Review of the Glasgow Centre for Population Health

Final Report – June 2011

Jennifer Waterton Consultancy

RECOMMENDATIONS

On the basis of all the evidence presented to this review it is recommended that subject to the Glasgow Centre for Population Health and the Scottish Government agreeing broad elements of the future work programme, the Scottish Government should provide core funding for the Glasgow Centre for Population Health for a further 5 year period (1st April 2012 to 31st March 2017). The level of funding should be sufficient to allow the Centre to sustain its current breadth of activity. The allocation for 2012/13 should be £1.3m. Uplifts for 2013/14 to 2016/17 should cover cost increases. A further review of the Centre's work should be completed by June 2016.

Overall, the review finds that no substantial adjustments to the remit, aims, objectives, workplans, partnership model, funding arrangements, or governance structures of the Glasgow Centre for Population Health are sought or required. The Centre's work should develop in an evolutionary fashion, responding to new developments as they arise.

There are a number of specific areas where a steer has been generated through the review process. Specific recommendations for the priorities, work programmes, activities and management of the Centre during Phase 3[1] are set out below. The rationale for each of these, together with more detail on their implementation is contained in the main body of the report.

Recommendation 1
Phase 3 should be characterised by a greater emphasis on the utilisation of existing knowledge and of the Centre's outputs. This will require more focus on knowledge transfer, the development of action oriented reports, the tailoring of outputs and activities for specific audiences, the synthesis (and drawing out) of messages for policy and practice both in Glasgow and beyond, and the further development of the communications function of GCPH.

Recommendation 2
The 12 work programmes should be combined into 4 spheres of activity as set out in Section 5 of the GCPH Funding Review report. Specific questions and themes within these 4 spheres of activity should be developed in an evolutionary fashion following the review.

Recommendation 3
Some issues and questions within the 4 spheres of activity will simply be a continuation of work currently in progress; however, particularly in Spheres 3 and 4, Phase 3 is likely to involve the Centre developing into new areas and activities. One specific area currently on the Centre's 'radar' which is likely to feature in Phase 3 is the further development of 'assets based approaches'.

[1]In the report 'Phase 3' is used to refer to the period 1st April 2012 to 31st March 2017.

Recommendation 4
Sphere 3 should concentrate on the *supportive , facilitative and catalytic role* that the Centre can play in relation to service redesign and service implementation. This may include questions relating to the efficient targeting of 'upstream' health improvement services and the potential impacts of current policies on health inequalities. The development of Sphere 3 will also involve the strengthening of current work on Partnership Action on Social Determinants.

Recommendation 5
The Centre should continue to identify opportunities for leveraging in project funding. Applications for additional funding must be in areas where the Centre has a unique contribution to make and where there is a strategic value to the Centre of undertaking the additional work.

Recommendation 6
The current partnership model should be retained. Full partnership status should not be extended beyond the current set of partners at this stage. However, constructive engagement with a wider group of stakeholders should continue to be pursued.

Recommendation 7
The current governance structures should be retained.

Recommendation 8
GCPH should consider how best to build links with the recently established Institute of Health and Wellbeing at the University of Glasgow and to capitalise on the breadth and depth of academic expertise within the Institute. Representation from the Institute should be invited for the Centre's Management Board.

Recommendation 9
The (eight) objectives for GCPH as set out on Pages 9-10 of Part 1 of the Funding Review report should be rationalised for Phase 3, to provide a smaller and tighter set of objectives which retain the current breadth but which are easier to communicate.

Recommendation 10
A 'refreshed set' of success indicators for Phase 3 should be developed by the Centre and its Management Board. As far as possible, these should focus on outcomes and impacts. Targets for specific outputs (e.g. the number of academic publications) should also be reviewed and updated.

Recommendation 11
The Deputy Director's responsibilities should be increased both in relation to the management of the Centre and in relation to its work programmes. In particular it is recommended that the Deputy Director should take management (including staff management) responsibility for the administration and office management functions, performance reporting, financial, and human resources aspects of the management of

the Centre. The work on Partnership Action on Social Determinants, led by the Deputy Director, should be expanded and strengthened in the next phase; this will be strategically important in relation to the delivery of Recommendation 1 above.

Recommendation 12

Reports summarising ad hoc requests, website usage, the usage of other communications channels, together with a systematic account of the 'esteem indicators' for the Centre should be included as Appendices in any future reviews. The ad hoc requests report should concentrate on capturing activities not reported on elsewhere.

INTRODUCTION

1. This report sets out the recommendations from the review of the Glasgow Centre for Population Health (GCPH) conducted by Jennifer Waterton Consultancy (JWC). The report describes the context for the review, explains the methods by which the review was conducted, summarises the findings, and lists the recommendations.

STUDY CONTEXT

2. The Glasgow Centre for Population Health (GCPH) was established in April 2004 as part of the then Scottish Executive's programme to increase action on health improvement in Scotland. It is a partnership between NHS Greater Glasgow and Clyde, Glasgow City Council, the University of Glasgow and the Scottish Government.
3. The Centre is a resource to generate insights and evidence, propose new ways forward, and provide leadership for action to improve health and tackle health inequality. It works across the boundaries of research, policy, implementation, and community life to shape a healthier future for Scotland. The Centre has a focus on the particular characteristics of Glasgow, but the organisation's approaches and learning have implications for other cities and regions.
4. The aims of GCPH are:
    - To create and test new models for understanding the patterns, and causes of, Glasgow's enduring poor health whilst identifying potential solutions and actions for improvement;
    - To bring excellent and innovative population health research together with the work of policy-makers and service providers to accelerate and strengthen processes for better and more equal health;
    - To develop greater capacity for effective action to improve health through educational processes and events, provision of regular communications, and organisational and professional development;
    - To be a focus for the exchange of ideas, independent thinking, analysis and debate about population health and health inequalities, linked with similar activities elsewhere in the world.
5. An initial review of GCPH was conducted in early 2008[2]. The review confirmed that GCPH was delivering significant value to the public health and health inequalities landscape in Glasgow, Scotland and beyond, and recommended that Government core funding should continue for a further 3 years at £1 million per annum. The review identified a series of recommendations for the Centre in the next funding period (2009-2012).
6. In January 2011, the Health Improvement Division of the Scottish Government commissioned a second review of the Glasgow Centre for Population Health. The aim of this second review was to assess the extent to which the Centre has achieved its aims and objectives, to consider whether it offers value for money, and to identify its future role.

[2] Jennifer Waterton Consultancy, Review of Glasgow Centre for Population Health, March 2008

7. The specific objectives of the review are :
    i. To assess the strategic value to the Scottish Government and its partners of investing in the Glasgow Centre for Population Health;
    ii. To review progress against the success indicators collated by GCPH and to consider the extent to which recommendations from the earlier review have been implemented;
    iii. To assess value for money, the added value of the Centre, and to consider how the Centre can best deliver this in the context of any future funding;
    iv. To assess quality of research and effectiveness of knowledge transfer activities (i.e. translation of research into policy and practice);
    v. To generate jointly agreed priorities for the Centre's future work;
    vi. To make a recommendation about the level and duration of future funding for the Centre; and to make recommendations about the balance, content and direction of the Centre's activities.

CONDUCT OF THE REVIEW

8. The review was based on a combination of secondary analysis and original research as described below. The findings described from Paragraph 22 onwards represent a synthesis of all the material collected and collated during the review.

Secondary Analysis

9. A report was produced by GCPH to support the work of the review[3]. The GCPH Funding Review report should be read in conjunction with this report, and is attached as an annex.
10. The Funding Review report contained descriptions of the Centre's aims and objectives; work programmes; success indicators; activities, achievements and outputs including its actions in response to the 2008 review recommendations; financial and human resource profiles. The report also contained a section entitled 'Looking Ahead' to stimulate thinking about the possible focus of GCPH's work over the next phase of its development and evolution.
11. The report also contained a series of appendices in which GCPH set out detailed information regarding the partnership arrangements, partner statements of support, the governance arrangements for the Centre, staff biographies, publications, events, presentations, and work programme summaries.
12. The material in the report was used to:
    - assess the progress and achievements of the Centre;
    - comment on the strength of the partnership arrangements;
    - analyse the position of GCPH within the wider Scottish public health policy and research landscape;
    - identify further materials which will be required to support the review;
    - identify specific topics and areas which require further dialogue with the Centre Director (and others);
    - develop specific questions for interviews with stakeholders.

[3]The Glasgow Centre for Population Health. Building understanding, evidence and new thinking for a healthier future. Report for funding review. March 2011. Parts 1 and 2

13. Additional material requested from GCPH included minutes of the Management Board and External Advisory Group meetings; a report on website usage; the risk register; a report of ad hoc requests summarising all approaches for advice, information or support and the Centre's response to these; and further information on the financial and staff profiles.

Observation of Governance Structures

14. The Executive Management Board held on 6 May 2011 and the External Advisory Group of 2nd June 2011 were attended. This allowed a close scrutiny of the main governance and advisory structures for the Centre.

Stakeholder Interviews

15. Sixteen stakeholder interviews were carried out. The list of stakeholders was generated through dialogue with the Scottish Government and GCPH. The list covered all the partner organisations together with a broader range of stakeholders drawn from across the UK and Europe .
16. The list of interviewees is attached at Annex 1. The topic guide for the interviews is attached at Annex 2. Interviewees were sent the GCPH report and the topic guide for the interview in advance.
17. In addition two 'open surgeries' were held to give GCPH staff an opportunity to contribute their perspectives to the review. Twelve staff took up this opportunity.

Round Table Discussion with External Advisory Group

18. Following their scheduled meeting, a discussion about the future priorities for the Centre chaired by Professor Sir David Carter was held with the External Advisory Group on 2 June. The list of participants is attached at Annex 3.
19. Discussion focused on four key questions relating to new strategic developments; priorities; the funding model; and success indicators. The detailed questions are attached at Annex 4.

Web Call

20. Notification that a review was underway, together with the aim and objectives of the review, was posted on the GCPH website. An open invitation was extended to anyone who wished to submit their views.
21. A total of 39 responses to the web call were received. The list of those responding is attached at Annex 5. Responses were received from a very wide constituency including public health and health care professionals, NHS and Council managers and service planners, academics, voluntary sector agencies and researchers.

OVERVIEW OF FINDINGS

22. The Glasgow Centre for Population Health is a vital part of the public health and health improvement infrastructure in Scotland. The Centre occupies a distinct niche which cannot be filled by any of the other players either singly or in combination.
23. The Centre works across the boundaries of policy, research, implementation, practice, and community life in a unique way. It manages the relationships with its funders, partners, and wider stakeholders with considerable skill; harnessing the benefits of a close and collaborative relationship with Government whilst maintaining a solid reputation for independence. This 'arms' length' relationship with Government continues to be a key strength.
24. The Centre is authoritative, credible, and rigorous with a strong focus on practical actions. Its value is demonstrated across a very broad range of activities. At one end of the spectrum GCPH has made important contributions to the development of national (Scottish Government) policy in relation to health inequalities and health improvement. At the other end of the spectrum GCPH has acted as a catalyst, facilitator and honest broker within highly localised community and neighbourhood settings in Glasgow. Its contribution at local level has been not only to contribute expertise, but to do this in an inclusive way which has facilitated the transfer of skills, knowledge and understanding to local populations. Between these two extremes, the work of GCPH has influenced policy and practice at all levels within NHS Greater Glasgow & Clyde and Glasgow City Council.
25. The Centre has also been very successful in stimulating new thinking and generating new insights especially through its highly regarded seminar series and its international future forum activities. The seminars have been very well attended. The availability of the material through the Centre's website – and indeed the development of its communications function more generally - has been a notable and worthwhile development in Phase 2[4].
26. The Centre achieves excellent value for money by marshalling its resources well, leveraging in additional 'in kind' contributions from partners, winning additional project funds in particular areas, producing high quality outputs, and operating within an organisational structure within which bureaucracy is minimised. Its governance arrangements are strong and stable; its leadership is excellent. The Centre has been highly productive in Phase 2 capitalising on the networks, relationships, and development activities which characterised its first tranche of funding. There are many examples of added value and impact during the second tranche of funding.
27. In its next phase, the work of the Centre should be characterised by a greater emphasis on the utilisation of existing knowledge and outputs. This will require more focus on knowledge transfer, the development of action oriented reports, the tailoring of outputs and activities for specific audiences, the synthesis (and drawing out) of messages for policy and practice both in Glasgow and beyond, and the further development of the communications function of GCPH. This increased focus on the

[4] In this report 'Phase 2' is used to describe the period following the 2008 review (i.e. April 2008 to December 2010). The current funding allocation covers the period to March 2012.

utilisation of knowledge and outputs will require additional investment in the work on Partnership Action on Social Determinants.

DETAILED FINDINGS

28. The detailed findings are discussed below in relation to the aims of this review: the extent to which the Centre has achieved its aims and objectives; the value for money of the Centre; and its future role and structure.

Achievement of Aims and Objectives

29. The Centre has been very successful in achieving its aims and objectives in Phase 2. Its work is valued highly by stakeholders. The Centre provides a focus for efforts in relation to the public health and health inequalities agenda which are not – and cannot be - replicated or delivered elsewhere within the public health infrastructure in Scotland.
30. The Centre's role is distinctive, working at the boundaries of research, policy, implementation and community life; taking a population health approach; focusing on the synthesis of knowledge and understanding across a wide range of fields; and free from the constraints that other organisations face because of their service delivery responsibilities. Its role is characterised as 'catalytic' and 'facilitative'. The Centre's partnership structure, relative autonomy, good governance, and consistently strong leadership are key features of its success. The Centre is seen as providing objective, balanced, credible and robust research which is invaluable in improving policy, planning and practice within this highly complex field.
31. There has been a 'step change' in comparison to the Centre's achievements in Phase 1. The Centre has moved into a highly productive phase, and has delivered a wide range of high quality outputs towards its core mission. Its publication record is impressive and the published outputs are appropriately targeted for maximum impact and influence; the impact on policy and practice within the partner organisations is tangible; the website is clear, comprehensive, well used and well managed; the seminar series is stimulating.
32. The Centre has responded fully to the recommendations from the 2008 review, and has brought forward evidence of delivery against the success indicators which it developed following the 2008 review.
33. The working methods and working style of the Centre received widespread praise. Stakeholders enjoy interacting with Centre staff who are described as being extremely knowledgeable, open, helpful, flexible, responsive, hardworking, and determined. Centre staff are trusted by partners, and this level of trust has been crucial in enabling the Centre to influence policy and practice both within the City of Glasgow and beyond.
34. Moreover, the governance arrangements for the Centre are very effective. There is a high degree of coordination between the funding partners. The paperwork for the meetings of the Management Board and the Executive Management Team is well prepared. A lot of thought is given to making these meetings useful both to the representatives and stakeholders as well as to the Centre itself.
35. The 'Scottish Effect / Glasgow Effect' work is widely admired for its forensic approach to assembling and analysing a wide range of datasets and for developing

hypotheses for further development and testing. This work has been crucial in positioning the Centre on the international stage.

36. Stakeholders highlighted a range of strategic projects which could not have been progressed without the input of GCPH. These included: the Govanhill and Glasgow City Equally Well test sites; the work with the Glasgow Health Commission; the development of school meals policy; the introduction of 20mph zones; the embedding of health impact assessment across policy and planning; the Glasgow Indicators project; urban planning improvements; the Miniature Glasgow project; the work on child poverty; community health profiling; food in schools; breastfeeding; the observatory function in primary care and the development of the new primary care framework; active travel; alcohol and young people; and GoWell. Glasgow City Council highlighted the importance of the GoWell project specifically in stimulating the interest of City Councillors.
37. There was a more mixed assessment of the PSoBid research. It had taken longer than anticipated to get this work published and the responsibility for developing the next stage of the work was within the academic community. It was not yet clear where the next developments of this work programme lay, and there was scepticism about the likelihood of any intervention study being developed. However, there were some strong views that the Centre's catalytic role was vital in maintaining the momentum for this programme.
38. The [39] responses to the web call were overwhelmingly positive. Responses were received from a very wide range of individuals and organisations ranging from those with a European focus to those with a specifically neighbourhood focus. Respondents came from the public, private and third sectors and contained positive comments across the breadth of the Centre's activities.
39. A small minority of responses to the web call suggested that the Centre should pursue more 'mainstream' activities (the evaluation of Healthier, Wealthier Children was provided as an example of this). However, this perception is not widely shared and is **not recommended** in the context of this review. The Centre's position is – and must continue to be – **outwith the mainstream delivery of services**. The decision to undertake the Healthier Wealthier Children evaluation arose from the specific and unique contribution GCPH could bring to this work through its understanding of the local situation.
40. More broadly, the Centre's role in more 'mainstream' evaluation work is carefully calibrated to ensure that the Centre does not undertake work which others are equally or better placed to undertake. For example, whilst the work on food in schools was described as (partly) a 'mainstream' evaluation, in fact the data collection for the evaluation was contracted out to a social research organisation; the Centre's unique contribution in this case was to act as an intermediary, expert, and knowledge translator, assisting in specifying the evaluation commission and ensuring the main messages were communicated to Glasgow City Council.
41. Despite the strong endorsement of the Centre's achievements, stakeholders were clear that progress towards the Centre's aim of contributing to the reduction of health inequalities was still elusive and few, if any, of the levers for this were within the Centre's gift. The Centre's efforts were characterised as 'work in progress'.

Nevertheless, there was a broad consensus that this was not the moment to disinvest. The Centre is doing important work which must continue to be supported.

Value For Money

42. The Centre provides very good value for money. The scale, scope and range of its outputs and activities are commensurate with the resources it receives. Its outputs are of a consistently high quality.
43. The Centre is well run and efficiently organised. Staff are aware of financial constraints and there is evidence of good discipline on financial matters. Each individual project is scrutinised for value for money and discussions are geared towards finding the most cost effective approaches within specific projects and programmes. There is no duplication of activity.
44. The Management Board provides overview and scrutiny of the Centre's financial plans and monitors its delivery against the targets. The Management Board and the other governance structures for the Centre are effective in ensuring that relevant opportunities for extending the Centre's influence are identified.
45. In 2010/11 the Centre was informed by the Scottish Government that if any of the Phase 2 financial allocation remained unspent by 31st March 2012, it could not be carried over the financial year end. The Centre was therefore asked to identify and return any planned budget underspends by March 2011. Due to an oversight, £80k of additional planned expenditure was returned to the Scottish Government in error. This error was discussed with the Management Board and plans were brought forward to reduce the impact of this on the Centre's future workplans. This was a rare example of a lack of proper control of the Centre's finances.
46. The partnership structure is an effective mechanism for harnessing additional resources for the Centre. Each partner contributes resources 'in kind' at a level which significantly increases the Centre's ability to deliver its broad remit. The partners are all fully committed to maintaining their 'in-kind' contributions, despite the challenging financial environment.
47. The Centre adopts a strategic approach to the leveraging in of other (project) grant funding. The level of grant funding has more than doubled in recent years, rising from an average of £250k per annum for Phase 1 to an average of £550k for Phase 2.
48. Given the unique nature of the Centre, it is not possible to provide any exact comparators. However, the [5] UK Clinical Research Collaboration Public Health Research Centres of Excellence (founded in 2007) provide the closest analogy. These centres bring together leading researchers with practitioners, policy makers, and members of the public to tackle complex public health issues. The level of funding available for these Centres is comparable with the core funding provided by Scottish Government for GCPH. A detailed assessment of outputs is not within the scope of this review, but a brief scan of the websites indicates that GCPH is at least as productive as these UKCRC Centres of Excellence.

Future Role and Structure

49. The review finds that 'the whole is greater than the sum of its parts' in relation to the work of the Glasgow Centre for Population Health. Whilst different aspects are

prioritised differently by the various stakeholders, no elements should be discontinued. The work should continue on the broad basis currently pursued.

50. No substantial adjustments to the remit, aims, objectives, workplans, partnership model, funding arrangements, or governance structures of the Glasgow Centre for Population Health are sought or required. The Centre's work should develop in an evolutionary fashion, responding to new developments as they arise.
51. On the whole, the general direction of travel mapped out in Section 5 of the Review Funding report is appropriate. However, there are a number of specific areas where a steer has been generated through the review process. There are also a number of aspects of the management arrangements which should be actioned. These are described in detail below.
52. The main recommendation as far as the work programmes are concerned is that in Phase 3 the work of Centre should be characterised by a greater emphasis on the utilisation of existing knowledge and of the Centre's outputs. This will require more focus on knowledge transfer, the development of action oriented reports, the tailoring of outputs and activities for specific audiences, the synthesis (and drawing out) of messages for policy and practice both in Glasgow and beyond, and the further development of the communications function of GCPH. **[RECOMMENDATION 1]**
53. The 12 work programmes should be combined into 4 spheres of activity as set out in Section 5 of the Funding Review report. Specific questions and themes within these 4 spheres of activity should be developed in an evolutionary fashion following the review. **[RECOMMENDATION 2]** This greater degree of integration across the programmes will improve efficiency and enhance cross disciplinary working. It will also help to counteract the perception that with the current number of staff and the number of work programmes, in some areas the Centre's expertise is 'spread too thin'.
54. Some issues and questions will simply be a continuation of work currently in progress; however, particularly in Spheres 3 and 4, Phase 3 is likely to involve the Centre developing into new areas and activities. One specific area currently on the Centre's 'radar' which is likely to feature in Phase 3 is the further development of 'assets based approaches'. **[RECOMMENDATION 3]**
55. Sphere 3 should concentrate on the *supportive , facilitative and catalytic role* that the Centre can play in relation to service redesign and service implementation. This may include questions relating to the efficient targeting of 'upstream' health improvement services and the potential impacts of current policies on health inequalities. The development of Sphere 3 will also involve the strengthening of current work on Partnership Action on Social Determinants. **[RECOMMENDATION 4]**
56. The Centre should continue to identify opportunities for leveraging in project funding. Applications for additional funding must be in areas where the Centre has a unique contribution to make and where there is a strategic value to the Centre of undertaking the additional work. **[RECOMMENDATION 5]**
57. The current partnership model is stable and successful and should be retained. Full partnership status should not be extended beyond the current set of partners at this stage. However, constructive engagement with a wider group of stakeholders should continue to be pursued. **[RECOMMENDATION 6]**

58. The combination of the Executive Management Team, the Management Board, and the External Advisory Group is effective in ensuring that the flows of information work well, that the Centre is alerted early to new strategic developments, and that partners contribute to the development and communication of the Centre's work. The current governance structures should be retained. **[RECOMMENDATION 7]**
59. In February 2011, a new Institute of Health and Wellbeing was established at the University of Glasgow under the directorship of Professor Sally Macintyre. The Institute brings together a wide range of academics and partners with expertise which is relevant to the work of GCPH. The Centre should consider how it can best capitalise on the breadth and depth of academic expertise within the Institute. Representation from the Institute should be invited for the Centre's Management Board. **[RECOMMENDATION 8]**
60. The (eight) objectives for Phase 2 are set out on Pages 9-10 of Part 1 of the Funding Review report. These should be rationalised for Phase 3, to provide a smaller and tighter set of objectives which retain the current breadth but which are easier to communicate. (For example, objectives 4 and 6 can be combined; objectives 5 and 7 can be combined.) **[RECOMMENDATION 9]**
61. The success indicators for Phase 2 were useful in helping to assess the work of GCPH and in directing the Centre's efforts. A 'refreshed set' of success indicators for Phase 3 should be developed by the Centre and its Management Board. As far as possible, these should focus on outcomes and impacts. Targets for specific outputs (e.g. the number of academic publications) should also be reviewed and updated. **[RECOMMENDATION 10]**
62. Following the 2008 review a Deputy Director position was appointed. This has added substantially to senior management capacity within GCPH. In Phase 3 the Deputy Director's responsibilities should be increased both in relation to the management of the Centre and in relation to its work programmes. In particular it is recommended that the Deputy Director should take management (including staff management) responsibility for the administration and office management functions, performance reporting, financial, and human resources aspects of the management of the Centre. The work on Partnership Action on Social Determinants, led by the Deputy Director, should be expanded and strengthened in the next phase; this will be strategically important in relation to the delivery of Recommendation 1 above . **[RECOMMENDATION 11]**
63. The paperwork for the current review was of good quality. In any future reviews, reports summarising ad hoc requests, website usage, the usage of other communications channels, together with a systematic account of the 'esteem indicators' for the Centre should be included as Appendices. The ad hoc requests report should concentrate on capturing activities not reported on elsewhere. (The current version incorporates information about, for example, requests for GCPH to give presentations which are recorded separately.) **[RECOMMENDATION 12]**

Funding Recommendation

64. The review has established that the work of GCPH is of substantial strategic value at local, national and international levels. The Centre has achieved its aims and objectives. Investment in the Centre represents excellent value for money.

65. For the Centre to continue to be successful, and to assist all stakeholders in taking forward the work on health inequalities and population health, continued core funding from the Scottish Government is required. The Scottish Government provides this infrastructure support on behalf of all the stakeholders, recognising the contributions from partners.
66. The level of support for the Centre should be sufficient to allow it to continue the breadth of its work, incorporating the knowledge, insight, influence and impact which it achieves because of its broad disciplinary mix of skills and expertise. This will require an increase in the funds which have been available during Phases 1 and 2 of the Centre's existence. The increase will allow the Centre to retain its expertise 'in house' ; the alternative model of a smaller core team supplemented by greater contracting out of research and development activities does not represent value for money and will not deliver the level of quality which has been delivered by the Centre during Phase 2.
67. The public sector financial climate is extremely challenging at the present time, and this situation is likely to persist for the duration of the next phase of the Centre's work. All aspects of the way the Centre operates must continue to deliver excellent value for money.
68. **On the basis of all the evidence presented to this review it is recommended that subject to the Centre and the Scottish Government agreeing broad elements of the future work programme, the Scottish Government should provide core funding for the Glasgow Centre for Population Health for a further 5 year period (1st April 2012 to 31st March 2017). The level of funding should be sufficient to allow the Centre to sustain its current breadth of activity. The allocation for 2012/13 should be £1.3m. Uplifts for 2013/14 to 2016/17 should cover cost increases. A further review of the Centre's work should be completed by June 2016.**

ANNEX 1 STAKEHOLDER INTERVIEWS

1. *Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow & Clyde
2. *Dawn Corbett, Head of Corporate Policy, Glasgow City Council
3. *Professor Anna Cooper, Head of Community Based Sciences, University of Glasgow
4. *Kay Barton, Deputy Director, Health and Healthcare Improvement Directorate, Scottish Government
5. *Andrew Robertson, Chair, NHS Greater Glasgow & Clyde
6. *Karen MacNee, Health Analytical Services Division, Scottish Government
7. *Professor Sally Macintyre, Director, MRC/CSO Social and Public Health Science Unit
8. *Professor John Frank, Director, Scottish Collaboration for Public Health Research and Policy
9. *Dr Laurence Gruer, Director of Public Health Science NHS Health Scotland & Dr Gerry McCartney, Health of the Public Health Observatory Division, NHS Health Scotland
10. Dr Harpreet Kohli, Director of Public Health, NHS Lanarkshire
11. Lorna Kelly, Head of Policy, NHS Greater Glasgow & Clyde
12. *Professor Sir David Carter, Chair, GCPH External Advisory Group
13. *Professor Mike Kelly, Professor of Public Health Excellence, National Institute for Clinical Excellence
14. Professor Richard Mitchell, Professor of Health and Environment, University of Glasgow
15. *Robert Booth, Director of Land and Environmental Services, Glasgow City Council
16. Chris Brown, Programme Manager, WHO Europe

* Denotes Face to Face Interview. The remaining [4] interviews were conducted by telephone.

ANNEX 2 TOPIC GUIDE FOR INTERVIEWS

The interview will begin by asking the stakeholder
'What is the nature of your involvement with the Glasgow Centre for Population Health?'
The interview will then go on to discuss the stakeholder's views on a range of key issues relevant to the review. The questions will be tailored to the individual stakeholder. Topics to be covered include:

1. **Strategic Value and Contribution of GCPH**
   What is the strategic value of GCPH to your organisation? How does GCPH contribute to improving health and tackling health inequalities from your perspective? What have been its main achievements? What impact has it had on policy and practice? How would you judge its achievements against the success indicators it has identified?
2. **Strengths and Weaknesses of GCPH**
   What do you think are the main strengths and weaknesses of GCPH in terms of its strategic relevance; scientific quality; and working methods? Do you think its work programmes are appropriate? How effective is GCPH in bring insights from fresh thinking and research into policy and practice?
3. **'Fit' of GCPH with other elements of the public health landscape**
   What niche does GCPH occupy within the public health landscape within Glasgow, Scotland and beyond? Does GCPH collaborate effectively with other organisations and individuals working within health improvement and health inequalities? