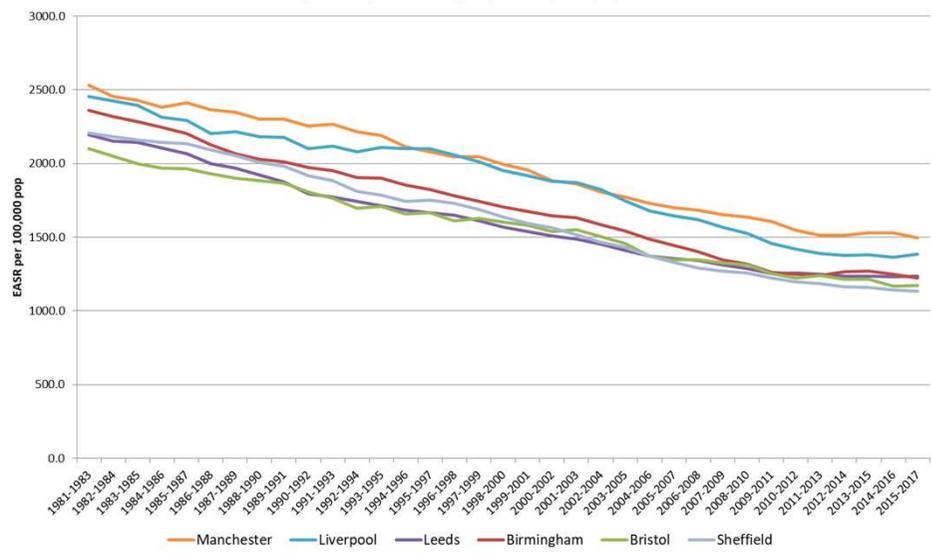
Scottish cities: females, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



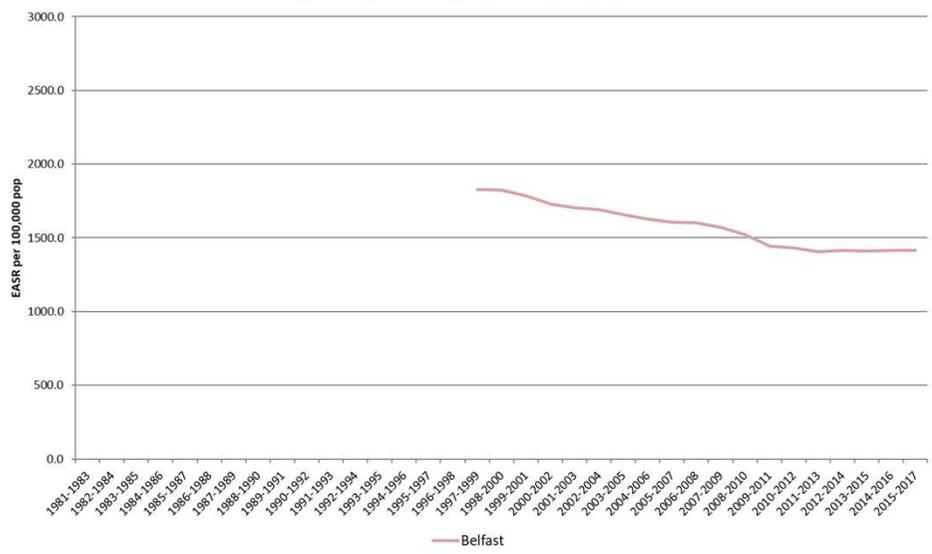
Males, all ages, all cause: European age-standardised mortality rates
Rolling three-year averages per 100,000 population



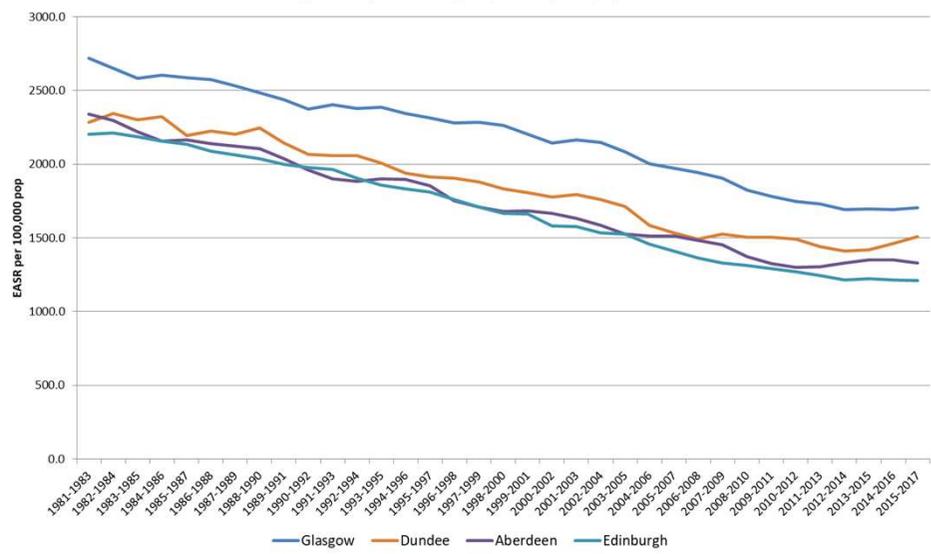
English cities: males, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



Belfast: males, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



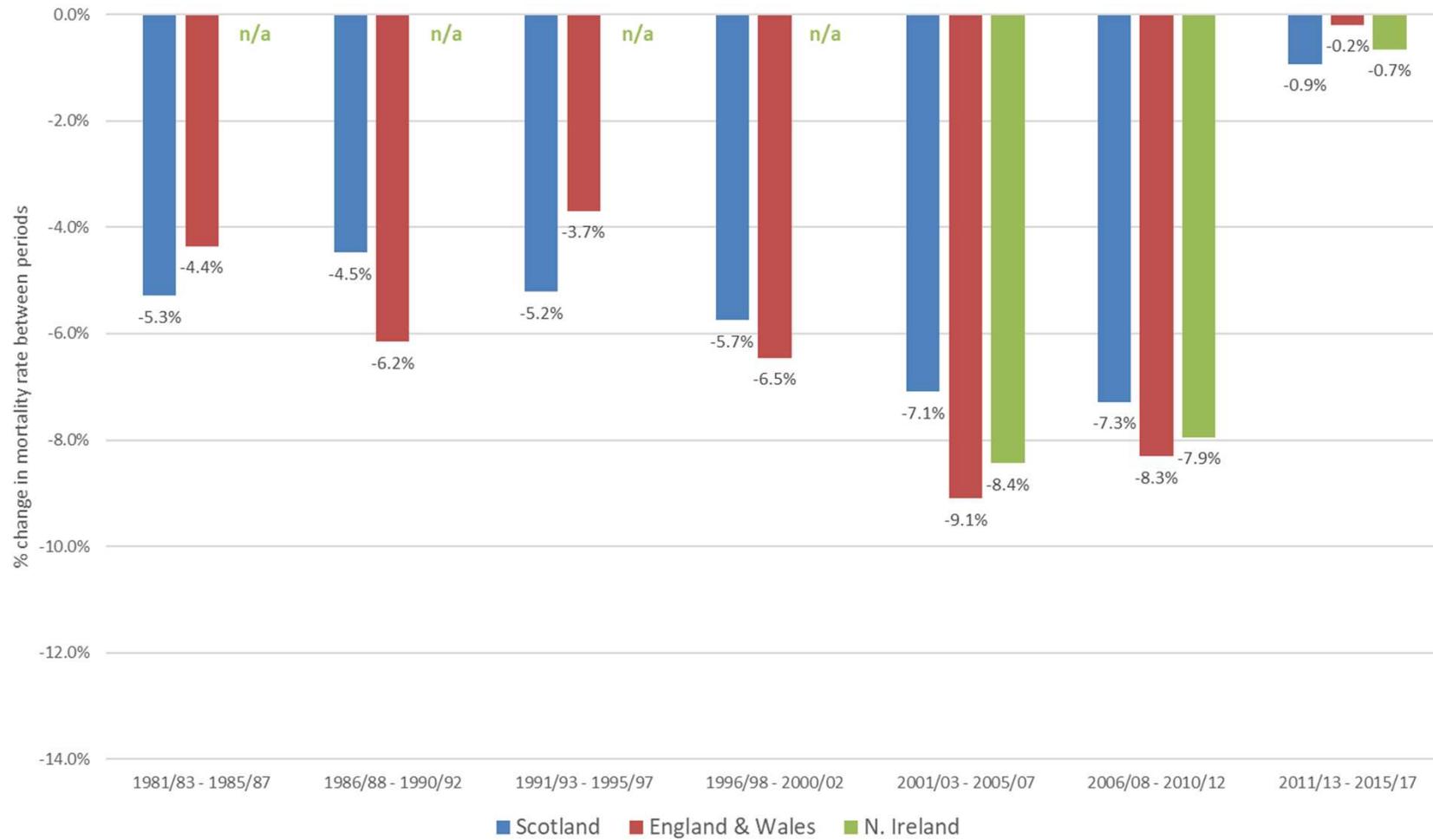
Scottish cities: males, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



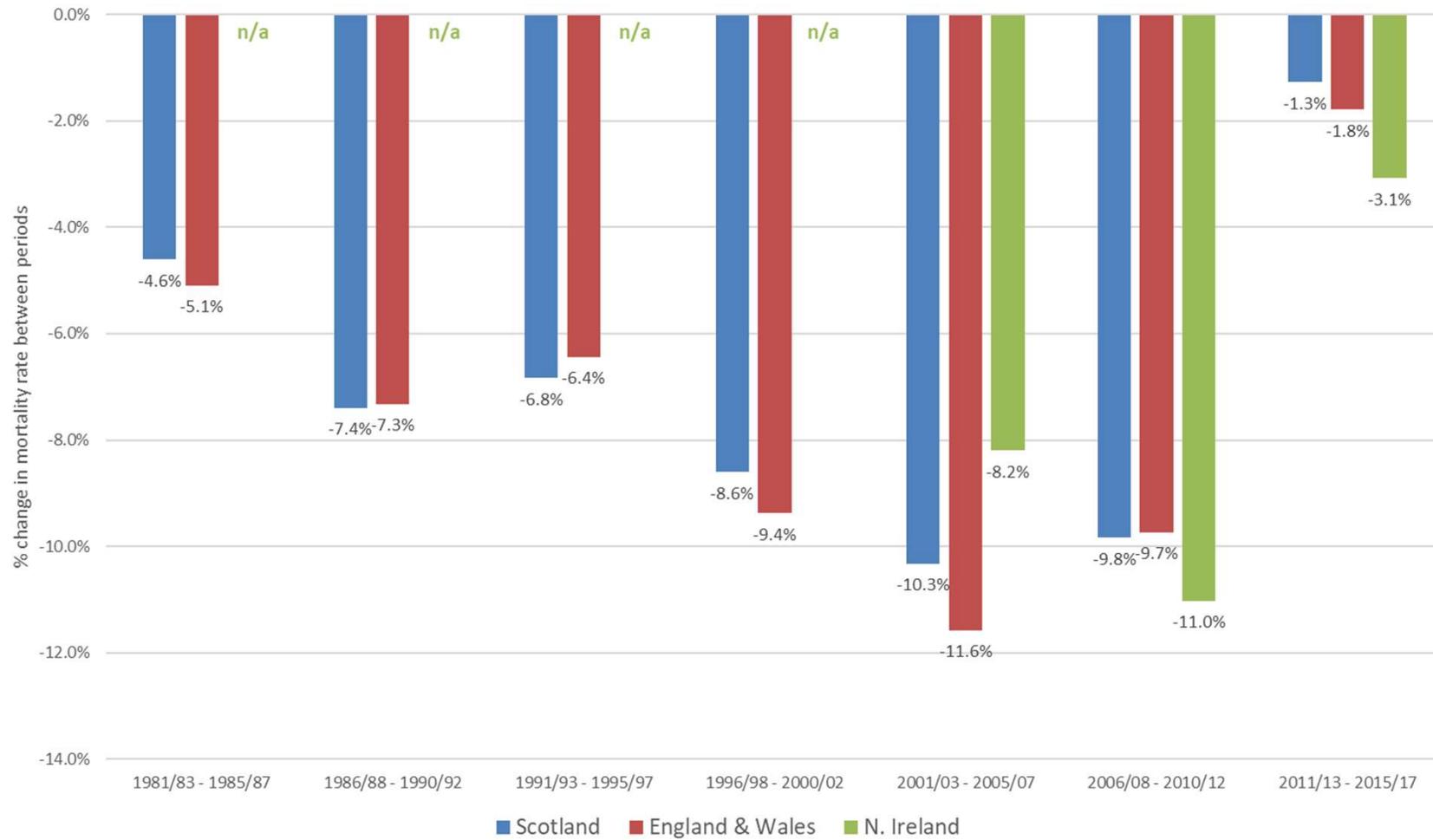
Quantifying change over time

% change in rates between five year periods (all causes,
all ages)

