

Economies for Healthier Lives

Year one evaluation report

Maximising the health,
wellbeing and economic
benefits generated by
Glasgow City Region's
capital investment
programme

February 2023



GLASGOW
CITY REGION



Acknowledgments

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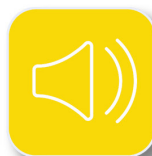
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Translation



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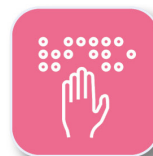
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Summary

This report provides a baseline assessment of the expectations and priorities of the various interests involved in the Glasgow City Region (GCR) Economies for Healthier Lives project, gathered at the end of year one of the work. This work involves the development, socialisation, and adoption of a Capital Investment Health Inequalities Impact Assessment Tool (or 'CHIIA' / the tool).

In its first year, the GCR project has developed largely in line with expectations, despite early challenges. In particular, the Core Team and Project Manager have successfully engaged partners from a range of sectors and disciplines in groups that are shaping and guiding the work.

There is considerable interest in the novel approach being taken and enthusiasm for applying more evidence-informed decision making across capital spend projects in the Region.

Project partners share a general vision for the work, with differing expectations of their roles in the development of the tool, and the way in which they may subsequently utilise it.

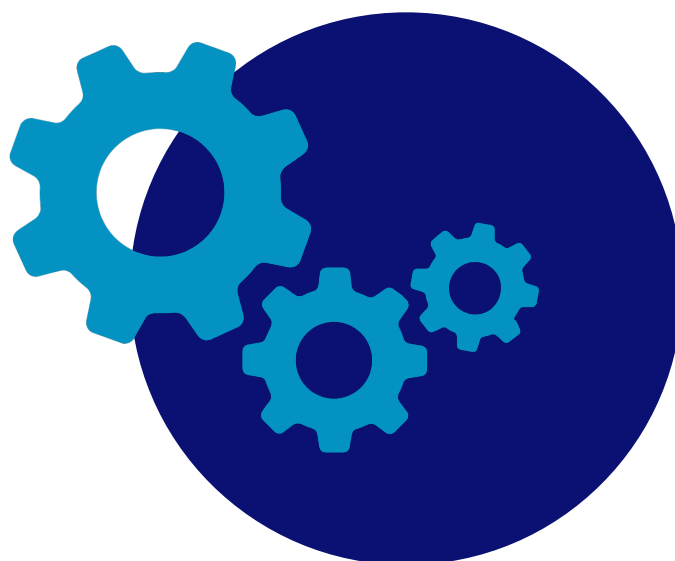
The co-productive element of the project has generated a degree of early challenge. However, it is considered to be crucial to project success and will continue to be a priority as it progresses.

Key learning

- The project has developed in line with the expectations of project stakeholders.
- There is broad consensus around project aims and a pervasive understanding that the work is about supporting better outcomes for communities and reducing inequalities across the Region.
- Project stakeholders share a general ambition for the project to support better partnership working between public health and economic development staff, as well as other allied professions.
- Early engagement has helped to generate interest in the novel approach.
- There is an expressed need to progress the co-productive element of the work.

- Project stakeholders recognise that meaningful co-production needs to be underpinned by a set of principles that do not necessarily align with current practice.
- Operational challenges highlighted by members of the Core Team were predominantly related to ways of working and organisational culture, as well as to external factors that could shape organisational priorities and capacity.
- Enabling factors were described in relation to effective ongoing engagement, leadership, alignment with policy and strategy, understanding and buy-in and the potential usability of the tool
- Perceived success factors included collaboration around the development of an evidence-informed tool, widespread use of the tool across a diversity of sectors, prioritisation of a reduction in health inequalities through evidence-informed decision making, and learning from the project shaping practice elsewhere.

Recommendations are provided to ensure that the work continues to develop as intended, with a view to achieving the planned outputs and outcomes.



1. Background

The Glasgow City Region (GCR) Economies for Healthier Lives (EfHLs) project aims to maximise the health, wellbeing and economic benefits generated by Glasgow City Region's Capital Investment Programme. It will achieve this through the development, socialisation, and adoption of a Capital Investment Health Inequalities Impact Assessment Tool (or 'CHIIA' / the tool).

The overarching Economies for Healthier Lives programme is managed and delivered by the Health Foundation. It is a three-year (2021-24), £1.72m funding programme to support four local partnerships across the UK to promote health and reduce inequalities through economic development strategies. The GCR project is the only partnership based in Scotland. Led by the Glasgow City Region Programme Management Office (located within Glasgow City Council), the GCR project has partnership support from Public Health Scotland and the Glasgow Centre for Population Health, working alongside other project collaborators: the [Scottish Community Development Centre](#), [Wellbeing Economy Alliance](#), and [Kinharvie](#).

The Glasgow City Region has a long history of economic and health inequality. Large scale investment in the area has often focused on physical regeneration and economic outcomes, without enough consideration for the impact on affected communities. To address this, the GCR project considers the likely health, wellbeing and inequality outcomes of large-scale capital infrastructure spend. The project team will co-produce, pilot and adopt a health inequalities impact methodology into local authority capital spend processes across the GCR, with the ultimate ambition of embedding the approach in business-as-usual systems and processes in the Region. Through the development of the CHIIA tool, the project aims to maximise population health and wellbeing, and protect against widening inequalities.

The work has four stages:

- ▶ **Stage 1:** Reviewing decision-making processes on current large-scale capital infrastructure projects.
- ▶ **Stage 2:** Applying stage 1 learning to develop a 'Capital Investment Health Inequalities Impact Assessment' (CHIIA) tool to test on various projects.
- ▶ **Stage 3:** Making changes to the tool based on learning gained from working alongside live projects (project pilots) and putting it into everyday practice, through training users and continued monitoring.
- ▶ **Stage 4:** Bringing together all the project learning and sharing this widely.

2. Evaluation approach

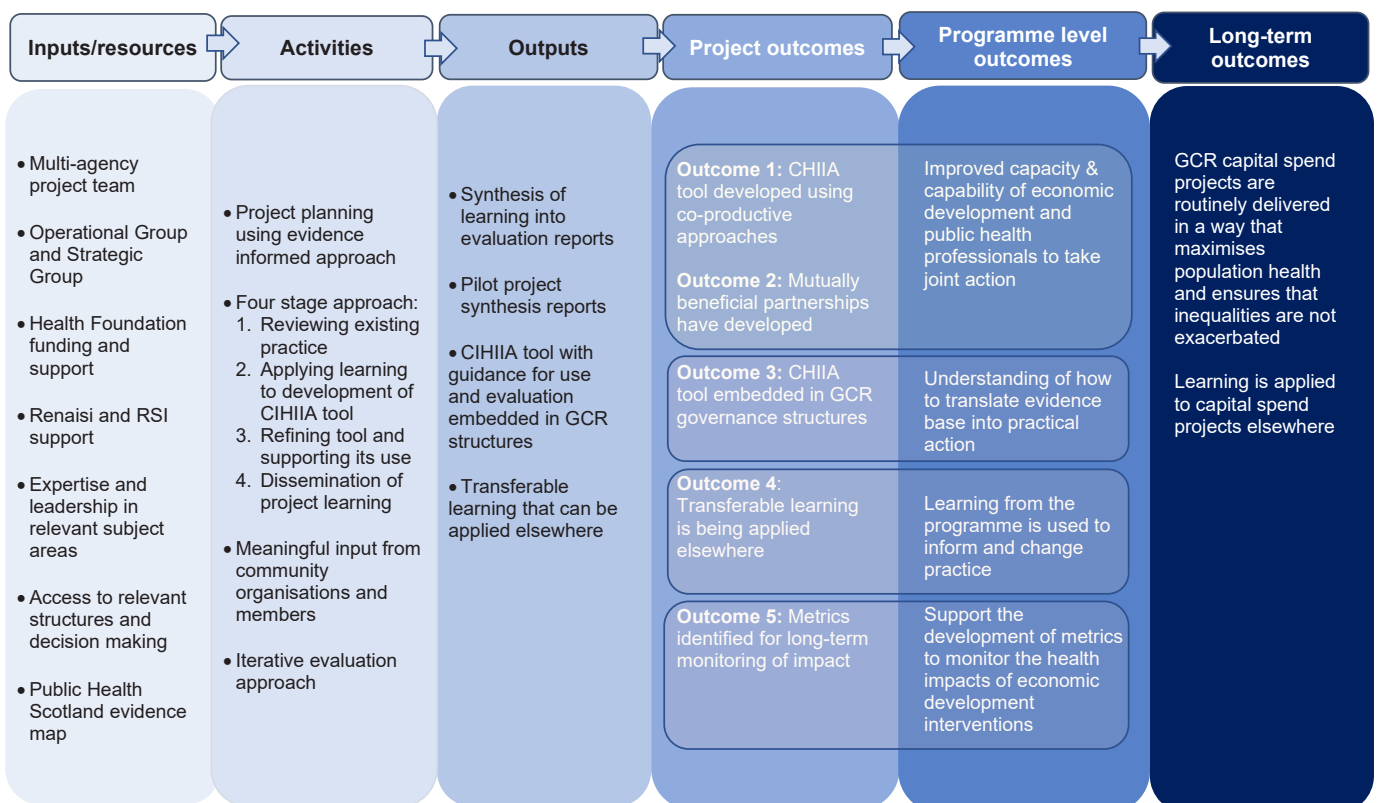
An evaluation plan for the project was developed and presented, for discussion, to the project’s Core Team in June 2022. The plan includes the project’s agreed outcomes, a project theory of change and a logic model illustrating the projected pathways to the anticipated outcomes (see Figure 1), as well as the research questions and the evaluation aim, which is as follows: *“To investigate how the activities, processes and mechanisms of the project have impacted on and contributed to the project outputs and outcomes.”* While progress against the anticipated outcomes will be assessed towards the end of the project, the evaluation is largely focused on process.

For year one, it was agreed that the evaluation would capture the vision, expectations, and priorities of the various

partners and broader stakeholders involved, as well as any early signs of progress and challenges and/or enabling factors experienced by the project’s Core Team. It was anticipated that this approach would assist the team in establishing expectations and priorities, aid decision making for year two, and provide a baseline to reflect on in years two and three.

In keeping with the wider programme evaluation being carried out by [Renaishi](#), a developmental approach has been taken to ensure flexibility in evaluating a large scale, exploratory intervention. Beyond year one, it is anticipated that the learning from the development of the tool and its application to projects within the GCR will generate transferable learning that can be applied widely across Scotland and other regions in the UK.

Figure 1: Logic model



Year one evaluation

The learning presented in this report is based on data gathered through a mixed methods approach. An initial review of meeting notes and documents produced to support the development of the project was followed up with conversations with members of the Core Team¹ to clarify any uncertainties. Primary research was then undertaken through a survey issued to all members of the Core Team, Operational and Strategic Groups². Seventeen responses were received of a possible 50.

At the time of administering the survey (July/August 22), the Operational Group had met twice, and the Strategic Group had met only once. Survey findings are

presented throughout this report and an infographic summary of the findings is provided in the Appendix.

Five semi-structured interviews were subsequently undertaken with project stakeholders. For balance, interviewees were invited from across both the Strategic and Operational groups, which included representation of staff from public health and economic development backgrounds, as well as staff working within the public sector, third sector and within national government. Finally, a focus group was held with the project's Core Team (n=4). Table 1 summarises the purpose of each method.

The following research questions were used to guide the research. Findings are presented in relation to each question in section 3.

1. What progress has been made in year one?
2. Has the project developed in line with expectations?
3. Is there broad consensus around what the project is trying to achieve?
4. Are new partnerships forming due to project developments?
5. What are the challenges to progress and lessons learned?
6. What enabling factors can support the delivery of the project?
7. What will success look like?
8. What should be prioritised for year two?

¹ The Core Team consists of the Project Manager and representation from the Glasgow City Region PMO, Public Health Scotland, and the Glasgow Centre for Population Health.

² The Operational Group has been established to gain partner involvement in the day-to-day delivery of the project. The Strategic Group, meanwhile, includes senior representation from anchor organisations within the City Region. This group aims to support change at a more strategic level. Both groups are intended to encourage a combination of information sharing, deliberation, and decision making.

Table 1: Data collections methods

| Method | Purpose | Target respondents |
|---------------------------------|--|---------------------------------------|
| Survey (n=17) | <ul style="list-style-type: none"> • To establish whether expectations had been met. • To establish whether there was confidence in the approach. • To understand the extent to which there was a collective understanding around what the project is trying to deliver. • To identify key enabling factors in the delivery of the project. • To gain some early understanding of the extent to which partnerships were forming. • To identify a collective vision for the project. | Strategic & Operational Group members |
| Interviews (n=5) | <ul style="list-style-type: none"> • To understand the value of the approach to different organisations. • To establish the extent to which the project had developed in line with expectations. • To establish the extent to which there were differences in expectations and experiences across organisations involved. • To gain perspective on the extent to which partnership working was happening and what this has involved. • To identify key enabling factors for the successful delivery of the project in year two. | Strategic & Operational Group members |
| Focus group (4 participants) | <ul style="list-style-type: none"> • To provide a detailed account of the work undertaken to date. • To critically reflect on the challenges encountered and the lessons that can shape future actions. • To identify priorities for year two. | Core Team |

3. Findings

The findings presented here include learning from the survey, focus group and interviews. Transcripts of the focus group and interviews were coded and analysed for common themes, contradictions, and points of interest.

What progress has been made in year one?

Figure 2 shows the main project activities delivered since funding was secured in November 2021. The diagram illustrates that this year has involved a period of 'planning' before the appointment of the Project Manager in February 2022. Early planning involved setting the foundations for the project, which was important for ensuring participation in its Operational and Strategic Groups, and more generally for generating interest in the approach. The Operational Group was established prior to the appointment of the Project Manager and has met bi-monthly since. Meanwhile, the Strategic Group convened in February 2022 and have met on one further occasion (October 22).

Further key milestones across year one of the project included undertaking an appreciative inquiry – a research piece exploring the best practice around Health Impact Assessment/ Health Inequalities Impact Assessment frameworks – and capital appraisal processes across the Glasgow City Region. This involved identifying gaps and levers which could assist with embedding the CHIA tool.

In tandem with this, work was undertaken over the summer months to actively recruit citizens to join a 'Community Panel'. This will bring together a group of people with lived experience of inequality. The Panel will ensure that diverse community perspectives feed directly into the co-production process. The Panel first met on the 26th October and have agreed to meet again to set out a 'working together agreement' and arrange a series of capacity building sessions. A series of Development Cohort sessions will be held in early 2023, in which stakeholders will meet to consider and explore how to co-produce the CHIA tool.

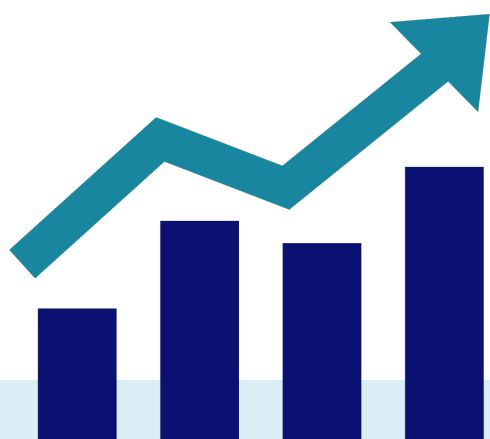
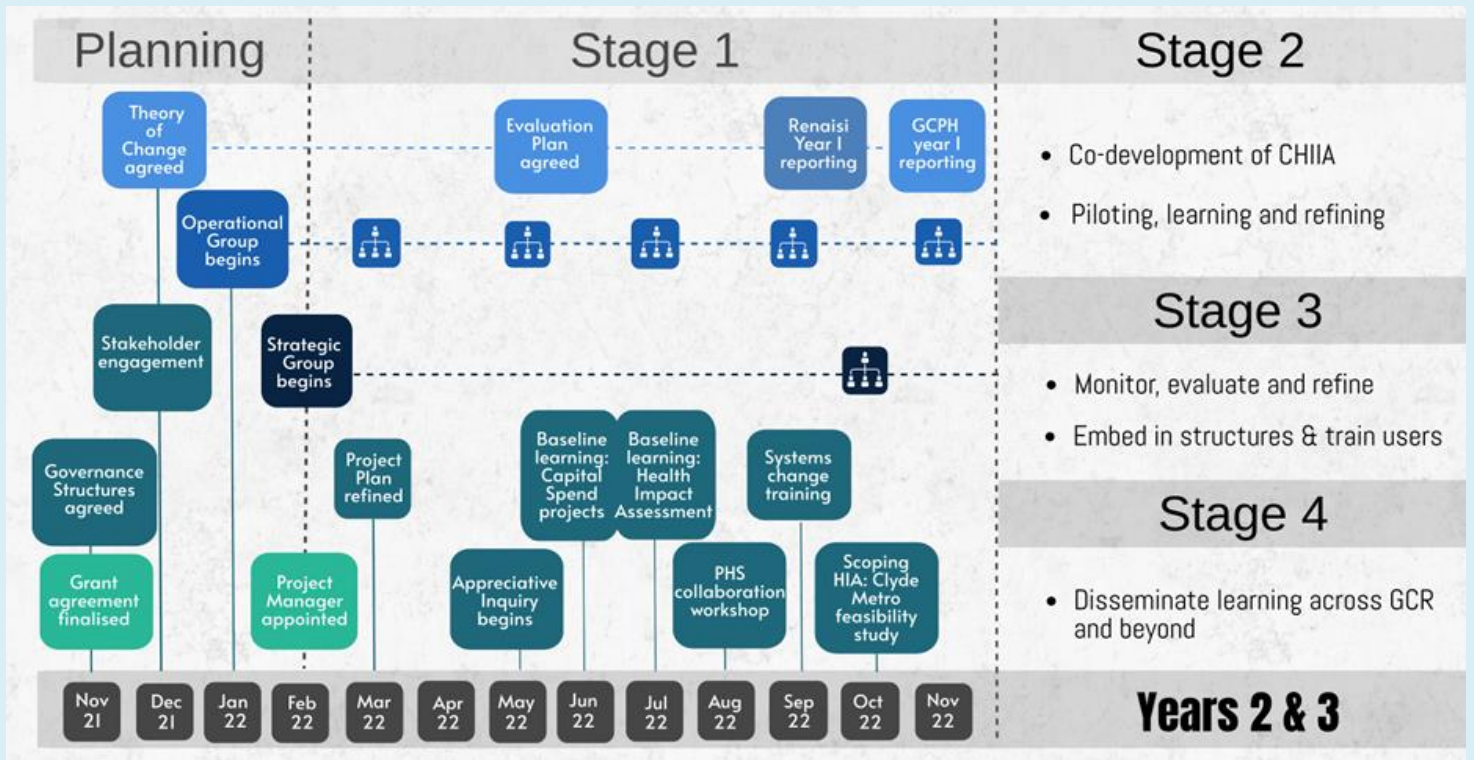


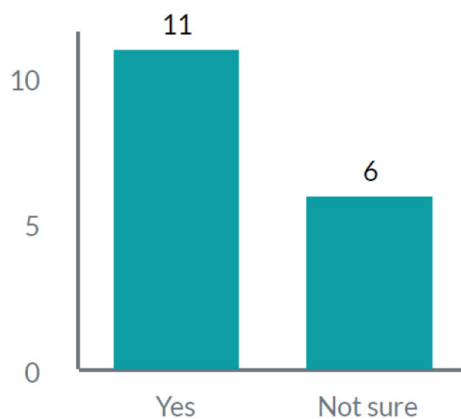
Figure 2: Project timeline



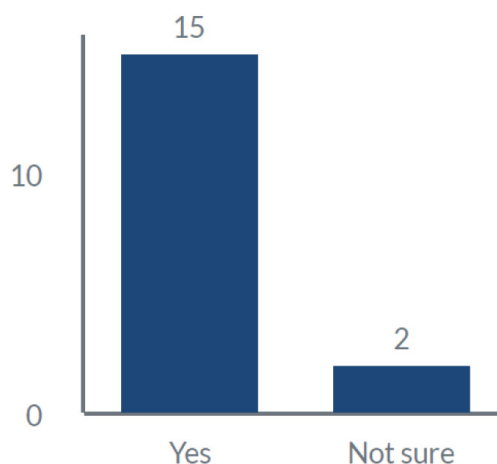
Has the project developed in line with expectations?

Eleven out of 17 survey respondents felt that the project had developed in line with expectations, with the remaining six stating that they were 'not sure'. Meanwhile, 15 out of 17 were confident in the approach and two were 'not sure'.

Project has met expectations so far



Confident in approach



Reflections from the Core Team indicated that the project had broadly developed in line with expectations, despite certain aspects of development having taken longer than planned. These delays were said to be typical of work that involved recruitment of staff, establishing project groups, and building new relationships. Those interviewed with a prominent role in the project also expressed that it had progressed in line with expectations.



Largely it's turned out as expected. It's taken some time to do the nuts and bolts, but we shouldn't be surprised with that.” (Core Team)



Right now, I'd say we're exactly where I'd expect to be. I have no concerns at this stage.” (Interviewee)

To avoid delays and to manage expectations, it was suggested that similar approaches in the future might involve some lead-in time for recruitment and relationship building.



Maybe we should redefine how we set it up. So, at the beginning you think we've got six months to recruit and once that's in place, that's when the funding period starts.” (Core Team)

Despite these challenges, however, there was agreement that careful planning around the design of the project and the establishment of well-considered project groups had ensured that people had bought into the approach: meetings were well attended and had broad representation. To retain enthusiasm for the approach, it was argued that it would be important to be able to demonstrate progress.



They've been pretty well attended, and I think it's the right balance of people across the two groups, but we need to make sure that we have something to bring to people.” (Core Team)

Is there broad consensus around what the project is trying to achieve?

The Core Team have defined the project's main aim as to *“co-produce, pilot and adopt a health inequalities impact methodology into local authority capital spend processes across the Glasgow City Region - and beyond - in order to maximise population health and wellbeing outcomes and mitigate against inequalities”*.

Feedback from the survey on the perceived purpose of the project demonstrated broad consensus around what the work aims to achieve. Responses to this question could primarily be separated in terms of the project's outputs, the processes involved in making capital spend decisions, and the outcomes achieved through this new approach. Examples of responses relating to the outputs include:



To create a bespoke health (and inequalities) impact assessment for capital build projects.” (Survey respondent)



A key output of the project is a new analytical tool for policy making in relation to capital investment and health inequalities.” (Survey respondent)

Meanwhile, responses which encapsulated the process elements of the approach highlight the perceived importance of doing things collaboratively and differently, and revealed an understanding of the project's overarching objective to support a reduction in health inequalities across the Region.



The purpose of the project is to enact systems change across the Glasgow City Region in order to maximise positive health equality outcomes from capital investment spend.” (Survey respondent)



Partnership working to develop and implement capital and local policy projects to secure sustainable improved economic and health outcomes for communities and individuals.” (Survey respondent)

For some, the purpose was centred on achieving improved alignment between public health and economic development. Within this context, it was also expressed that the project helpfully offered a tangible, outcomes-focused approach to collaboration.



To better ensure that a more joined-up approach is taken in design and decision making that new projects/investments in economic development in the Region are aligned with improving public health outcomes.” (Survey respondent)



What I think is exciting is that it’s something tangible that we’re working towards, it’s not just about asking about the challenges that Glasgow faces.” (Survey respondent)



Differing interpretations of how the tool will be developed and how it may be used also emerged through the interviews. This uncertainty was reflected by the Core Team and is perhaps unsurprising given the iterative nature of the project and the aspiration to co-produce the work.

However, it was clear that while some respondents were keen to see the tool developed in ways that centred on their service or sector, others felt that it should be broad and comprehensive enough to meet the needs of all potential users.

Are new partnerships forming due to project developments?

The Core Team reflected that early work had involved engagement, promotion of the approach, recruitment of stakeholders to the project's Operational and Strategic Groups and, crucially, the appointment of a Project Manager (February 2022). The Core Team expressed that early engagement – prior to the appointment of the Project Manager – had generated great interest in the approach, but that a lack of consistency in personnel had, at times, disrupted the momentum of this early relationship building.



I guess you have a continuity problem in that I had had to do a lot of the work early on before passing it on.” (Core Team)

It was also felt that although it was important to engage stakeholders early on around the project ambition, subsequent engagement needed to be supported by demonstrable progress to ensure ongoing interest.



You don't want to pull people together unless you've got something to take to them. So, it's kind of a double-edged sword: you don't want to annoy people by getting them in the room when you don't have a lot to tell them.” (Core Team)

Both the Strategic and Operational Groups have been well attended, with representation from economic development, public health and other relevant sectors, as well as wider interest and involvement from national bodies and government. In this respect, it appears that the project has good visibility and there is a strong will for the approach to support process improvements and better outcomes across various organisations.

Despite constructive early engagement and ongoing close working with the relevant specialist project partner, the co-productive element of the project (including establishing a 'Community Panel') had proven difficult and had been delayed. The Core Team reflected that their good intentions to work more collaboratively and co-productively with community members were difficult to enact, even with focused support. It was felt that the project can provide a catalyst for change, but it will need to spark additional related work/projects and broader changes relating to ways of working and leadership for any new approaches to become sustainable.



We've spent a lot of time talking about managing the tensions between a business style meeting and facilitating relationships and shared understandings and how you can disrupt that system.”
(Core Team)



This is a catalyst for enabling that to occur, but there is another set of conditions to allow that to happen and this project is part of that.” (Core Team)

Developing the co-productive element of the project was viewed as a priority, but it was acknowledged that various conditions needed to be in place for it to succeed. Leadership, ceding power, challenging existing cultures, understanding organisational and sectoral differences and being able to pursue meaningful relationships were all described as important factors in effective co-production.

Survey responses to a question on whether new partnerships were forming are summarised below:

Partnership Development



- Awareness is increasing, but it is 'early days'.
- The lack of face-to-face meetings has been challenging.
- Partnerships need to extend beyond Glasgow City.
- Parity of relationships and regular updates are important.
- Outcome-focused approach needed to maintain momentum.

Several respondents commented that it is too early to make this assessment. In keeping with feedback from the Core Team, reported progress at this stage generally involved engagement around the project structures and early relationship building, rather than partnership work around common interests. Several respondents also expressed the importance of returning to face-to-face meetings for the facilitation of effective partnership working.



Meeting virtually is a barrier to more casual conversation which can be helpful in establishing and building relationships.”
(Survey respondent)

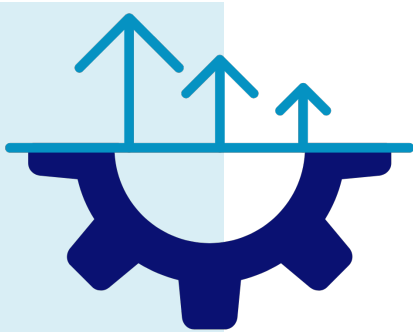
As a note of caution, it was stressed that attention needs to be placed on power imbalances across different sectors. This was highlighted as a potential challenge, given that the project is being led by a local authority with representation from the third sector, health, government, and other national bodies. Reconciling organisational differences and finding a ‘way of working’ that meets the needs of every organisation involved was felt by some to be a challenge that requires careful consideration.



Power relationships need to be addressed to form effective partnerships.” (Survey respondent)

Challenges to progress and lessons learned

Although the project was broadly said to have progressed as planned to this point, several challenges encountered were described by the Core Team. In summary, these were:



- recruitment, engagement and commissioning delays
- project timescales
- managing partner expectations
- a lack of staff continuity
- staff capacity
- differing organisational cultures
- enacting systems change
- external factors

Delays in formal commissioning processes between the Glasgow City Region Programme Management Office and the specialist project partners, as well as in the recruitment of the Project Manager, were felt to be predictable based on previous experience of similar partnership work and the known challenges of progressing decisions within the constraints of a large bureaucratic organisation. Unlocking these barriers would require a wider conversation about organisational change, but it was agreed, with hindsight, that the project inception date could usefully have been pushed back to coincide with the Project Manager taking up post.

Delays, although minor, fed into wider concerns about what would be deliverable within the current timescales. While the planned approach was felt to be achievable and the three-year timescale was considered to be relatively generous, dissemination of the project learning was something that would then need to continue beyond the three-year funding period. Whether there would be the internal capacity to do so was questioned.



“But then you’ve got to embed it and when does that start and stop?” (Core Team)

Managing partner expectations, particularly given the wide range of interests from different sectors at local, regional, and national levels, was recognised as being an ongoing challenge. Commitment to the project was evident through wide participation in project groups and the willingness of staff to be involved in less formal discussions about the approach, but the time constraints and the prioritisation of day-to-day work could be restrictive.



“They’re all willing to take part as much as they can depending on workload. It’s getting their time that’s the problem.” (Core Team)

It was also clear from the interviews that perceptions of how the tool should be developed and used varied, with many seeing it as an approach that could support their own organisational priorities. For some there was a strong desire to be part of the process of developing the tool, while for others there was more of an emphasis on being able to utilise the final product.



“We want to be involved in the development of the toolkit ... and we think we will have some good ideas to shape the pilot.” (Interviewee)



“I don’t need to know about the strategic side of it, it’s just about getting it done so we can think about how it can be useful to us.” (Interviewee)

Encouraging and supporting community participation had been challenging, despite this element of the project being delivered in partnership with a specialist partner organisation with vast community development expertise. Through an iterative approach to recruit members of the project's Community Panel the representation required had been achieved, albeit with some delay. There was recognition that membership may fall away over time and further recruitment is likely to be required. Meeting the needs of community members was expressed by interviewees as being critical to the success of the project.



I cannot stress enough how important it is to include people within the communities that we're trying to serve.” (Interviewee)



Where are the voices of people in the communities affected by these decisions, how are they informing the development of the project?” (Interviewee)

External factors were felt to be important in determining whether the project would remain a priority. During a cost-of-living crisis and increasingly tight organisational budgets, concern was expressed that longer-term project goals could be de-prioritised in favour of addressing more immediate issues.



The biggest crisis at the moment is cost-of-living. It's important to be malleable to change and adapt to priorities that are emerging.” (Interviewee)

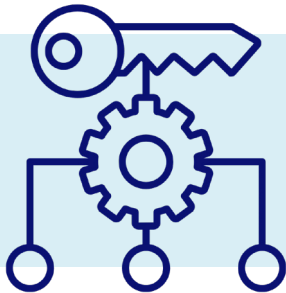
What enabling factors can support the delivery of the project?

It is too early to consider perceived success factors or measurable indicators of success. However, comments from survey respondents and interviewees provide some useful feedback on the factors that could enable success. Responses here typically relate to the ingredients required for relationships to flourish and the main factors that will determine whether the CHIA tool becomes widely adopted.

Collaborative approach Community involvement
 **Relationships**
 Political Buy-in Ownership
 leadership Regular feedback

Evidence informed Government policy backed
 aligned Adaptable
 **CHIA Useable**
 Non-bureaucratic Simplifying

A range of enabling factors were described by interviewees and through survey responses when prompted to consider the conditions required for the tool to be successfully embedded within existing governance and decision-making structures that determine capital spend. The main themes to emerge from this question were:



- effective ongoing engagement
- leadership
- alignment with policy and strategy
- understanding and buy-in
- usability of tool

On effective ongoing engagement, maintaining momentum through demonstrating progress was seen to be important.



The project needs to ensure that it delivers on the detailed outputs envisaged for the CHIA tool and engages effectively on an ongoing basis with the strategic project managers.” (Survey respondent)



I think we need to see some movement to keep people engaged; we just need to make sure we’re informed to do that.” (Interviewee)

Leadership was also felt to be a crucial enabling factor in the development of a culture that would facilitate meaningful partnerships and the development of a useful tool.



Senior leadership and middle management buy-in are important. This needs to be more than a box-ticking exercise.” (Survey respondent)



Maybe the next part of the project is about getting the leaders to do something. You have to move people to act.” (Core Team)

Regarding the development of the tool, importance was placed on its useability and alignment with existing policy and strategy.



One that is easy to use and reflects the changing policy landscape. If it can be used for various purposes e.g., Fairer Scotland Duty assessment, health impact assessment for planning applications etc. then all the better.” (Survey respondent)



It can't be seen as an added burden but another aspect of evidence-informed decision making.” (Survey respondent)



Needs to be easy to use/proportionate, with outputs that are actionable and that can improve programme delivery and impacts.” (Survey respondent)

At a strategic level, encouraging representatives from anchor organisations to critically reflect on their own practice around procurement and capital spend was viewed as a current challenge. Achieving this, it was felt, could significantly enhance the project's impact.



The challenge there is to go from being interested in policy issues to actually representing our institutions.” (Interviewee)



The biggest factor is getting buy-in from anchor institutions that they're going to use this.” (Survey respondent)

What will success look like?

Survey respondents were asked to comment on their three-year vision for the project. Responses are summarised in the box below.

3 year vision



- An evidence-informed tool has been collaboratively developed.
- The tool is being widely used and is flexible for use across different sectors.
- Reducing health inequalities is a priority that is being tackled through an evidence-based approach.
- Support networks within and beyond the GCR are sharing learning on use of the approach

Interviewees, meanwhile, reflected on the ambition to change how decisions are made and the need to tackle the drivers of inequality through a more evidence-informed approach.



Will spending decisions, investment decisions be done differently as a result of this process and the development of this tool? And will we be able to evidence that things will improve, that we're tackling the drivers of health inequalities and within that the drivers of child poverty?" (Interviewee)



We don't want to reinvent the wheel; we want to add to it. We just need something useable and evidence based. It sounds easy, but it's not." (Interviewee)

Priorities for year two

Members of the Core Team highlighted the importance of progressing the co-productive element of the project in a way that people felt engaged and positive.



My view about a session, in terms of the outcome, is how people feel about what they've attended and the extent to which they've connected with others."
(Core Team)

Whereas year one had involved establishing the foundations of the project and ensuring buy-in for the approach, year two was thought to be about progressing with the deliverable elements of the project. This point was highlighted by an interviewee who emphasised the importance of continued buy-in.



I think you want to start to show that it's progressing, not just to the funders but to the partners as well, because ultimately in a couple of years' time this project will be finished, and it will need to be mainstreamed across all the anchor institutions that we've talked about, so keeping them at the table is the main focus." (Interviewee)



4. Discussion and recommendations

Early learning from the evaluation of the GCR Economies for Healthier Lives project indicates that it is progressing largely in line with expectations, despite early challenges and minor delays. In particular, the Core Team and Project Manager have successfully engaged partners from a range of sectors and disciplines in groups that are shaping and guiding the work.

Careful planning and wide engagement have supported buy-in for the approach and there is considerable interest in the novel approach being taken in the project. There appears to be a unified will amongst the stakeholders for the project to deliver

better outcomes for the Glasgow City Region: delivering on the next phase of the work will be important for ensuring that this early enthusiasm remains.

Project partners share a general vision for the work, with some differing expectations of their roles in the development of the CHIA tool, and the way in which they may subsequently utilise it.

The co-productive element of the project has generated a degree of early challenge. However, it is considered to be crucial to project success and will continue to be a priority as the project progresses.

Key learning

- The project has developed in line with the expectations of project stakeholders.
- There is broad consensus around project aims and a pervasive understanding that the work is about supporting better outcomes for communities and reducing inequalities across the Region.
- Project stakeholders share a general ambition for the project to support better partnership working between public health and economic development staff, as well as other allied professions.
- Early engagement has helped to generate interest in the novel approach.
- There is an expressed need to progress the co-productive element of the work.

- Project stakeholders recognise that meaningful co-production needs to be underpinned by a set of principles that do not necessarily align with current practice.
- Operational challenges highlighted by members of the Core Team were predominantly related to ways of working and organisational culture, as well as to external factors that could shape organisational priorities and capacity.
- Enabling factors were described in relation to effective ongoing engagement, leadership, alignment with policy and strategy, understanding and buy-in, and the potential usability of the tool.
- Perceived success factors included collaboration around the development of an evidence-informed tool, widespread use of the tool across a diversity of sectors, prioritisation of a reduction in health inequalities through evidence-informed decision making and learning from the project shaping practice elsewhere.

The recommendations below are intended to support the ongoing delivery of the project. They have been derived from the learning presented throughout the report, with consideration for how progress towards the project's intended outcomes can be realised in years two and three.

Recommendations

- In relation to the development of the CHIA tool, it is recommended that partners consider and discuss what meaningful co-production will look like, and, if possible, agree on a set of working principles to underpin how the tool will be collaboratively designed and created. Specialist partners may play a role in supporting these processes. This approach may also support in addressing the differing expectations of partners in terms of their roles in the development of the tool.
- The co-productive element of the project is evolving, but it would seem to be important that this aspect of the project is inclusive, deliberative and ensures parity of participation. It will also be vital to effectively communicate about what different partners can expect to gain from their involvement in the project, as well as what is expected of them in terms of input.

- Consideration should be given to the experiences of community members involved in the Community Panel, including any learning that can support future engagement with communities around major investment decisions in the City Region, and more broadly.
- To maintain momentum, it is recommended that project partners are regularly, and frequently, kept up to date on progress, with clarity provided on their input into this process. Setting expectations for future involvement and input will also be useful. Careful consideration needs to be given to how the different expectations of partners are managed and how different stakeholders can meaningfully participate.
- In terms of evaluation, it is recommended that the Core Team discuss the outline evaluation plan for year two to specify the key elements and appropriate methods to be used. It is anticipated that a follow-up survey will be conducted, albeit with a greater focus on progress towards the planned outcomes of the project. However, the evaluation will remain largely concerned with the process elements of the project.
- Provided that the project's Community Panel and Development Cohort become well established within year two, it is expected that members of these groups will participate in the year two evaluation.
- As with involvement in the project itself, participation in evaluative elements should be perceived as worthwhile and useful to the project stakeholders and Core Team. This should be considered as the year two evaluation plan develops.
- Ongoing consideration and explicit recognition of external factors in the delivery of the project and of organisational challenges that may prevent progress is recommended.



Appendix

Infographic of survey results



Economies for Healthier Lives Baseline survey results

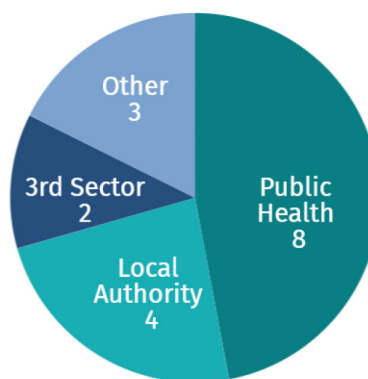
17

Number of responses

Role in EfHLs

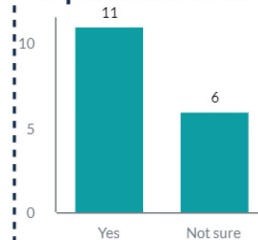


Organisation

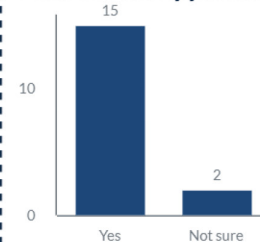


Other: Economic Development, ALEO, Health Economist

Project has met expectations so far



Confident in approach



Project What?

purpose: To co-create/test a **Capital Investment Health Impact Assessment Tool (CHIHA)** for use in the GCR.



Why?

- To strengthen involvement; ensure a more joined up & collaborative approach; enact systems change in decision-making.
- To better understand & evaluate/analyse the impact of decisions on health and health inequalities.

Enabling factors:



Collaborative approach
Community involvement
Relationships
Political leadership
Buy-in
Ownership
Regular feedback

Evidence informed
Government policy backed
aligned
Adaptable
CHIHA Useable
Non-bureaucratic
Simplifying



Partnership development

- Awareness is increasing but it is "early days".
- The lack of face-to-face meetings has been challenging.
- Partnerships need to extend beyond Glasgow City.
- Parity of relationships and regular updates important.
- Outcome-focused approach needed to maintain momentum.



3 year vision

- An evidence-informed tool has been collaboratively developed.
- The tool is being widely used and is flexible for use across different sectors.
- Reducing health inequalities is a priority that is being tackled through an evidence-based approach.
- Support networks within and beyond the GCR are sharing learning on use of the approach.



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