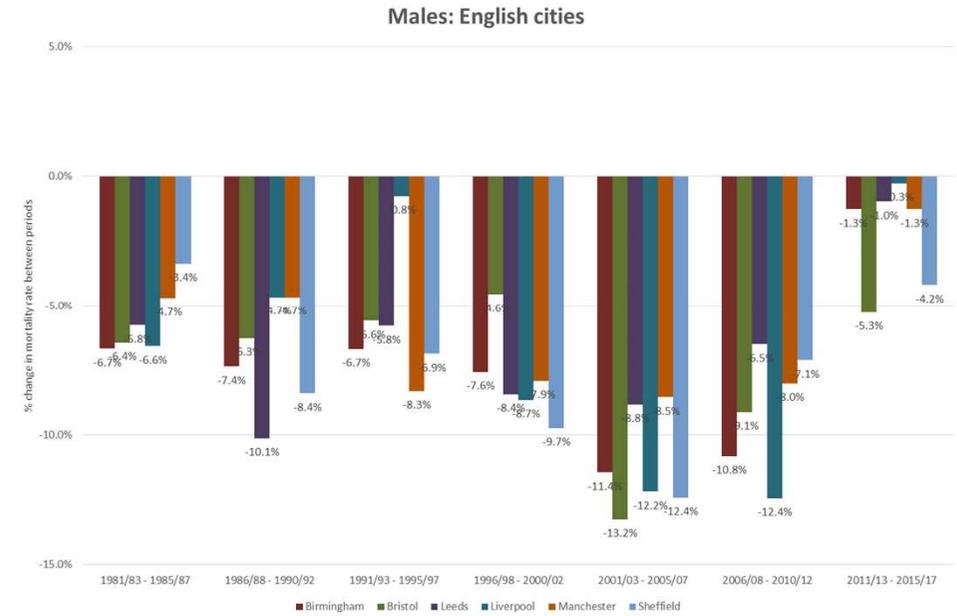
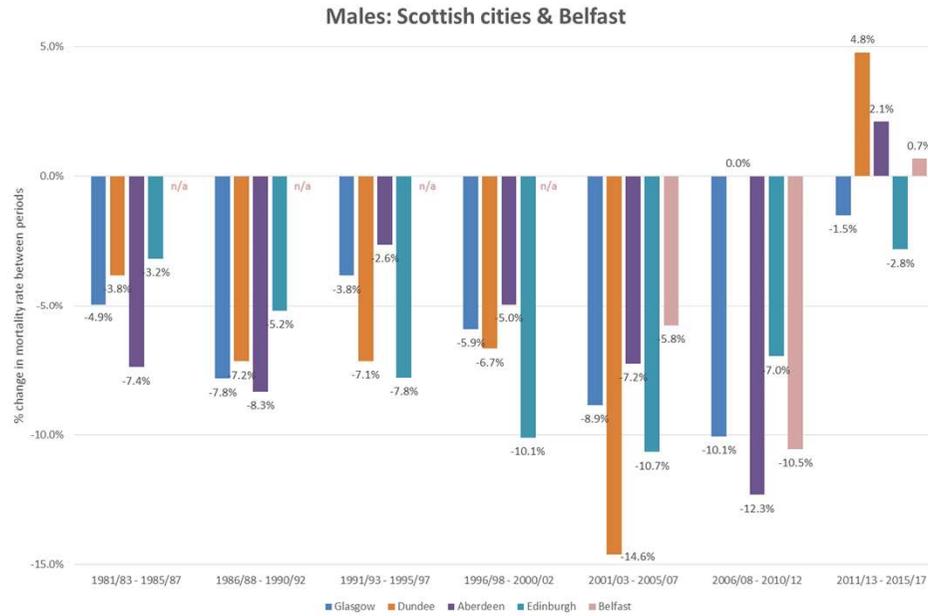
Females, all causes, all ages: percentage change in standardised mortality rates between four year periods



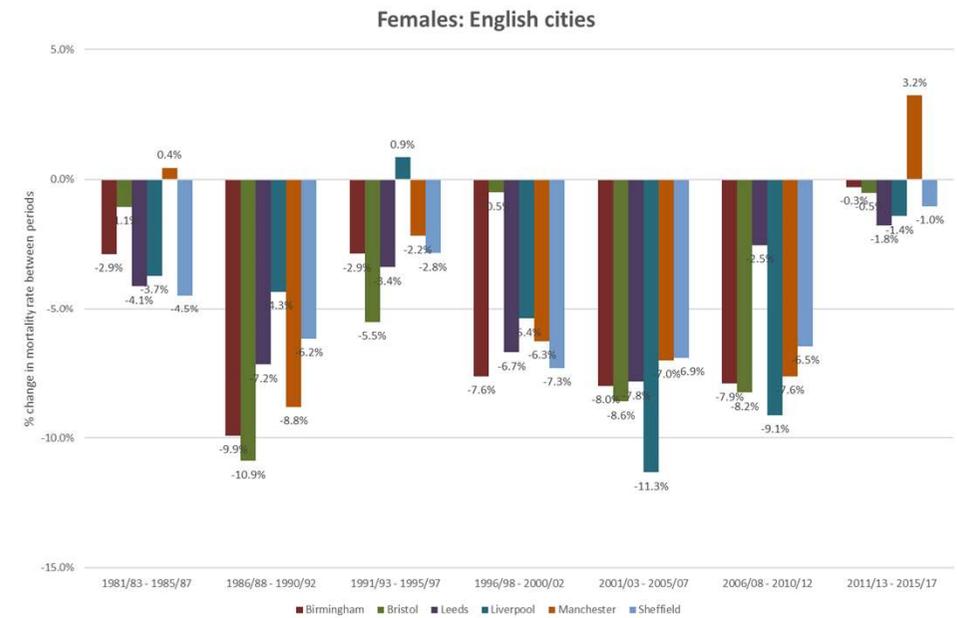
Males, all causes, all ages: percentage change in standardised mortality rates between five year periods



a) Males



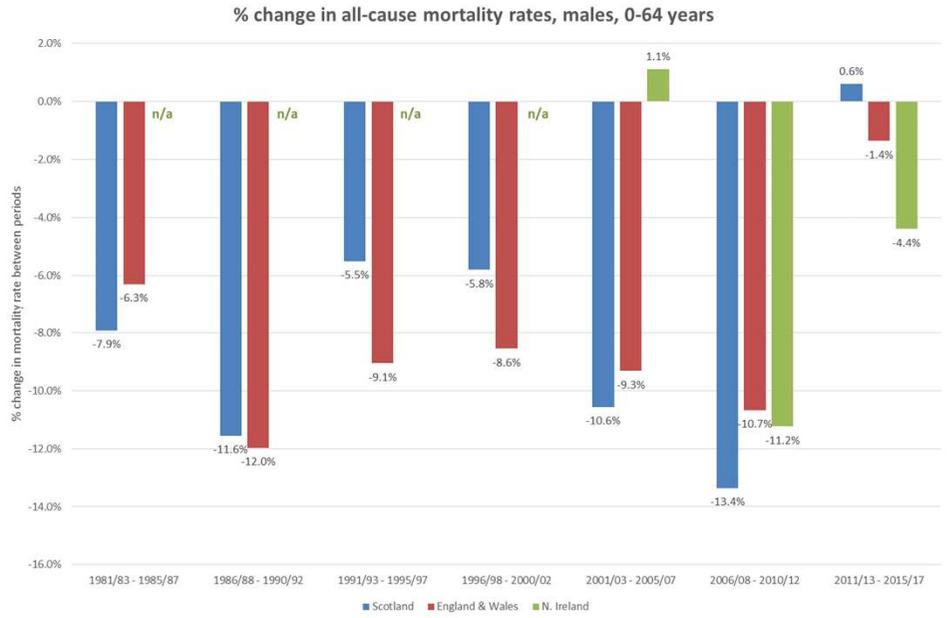
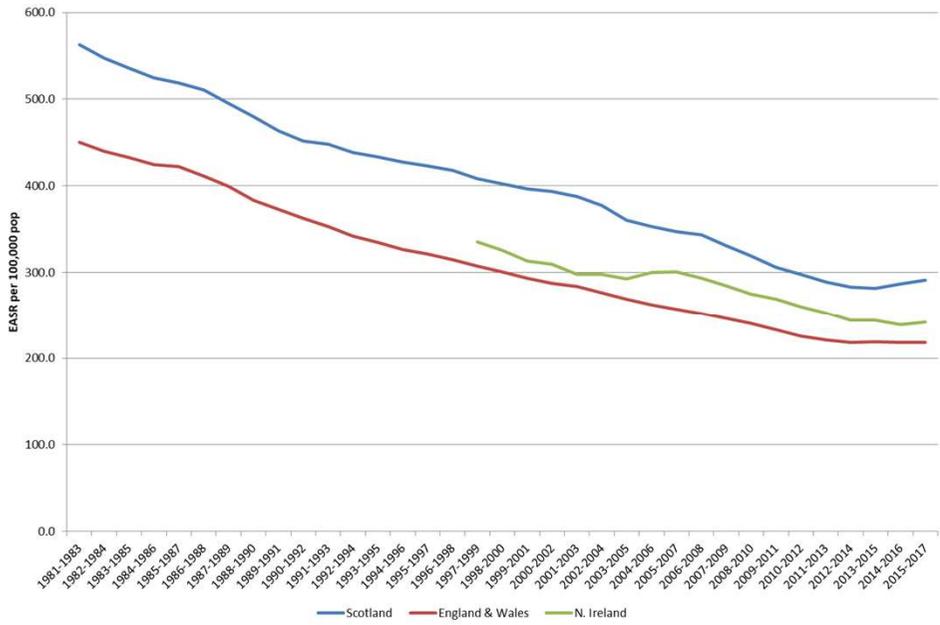
b) Females



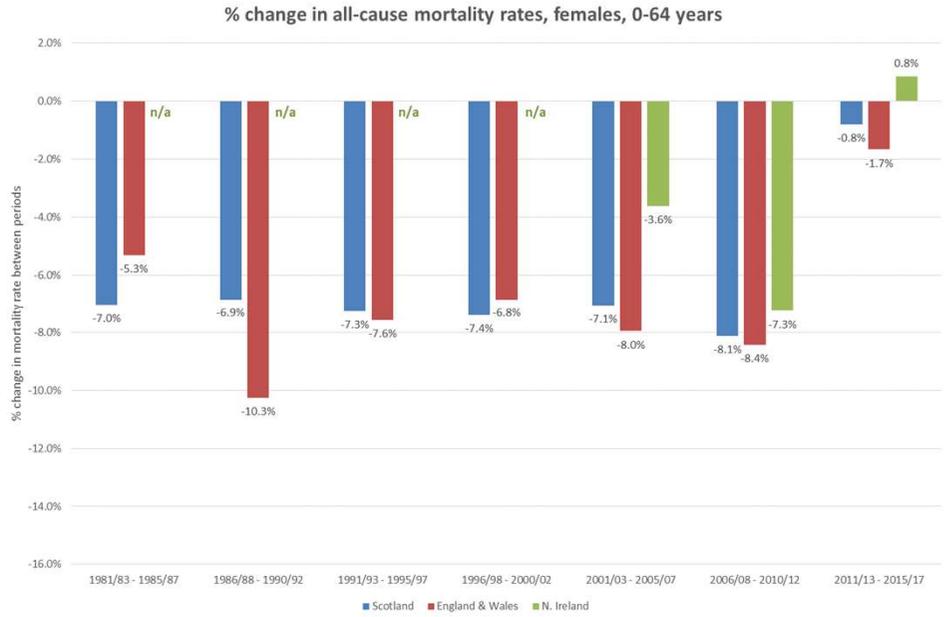
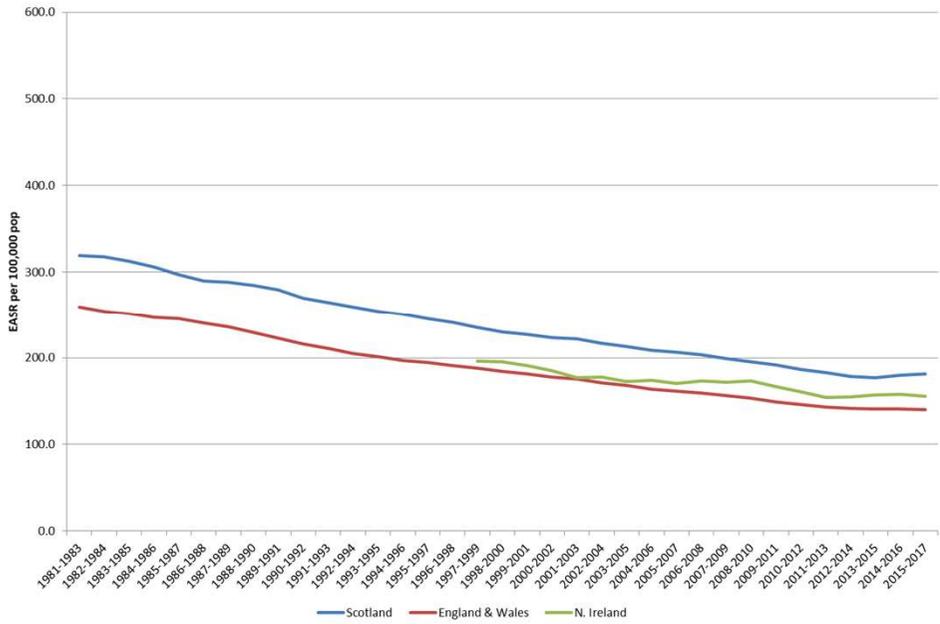
0-64 years

- Similar but...
- Worsening mortality in Scotland cf E&W in most recent period
- Worrying trends in Dundee
- Likely influence of drug-related deaths (more later)

a) Males

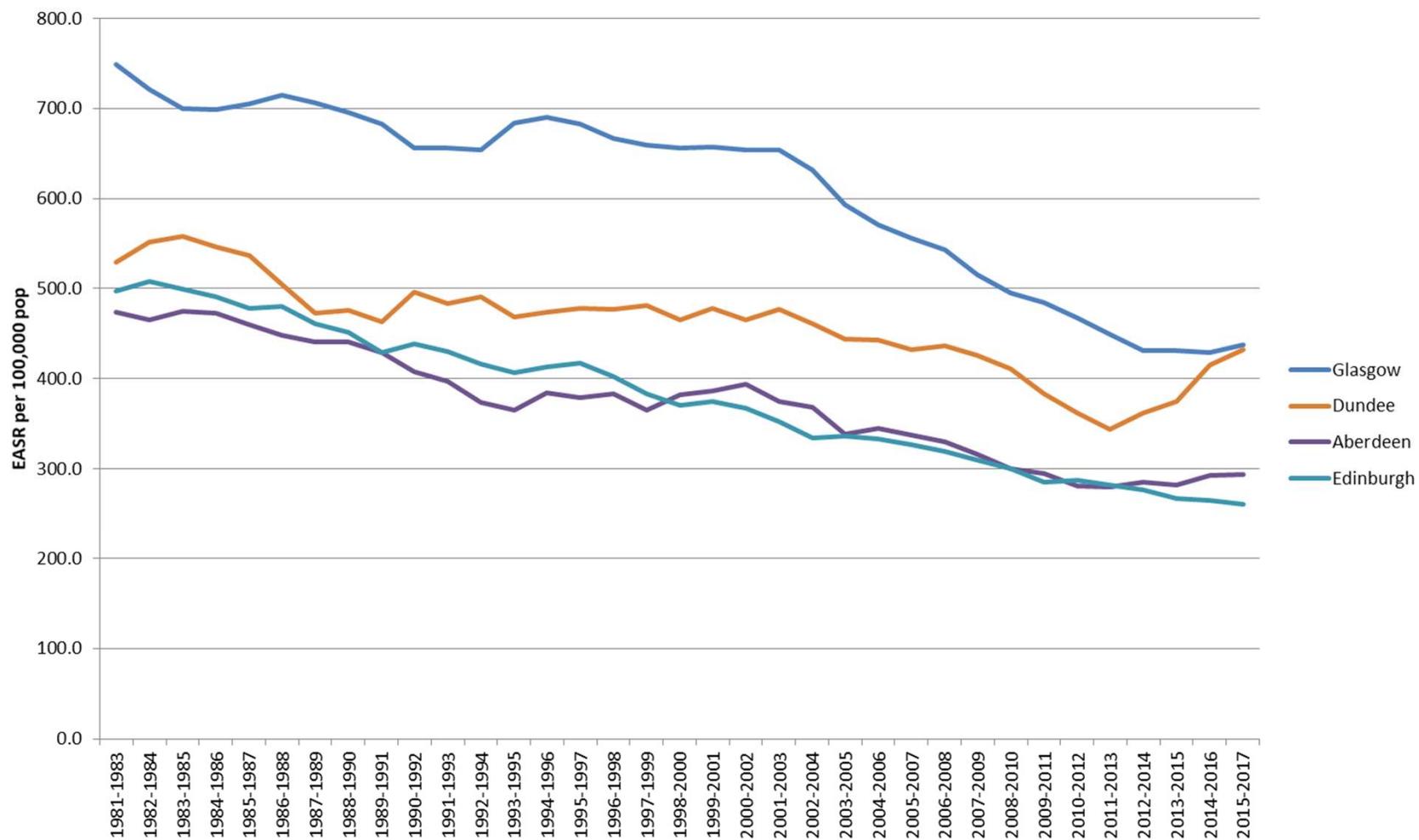


b) Females



Males, 0-64 years, all cause: European age-standardised mortality rates

Rolling three-year averages per 100,000 population

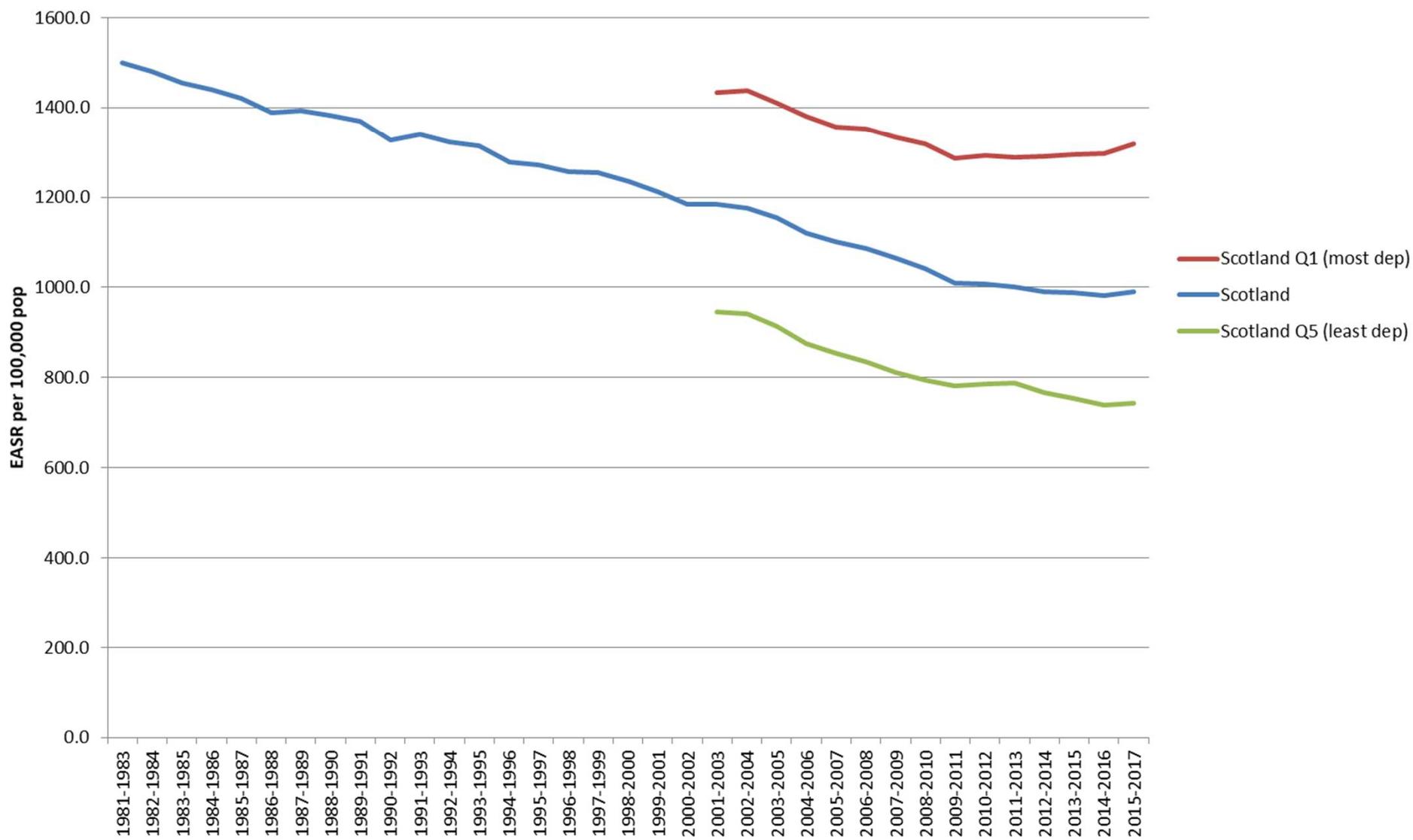


Results: 2 (of 4)

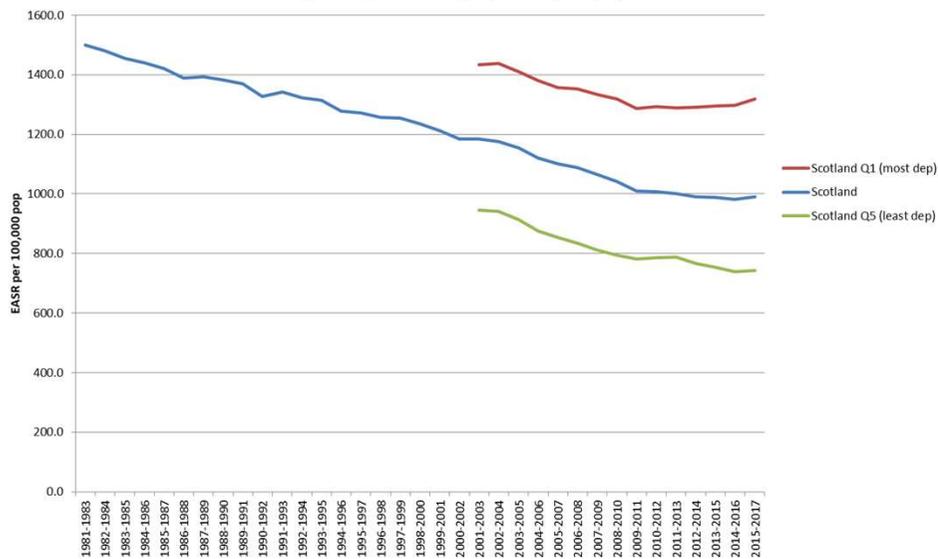
- NB: 'slow down' in mortality improvement masking **increasing** death rates among the poorest

Females, all ages, all cause: European age-standardised mortality rates

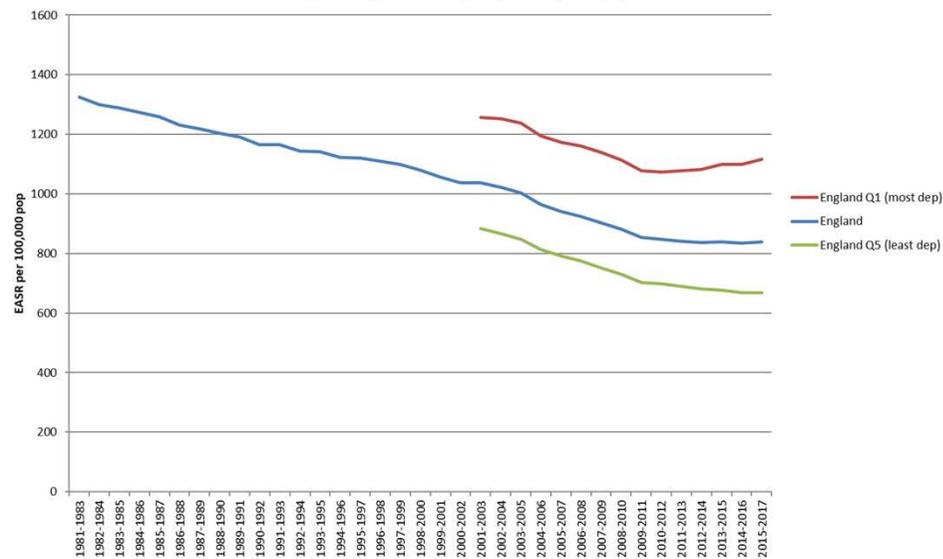
Rolling three-year averages per 100,000 population



Scotland: females, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



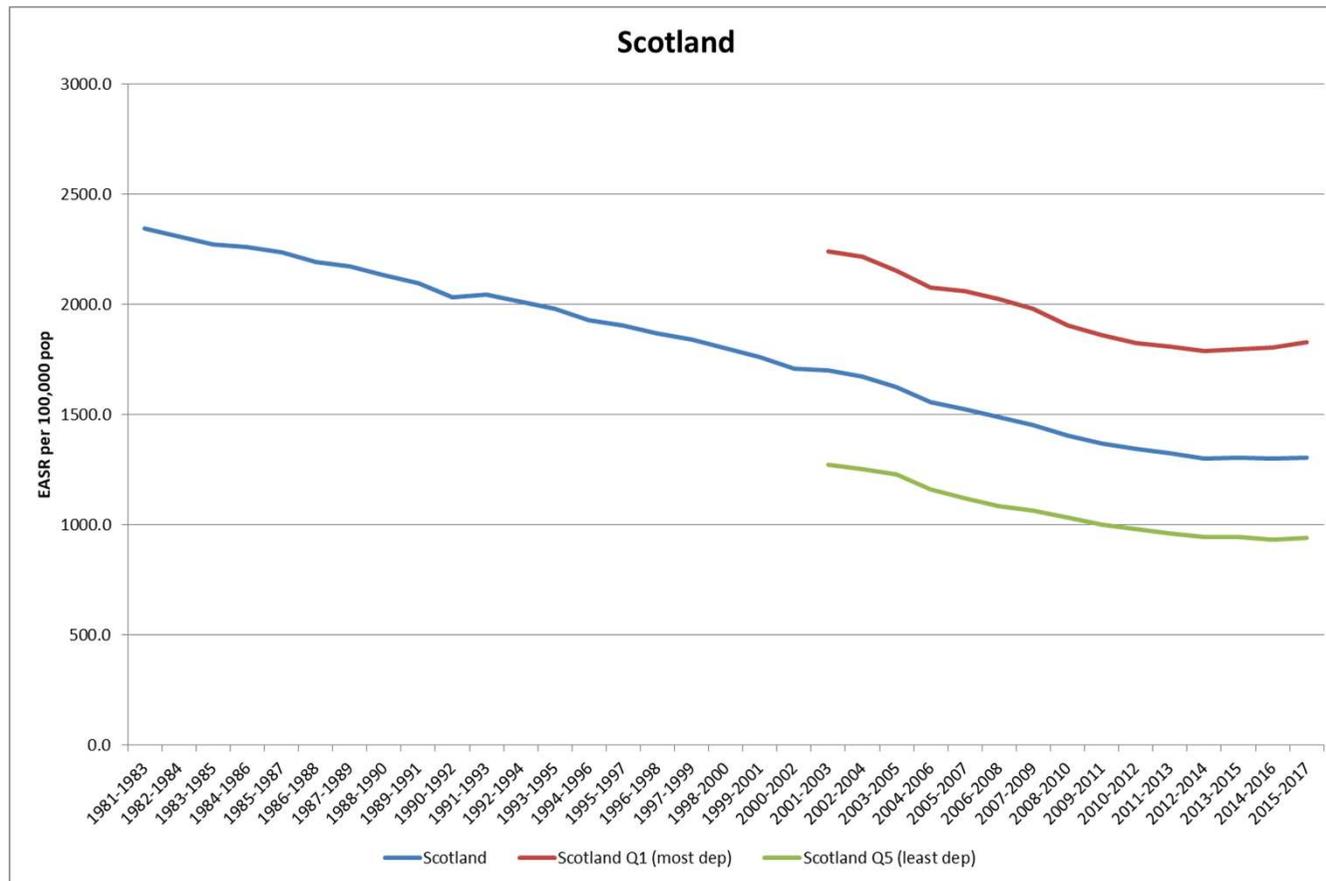
England: females, all ages, all cause EASRs
Rolling three-year averages per 100,000 population



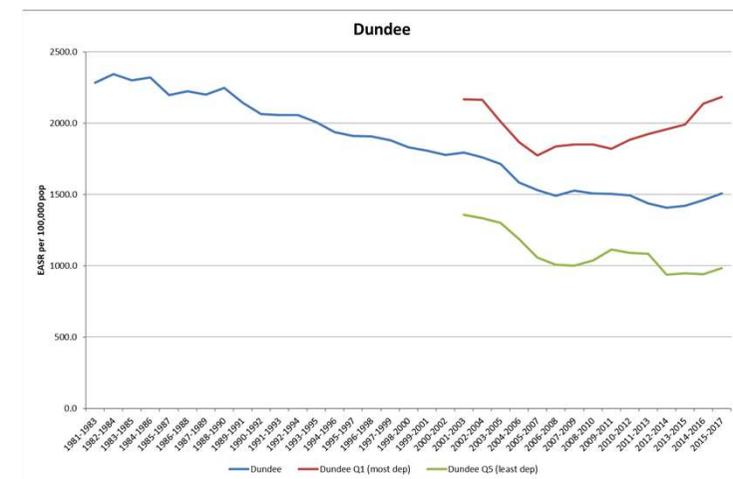
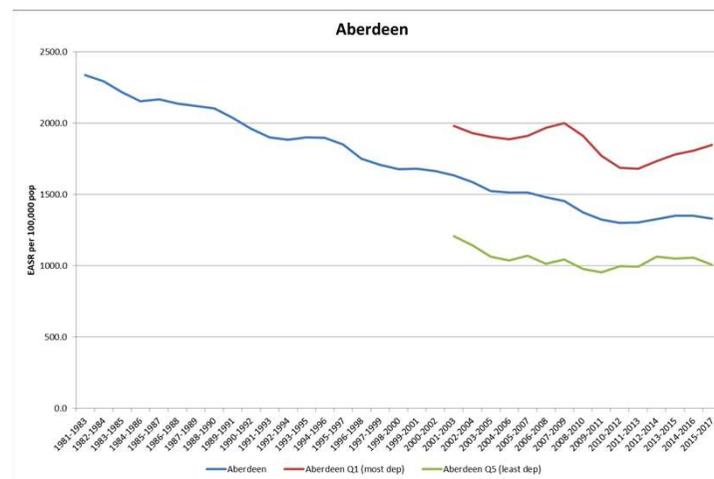
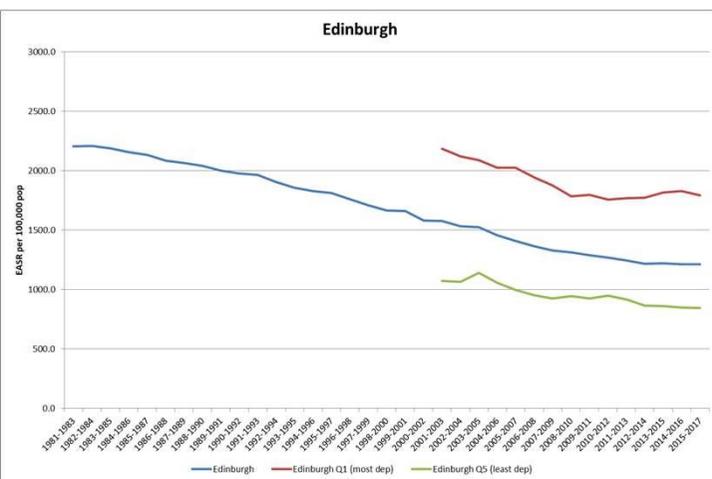
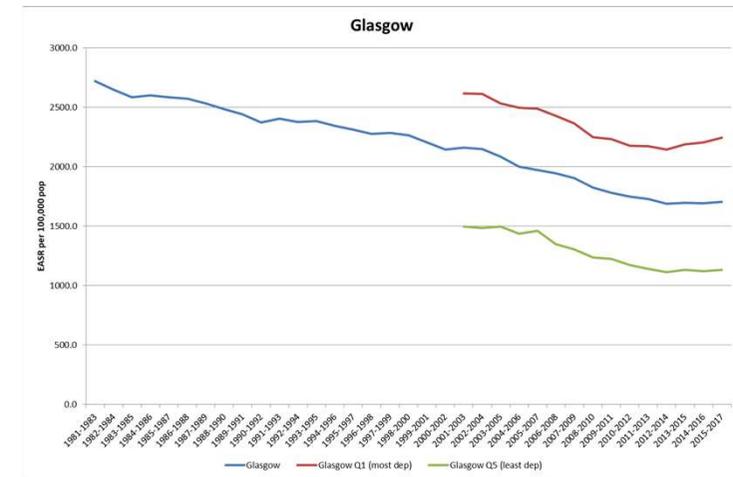
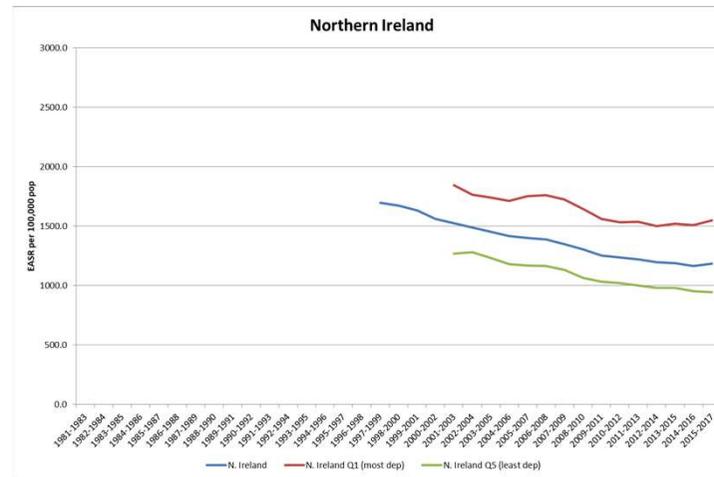
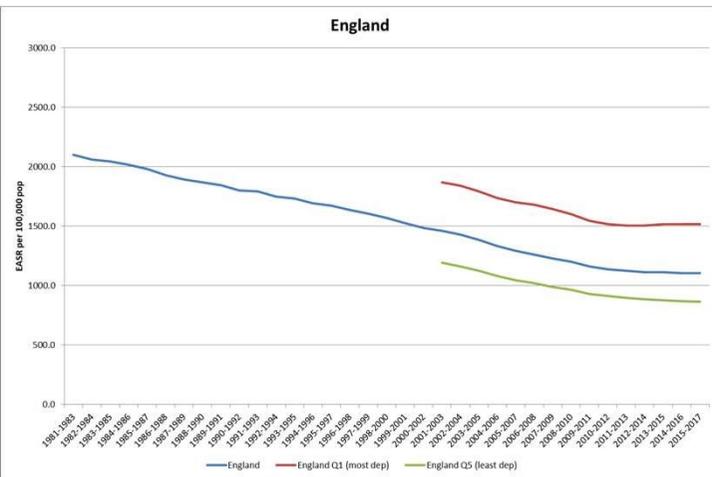
Northern Ireland: females, all ages, all cause: EASRs
Rolling three-year averages per 100,000 population



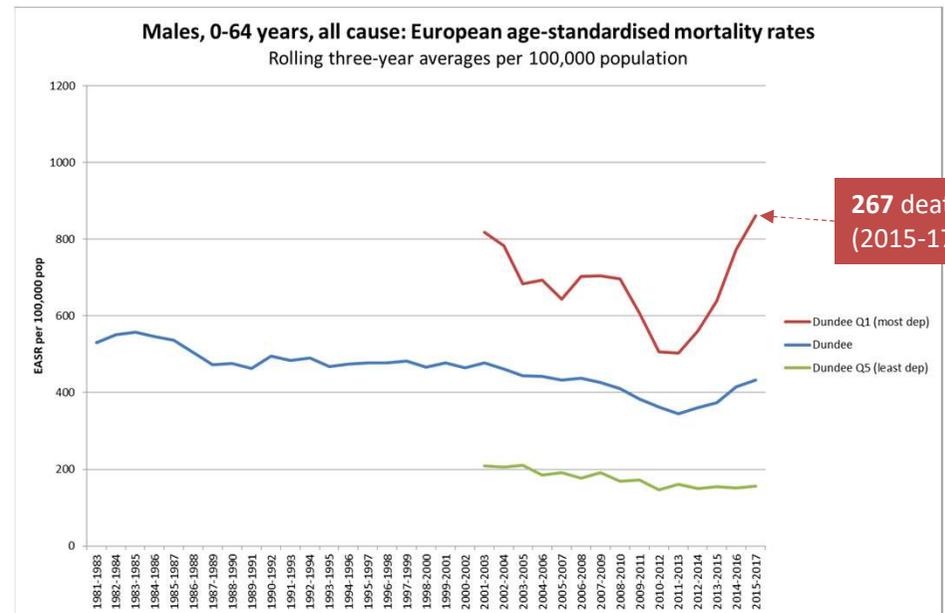
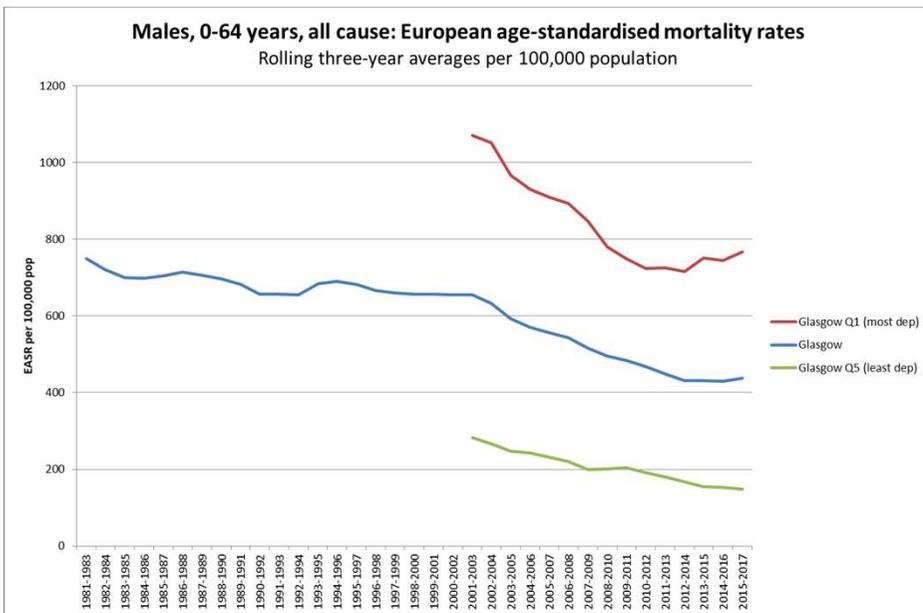
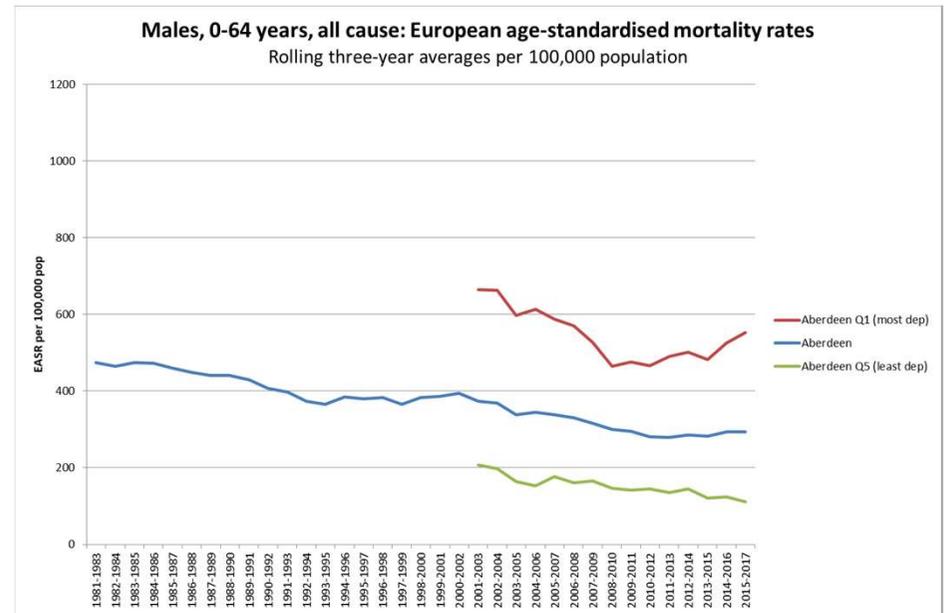
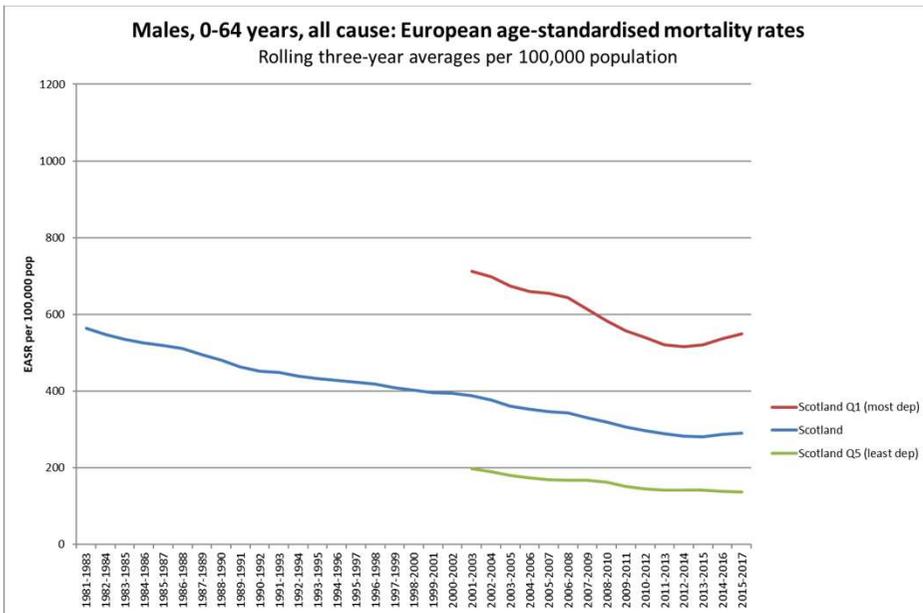
Males – countries & cities



Males – countries & cities



0-64 years



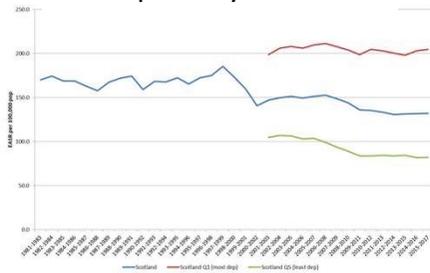
267 deaths (2015-17)

Results: 3 (of 4)

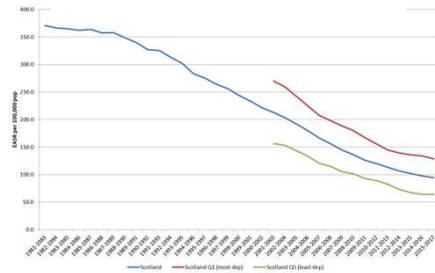
- These widening inequalities observed for the majority of the causes of death analysed

Cause-specific EASRs, all ages, females – by deprivation

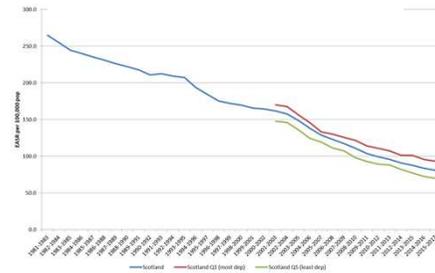
Respiratory disease



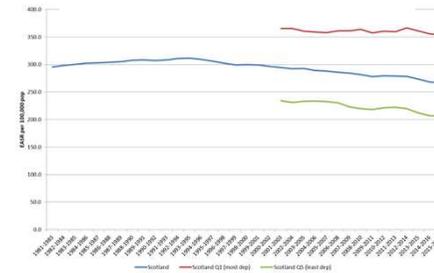
Ischaemic heart disease



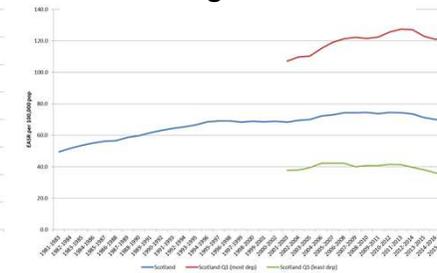
Cerebrovascular disease



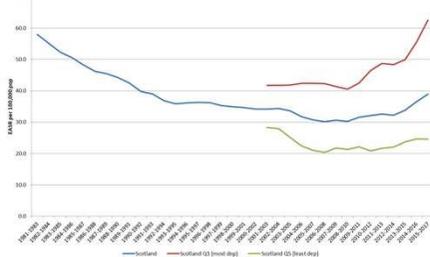
All cancers



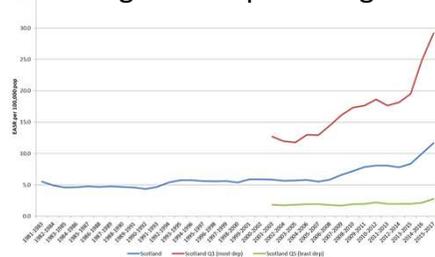
Lung cancer



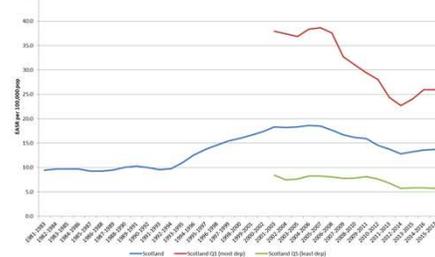
External causes



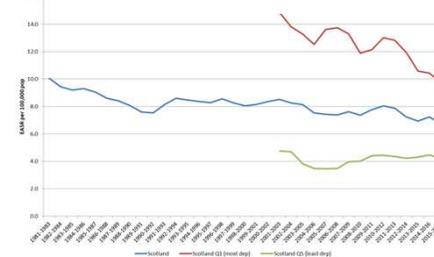
Drug-related poisonings



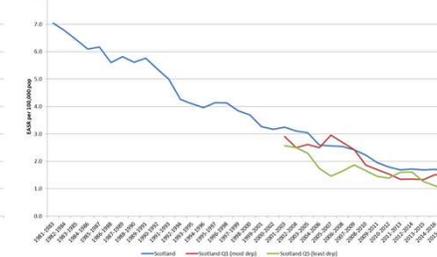
Alcohol related



Suicide



MVTAs

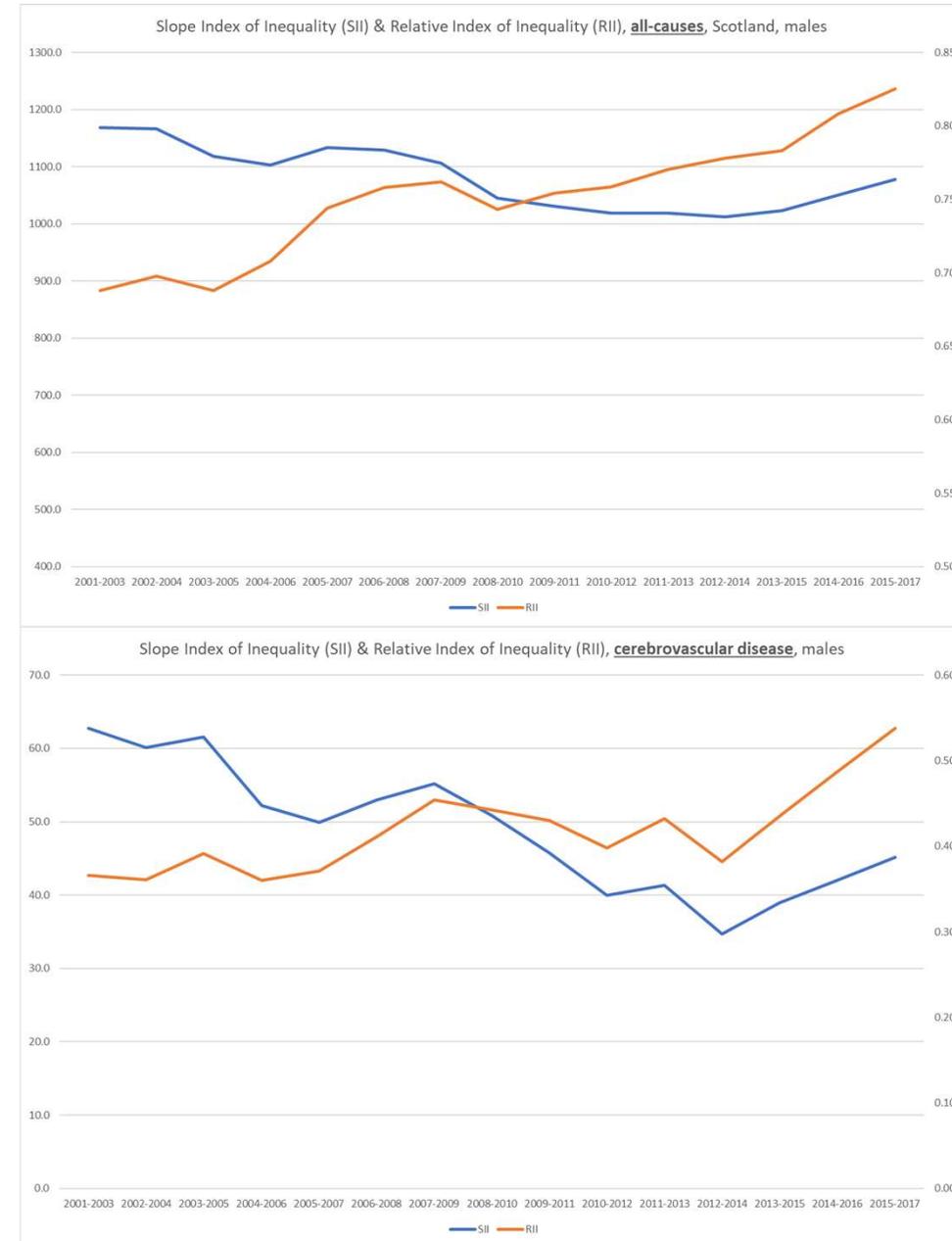


— Scotland — Scotland Quintile 1 (most deprived) — Scotland Quintile 5 (least deprived)

Widening inequalities

- Similar picture for males, with exception of cancer (esp. lung cancer)
- Gap quantified by calculation of SII and RII
- (only two examples for sake of sanity)

Widening inequalities

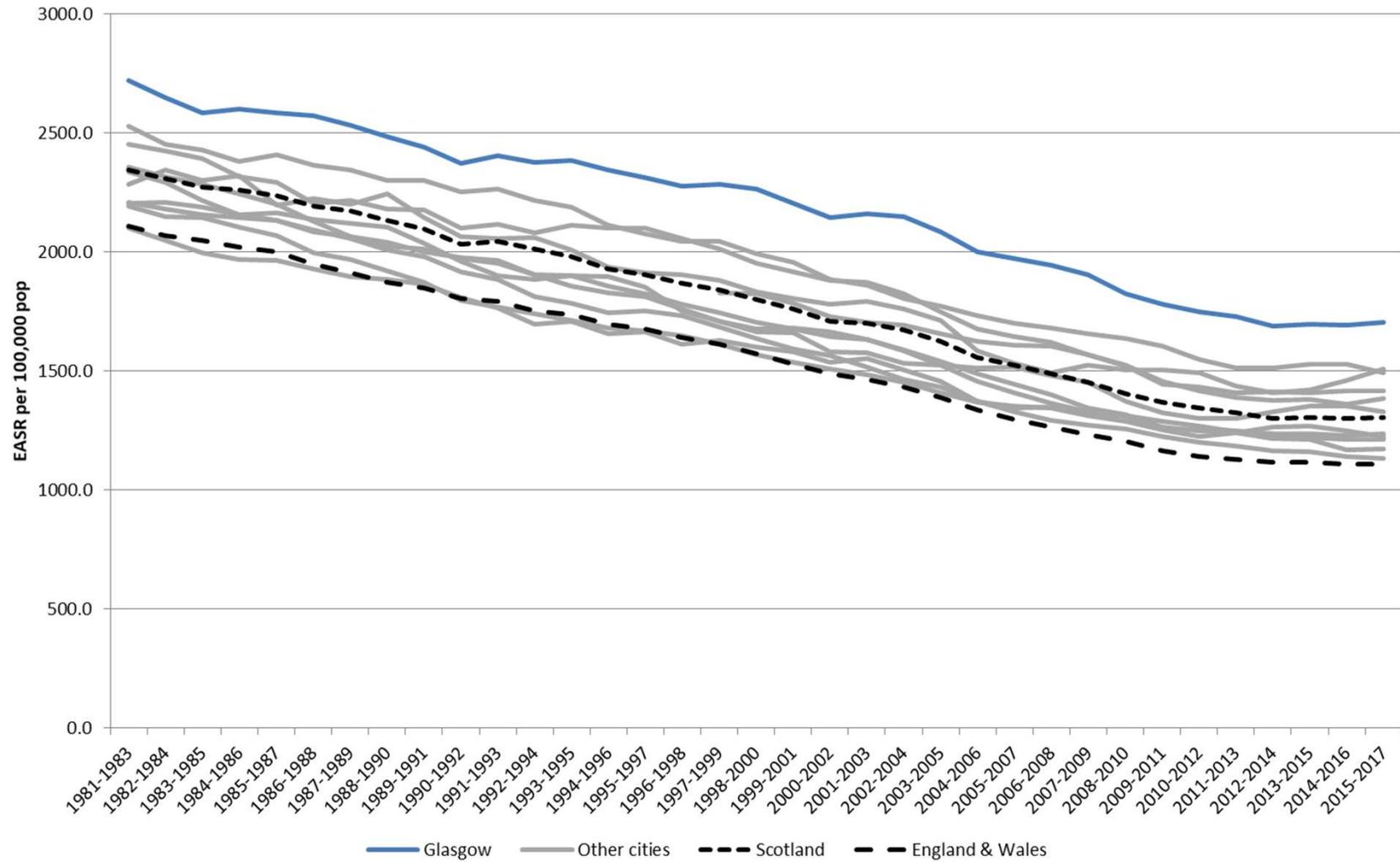


Results: 4 (of 4)

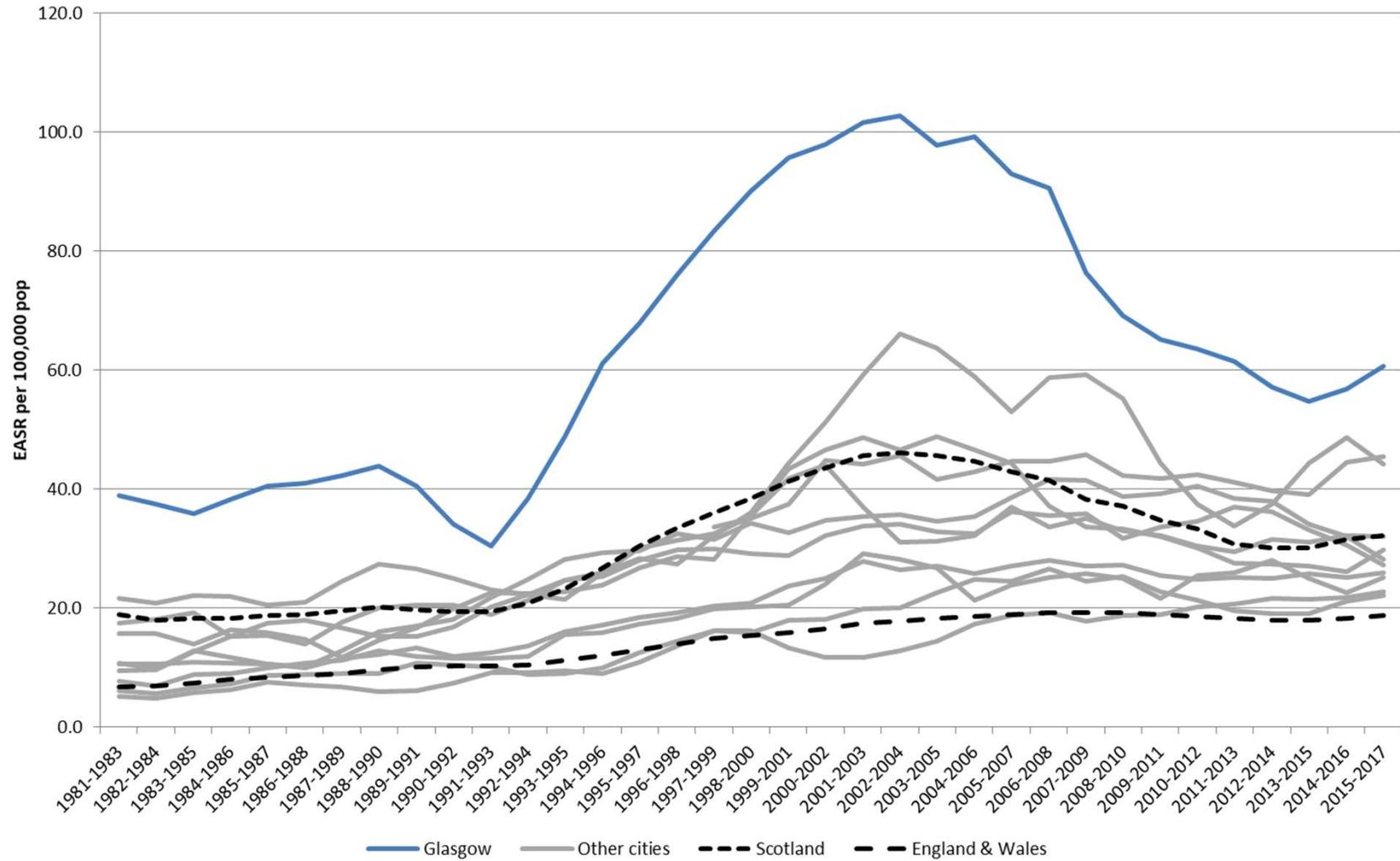
Various **city-level** issues to note:

1. Slow-down in mortality improvement (already shown)...
2. ...masking increasing deaths among poorest (ditto)
3. Glasgow (again) stands out among UK cities for most causes...

Males: all causes, all ages



Alcohol-related causes (males, all ages)

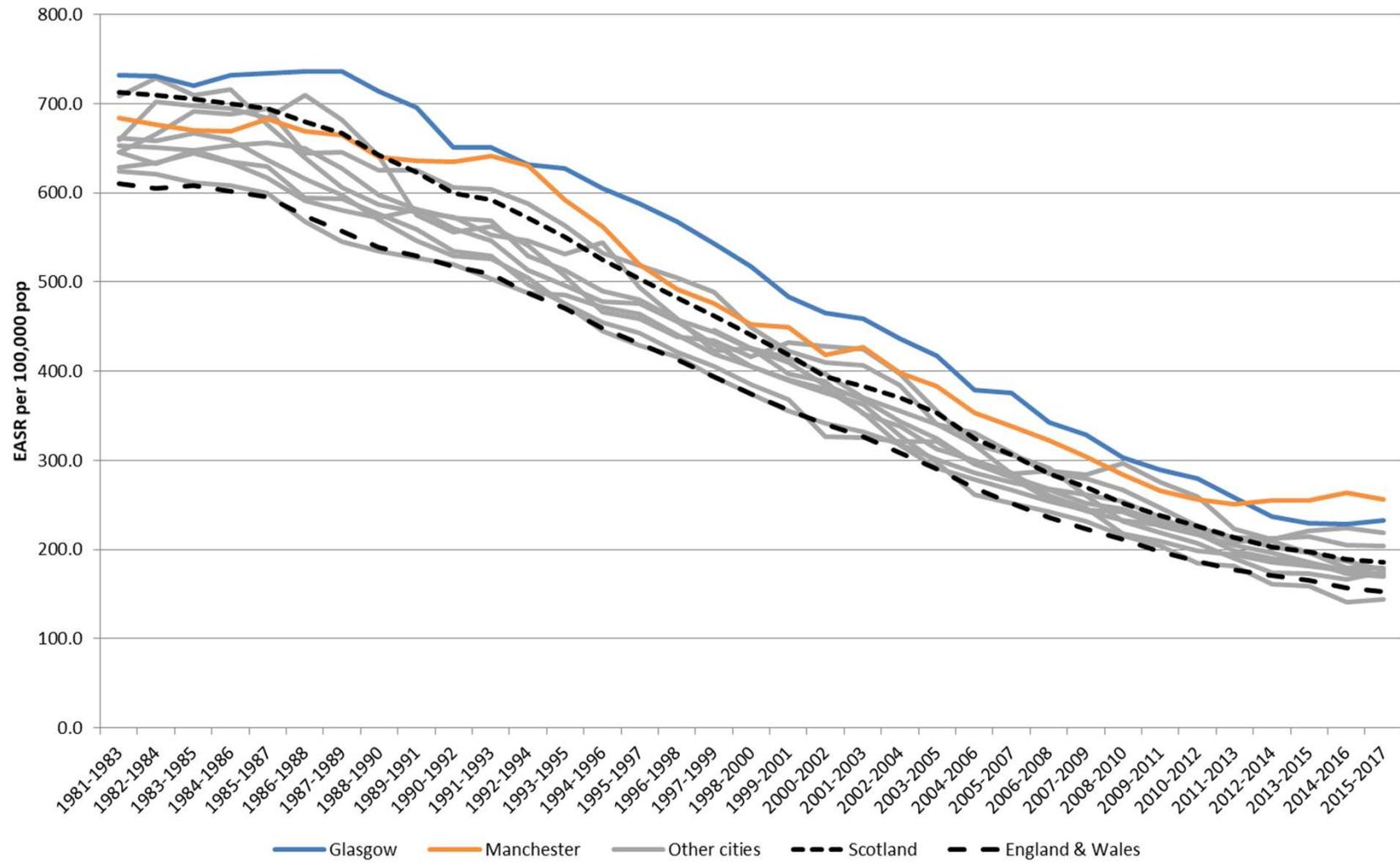


Results: 4 (of 4)

Various **city-level** issues to note:

1. Slow-down in mortality improvement (already shown)...
2. ...masking increasing deaths among poorest (ditto)
3. Glasgow (again) stands out among UK cities for most causes...
4. ...but exceptions apply e.g.:
 - a) Manchester and IHD

Ischaemic heart disease (males, all ages)



Results: 4 (of 4)

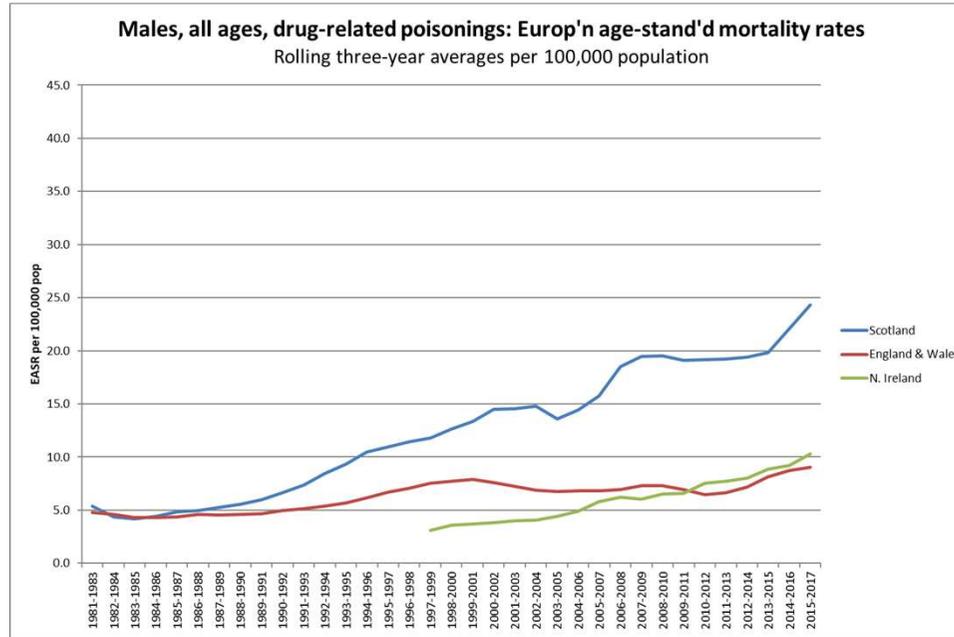
Various **city-level** issues to note:

1. Slow-down in mortality improvement (already shown)...
2. ...masking increasing deaths among poorest (ditto)
3. Glasgow (again) stands out among UK cities for most causes...
4. ...but exceptions apply e.g.:
 - a) Manchester and IHD
 - b) Dundee and drug-related poisonings...

Drug-related poisonings

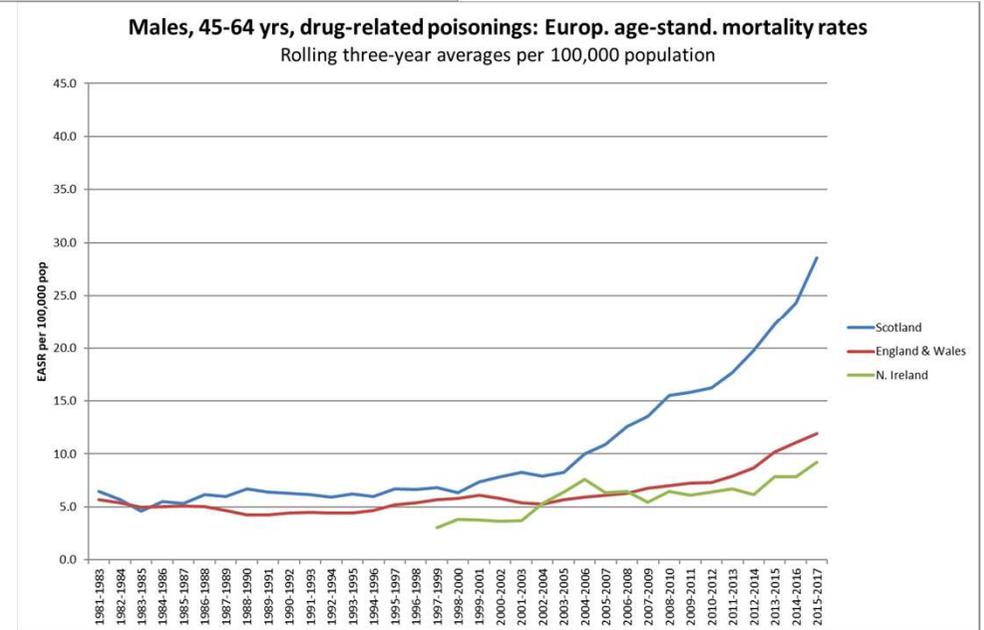
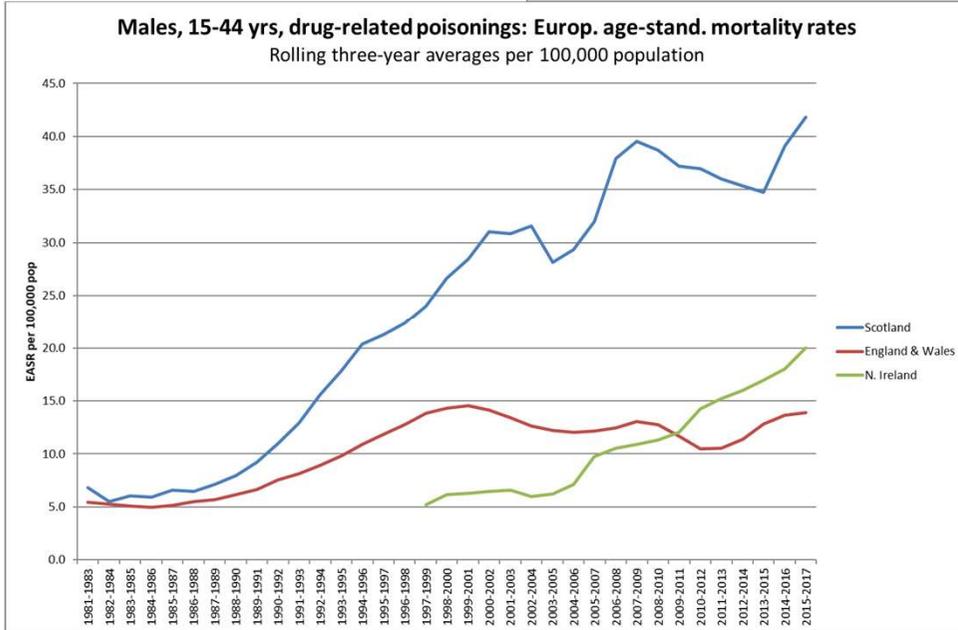
- Defined by ICD codes – broader/less accurate definition of drug related deaths
- Increases across *all* of the UK – but dramatically different in Scotland
- Obviously highly socially patterned
- Broadly similar trends/differences for all ages, and working-age groups, and males and females...

All ages



15-44 years

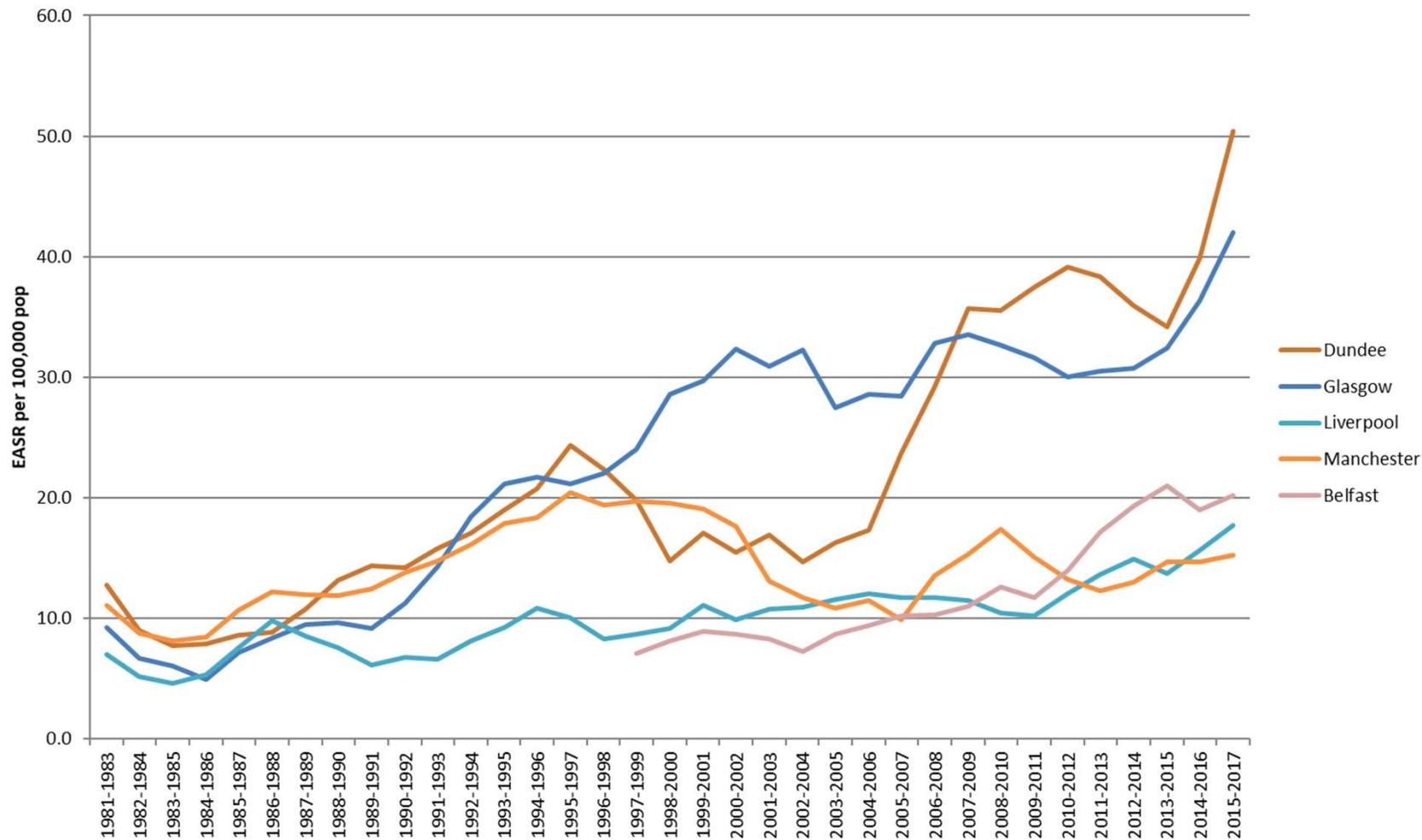
45-64 years



Drug-related poisonings – all ages, cities

Males, all ages, drug-related poisonings: Europ'n age-stand'd mortality rates

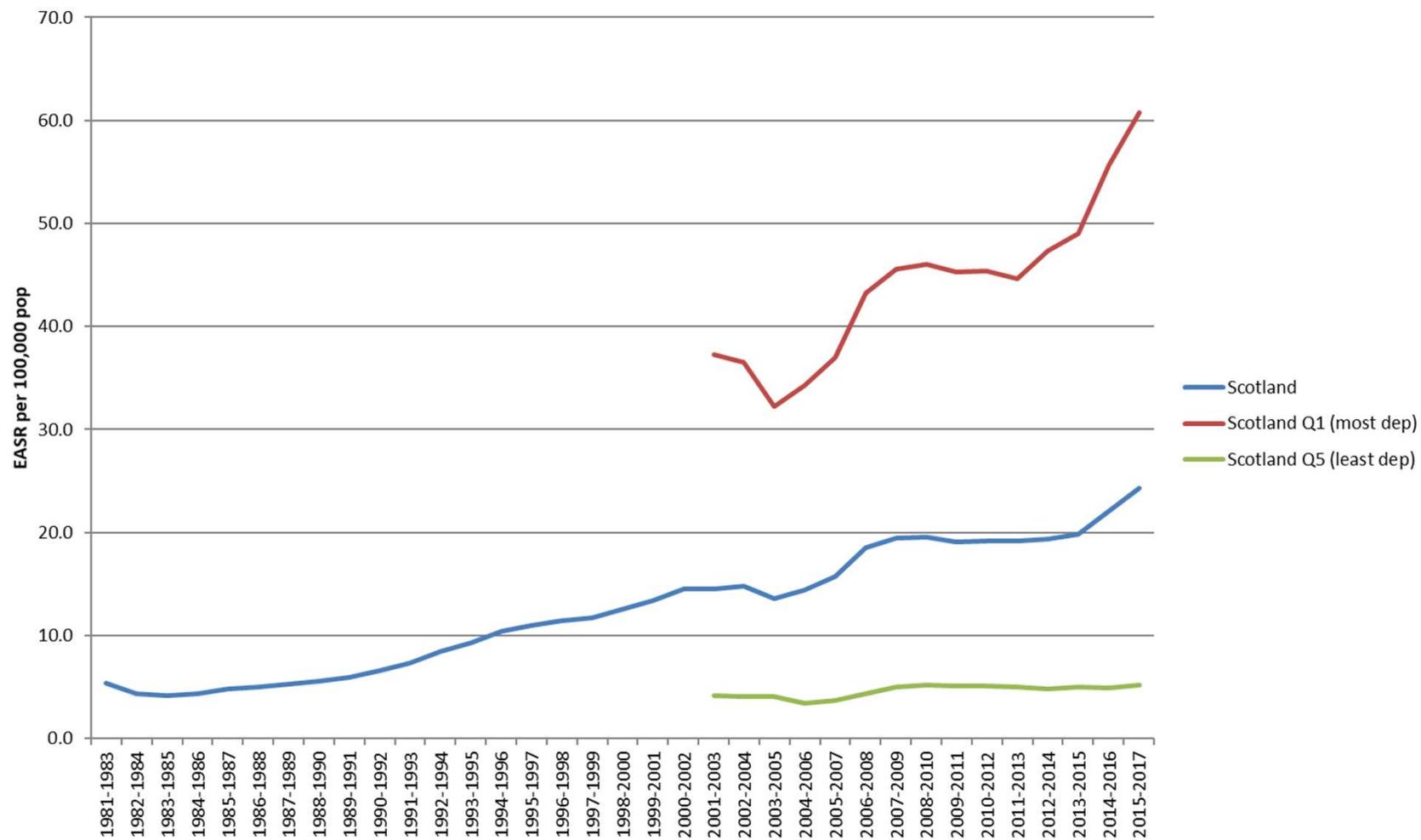
Rolling three-year averages per 100,000 population



Drug-related poisonings – all ages, by deprivation quintile

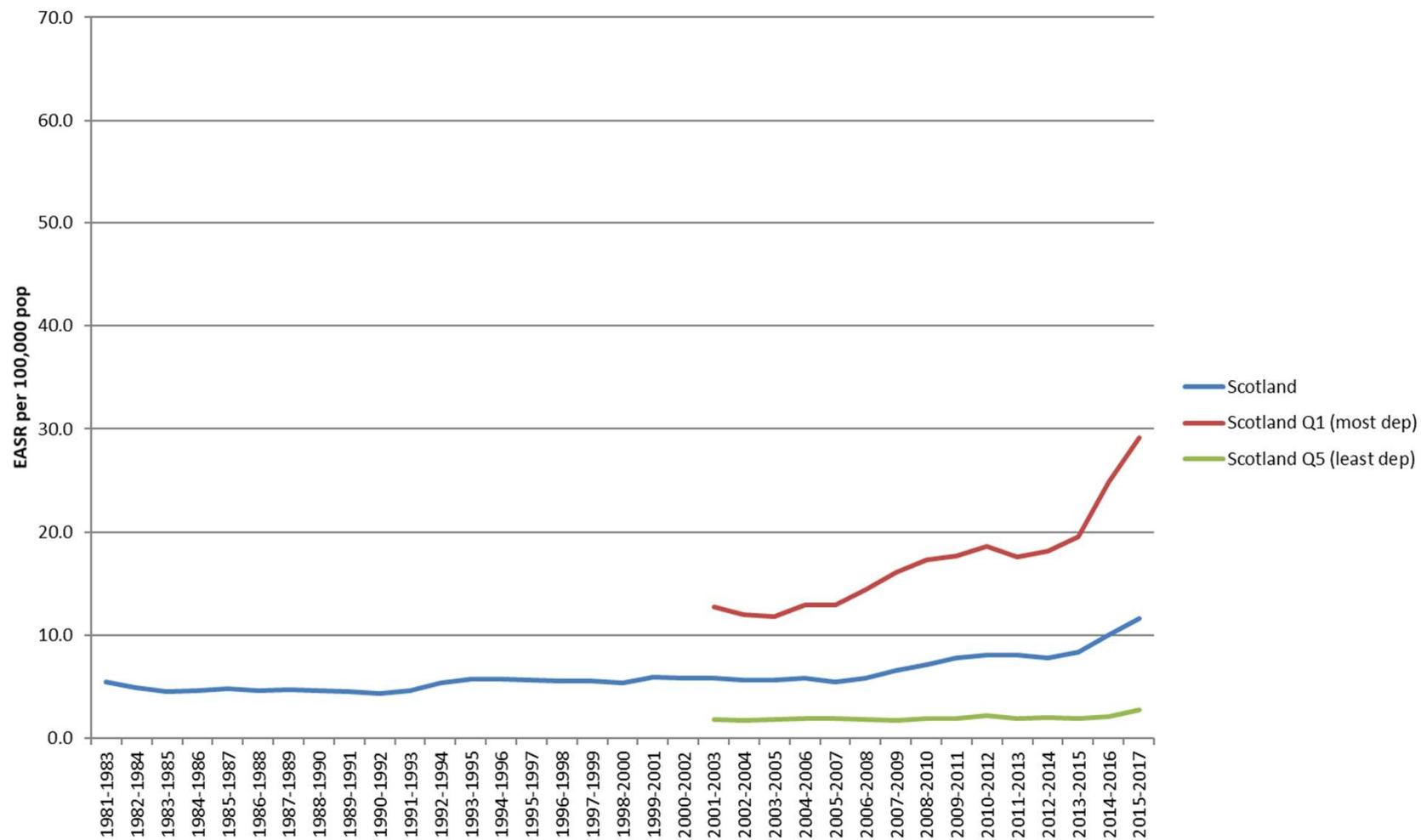
Males, all ages, drug-related poisonings: Europ'n age-stand'd mortality rates

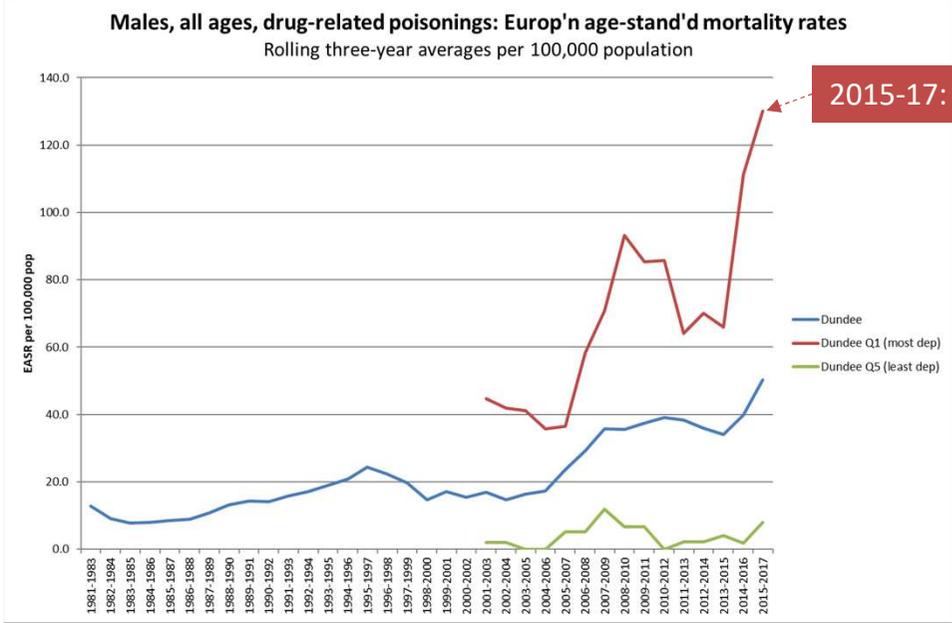
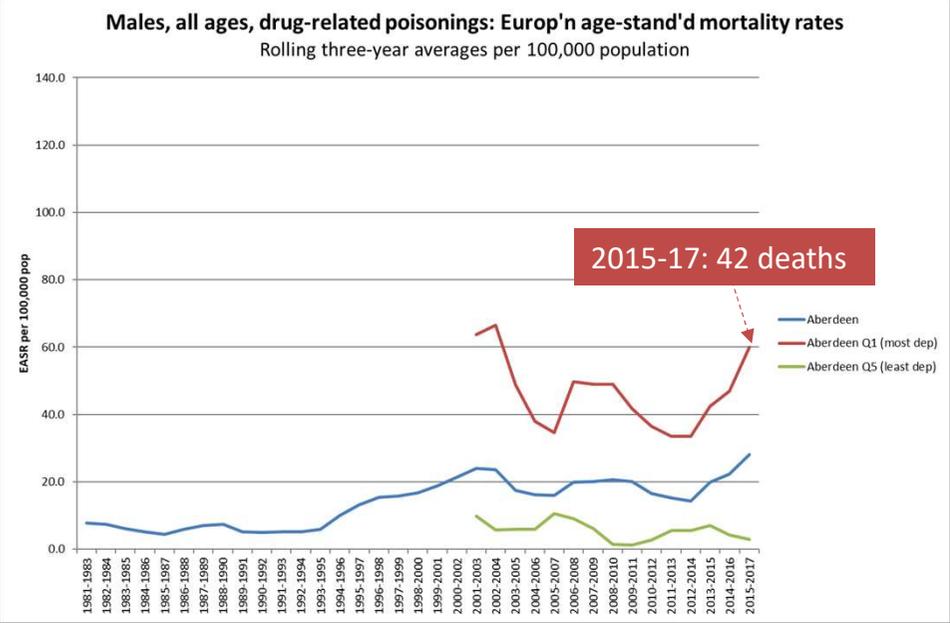
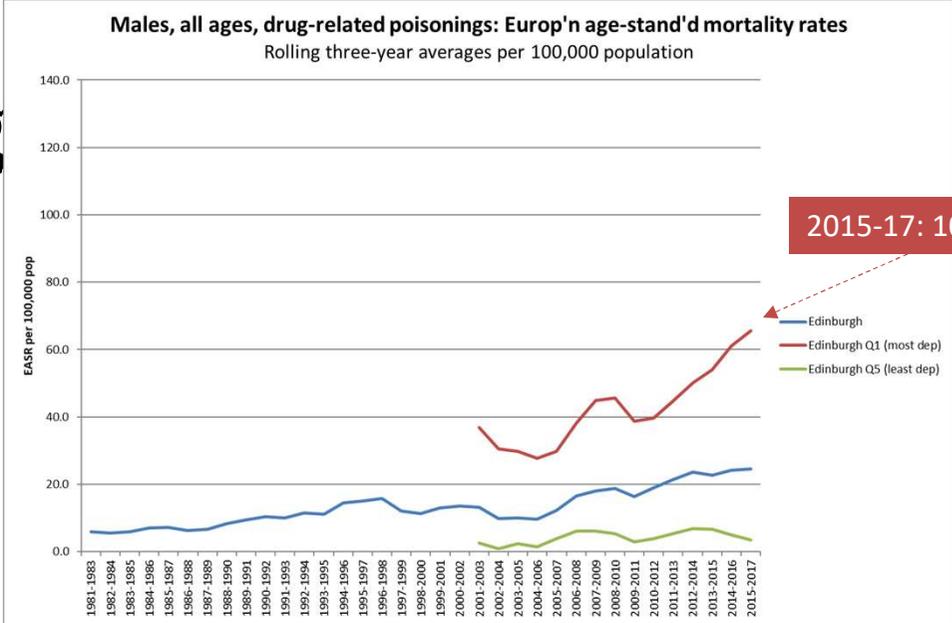
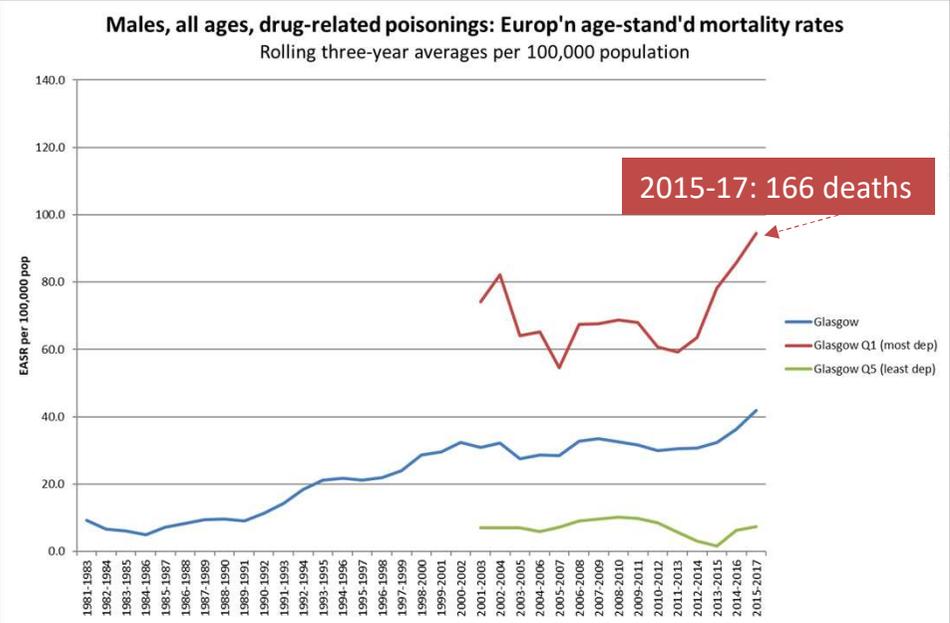
Rolling three-year averages per 100,000 population



Females, all ages, drug-related poisonings: Europ. age-stand. mortality rates

Rolling three-year averages per 100,000 population





In summary...

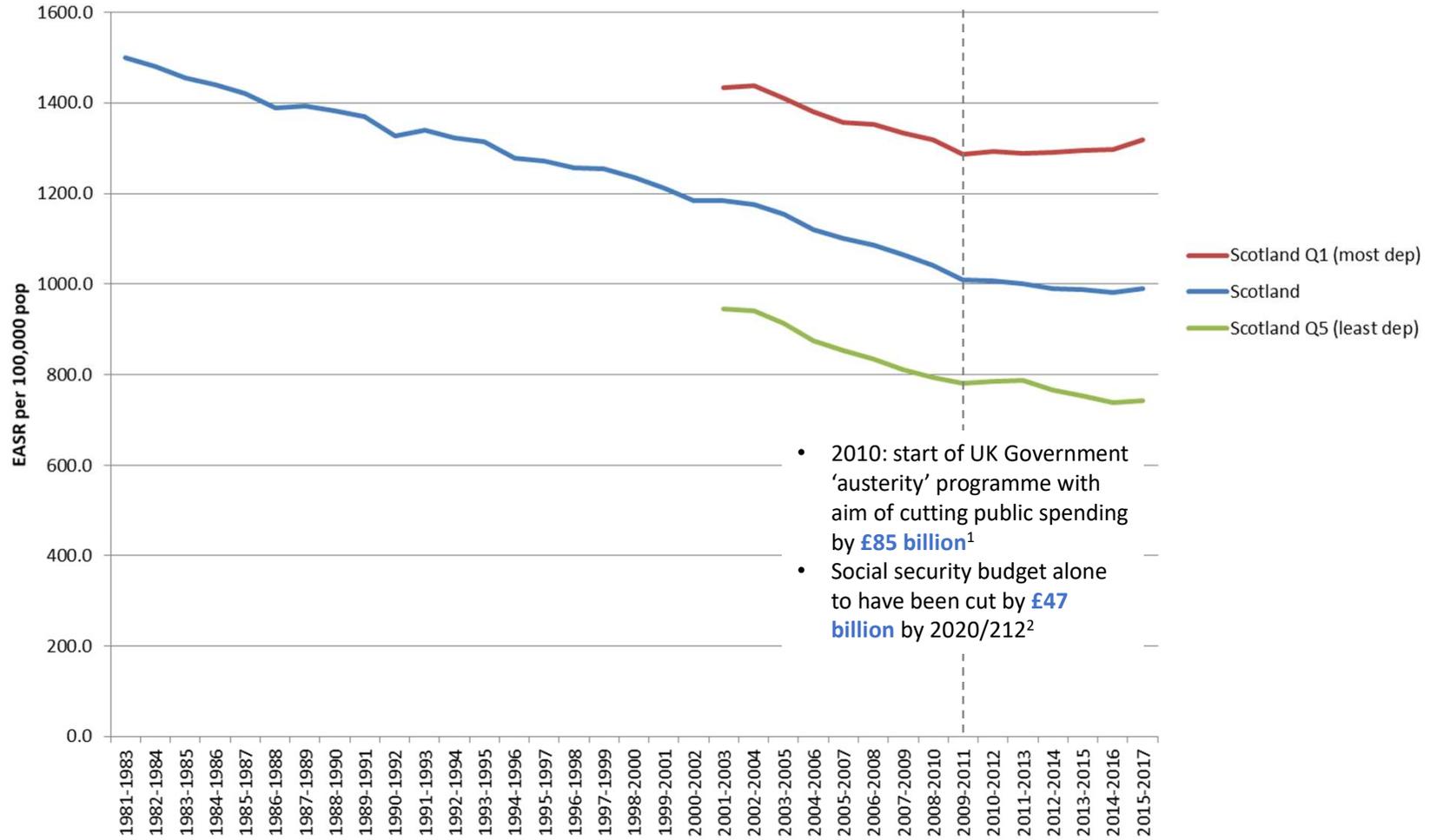
- UK-wide issues:
 - Slow-down in mortality rate improvement...
 - ..masking increased rates among more deprived
- Scotland-specific issues:
 - Impact of drugs harm..
 - ..worsening overall mortality among under 65s

Implications

- Drugs deaths - 'perfect storm' of:
 - Ageing, vulnerable, cohort (e.g. Parkinson et al 2018)
 - Increased affordability, accessibility and variety of drugs
 - Cuts to social security and relevant services
 - And more... (UK Parliament Scottish Affairs Committee 2019)
- Overall mortality trends:
 - Further evidence of likely impact of UK Government 'austerity' measures since 2010...

Females, all ages, all cause: European age-standardised mortality rates

Rolling three-year averages per 100,000 population



Implications

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 - Increased affordability, accessibility and variety of drugs
 - Cuts to social security and relevant services
 - And more... (UK Parliament Scottish Affairs Committee 2019)
- Overall mortality trends:
 - Further evidence of likely impact of UK Government 'austerity' measures since 2010...
- We should have been shouting about this before the pandemic.
- We should still be shouting about it now.

2) Scaling COVID-19 against
inequalities

Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge?

Gerry McCartney^{1*}, Alastair H. Leyland², David Walsh³, Ruth Dundas²

¹ Public Health Scotland, Meridian Court, 5 Cadogan Street, Glasgow, G2 6QE.

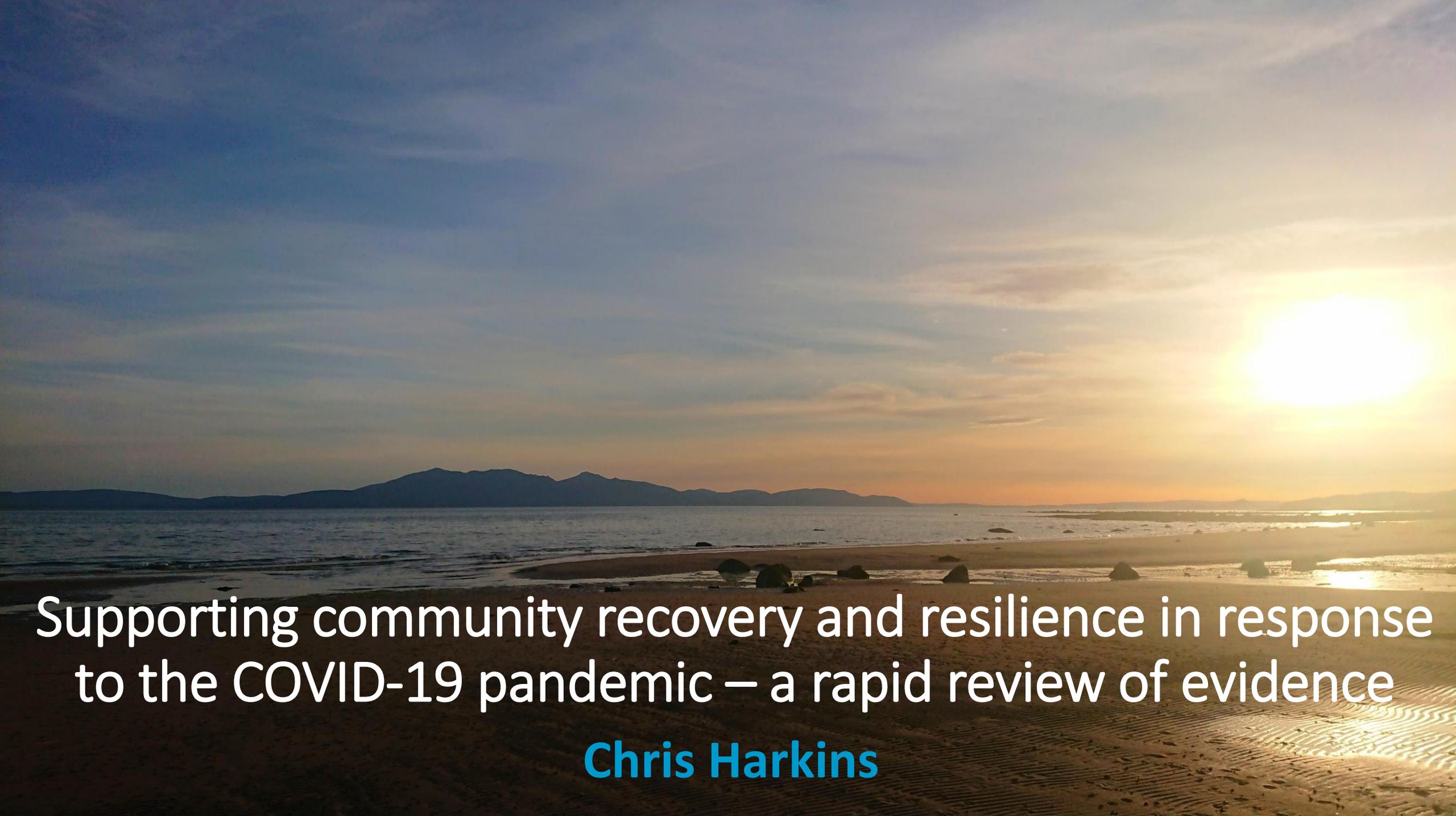
² MRC/CSO Social and Public Health Sciences Unit, Institute of Health and Wellbeing, University of Glasgow, 200 Renfield St, Glasgow, G2 3AX.

³ Glasgow Centre for Population Health, 3rd Floor, Olympia Building, Bridgeton Cross, Bridgeton, Glasgow, G40 2QH.

* Corresponding author. Email: gmccartney@nhs.net. Telephone: 0141 414 2750 or 07733 012918

Further details

- Mortality trends paper:
 - Walsh D., McCartney G., Minton J., Parkinson J., Shipton D., Whyte B. Mortality trends in the UK: average stalling of improvement masks worsening rates within countries and cities - a population based trend analysis. *Submitted to: BMJ Open 2020*
- Covid-19-inequalities comparisons paper:
 - McCartney G., Leyland A.H., Walsh D., Dundas R. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? *Submitted to: Journal of Epidemiology and Community Health 2020*



**Supporting community recovery and resilience in response
to the COVID-19 pandemic – a rapid review of evidence**

Chris Harkins

“History tells us that pandemics, such as COVID-19, do not affect all communities or social groups equally.

Attention must be paid to the differential impacts on different groups and communities or approaches to prevent the spread of the disease will not only be hindered but will also exacerbate existing health inequalities.

It is crucial and timely to emphasise the concepts of community recovery and resilience within the narratives surrounding the COVID-19 pandemic.”

Today, 10 mins

- Background
- Scope and methods
- Structure
- Findings of the review - 3 sections
- Partner feedback

Background

- Lockdown – what role can GCPH play in COVID-19 pandemic?
- GCPH responsiveness to public health emergency
- Provide useful distinct contribution, valued by a range of partners
- Community recovery and resilience became priority themes
- COVID-19 evidence emerging at pace but challenging for partners
- Constraints of the situation - rapid review of evidence

Scope and methods

- Research papers reviewed included quantitative designs. However, qualitative studies and published expert commentary concerning COVID-19 have also shaped the narrative of this paper.
- Previous GCPH publications were also reviewed and were influential within this review.
- Literature assessed in terms of methodological quality, peer review, credibility of source, currency and relevance to UK COVID-19.
- In total, approximately 375 sources were reviewed in detail, with just over 100 sources being directly used and cited in this paper.
- Rapid review began: 30th March, final draft: 8th May, published: 22nd May.

Structure

Progressive process in developing the report structure, as evidence was reviewed.

Section 1: Identifying communities and population sub-groups with additional vulnerability to COVID-19, including the unintended impacts resulting from disease containment policy ('lockdown').

Section 2: A focus on the mental health and psychological impacts of COVID-19 (and related coronaviruses) and how these can be mitigated as part of community recovery.

Section 3: Exploring the broader potential characteristics of community recovery from the current pandemic and how future resilience can be fostered.

Section 1

Table 1: Communities and population sub-groups with additional vulnerability to COVID-19^B

Communities and population sub-groups identified as having additional vulnerability to COVID-19	Key drivers of vulnerability across identified communities and population sub-groups (including unintended impacts of 'lockdown' disease containment policy)
Disadvantaged communities People with disabilities Black and minority ethnic groups People experiencing homelessness Those affected by violence Older people Children and young people Frontline health and care staff	Loss of income and uncertainty regarding future earnings Loss of important practical and social support and connections Reduced access to essential information, goods and services; including through digital exclusion Diminished or interrupted care and support services Compromised ability to adhere to disease containment policy and to maintain social distancing Fear, loneliness, anxiety, increased stress and other adverse psychological impacts.

Section 2

Table 2: Mental health impacts of Coronavirus diseases (COVID-19, SARS, MERS)

Coronavirus disease	Evidenced impacts to mental health across Coronavirus diseases	Factors reported as mitigating impacts to mental health	Factors associated with worsened impacts to mental health
COVID-19 SARS MERS	<p>Depression</p> <p>Anxiety</p> <p>Stress</p> <p>Post-traumatic stress</p> <p>Worry about discrimination</p>	<p>Access to accurate and timely health information</p> <p>Access to disease containment measures</p>	<p>Having the disease, in particular being admitted to hospital</p> <p>Having disease symptoms</p> <p>Loss of a family member to the disease</p> <p>Female gender</p> <p>Poor self-rated health</p> <p>Inadequate essential supplies – including food, clothes, accommodation</p> <p>Inadequate access to information and social contacts</p> <p>Being a frontline healthcare worker, in particular female nursing staff</p>

Section 3: Community recovery and resilience

- Informed by previous GCPH publications
 - Asset-based approaches
 - Participatory budgeting
 - Community resilience

“In order for community recovery approaches to be effective and transformational, their design and delivery must incorporate the views, insights and wisdom of communities and those we identify as having additional vulnerability to COVID-19.”

Section 3: Community recovery and resilience

- A range of new community engagement and participation
- Ensuring the engagement of vulnerable groups in design, delivery
- Innovative and flexible approaches, events to rebuild social cohesion
- Community-based support, services to enhance mental health & wellbeing
- Developing robust community information sharing, tackling digital exclusion
- Altering services, promoting volunteering to support disruptions to services

Partner feedback

- Many positive comments along with “but what about...?”
- No critique of limitations or interpretation of evidence
- More detail asked for on section 1 – identifying vulnerability to COVID-19
- Very little feedback on section 2 – mental health impacts
- Positive response to section 3 – community recovery and resilience

“What is clear is that a commitment to effective community recovery from COVID-19 is a commitment to equality and inclusion.

Communities are the lifeblood of our society. Neighbours, friends, family, volunteers, local services, connections, support and relationships are essential to health and wellbeing.

Community recovery will be sustained and challenging but can be transformational.”

christopher.harkins@glasgow.ac.uk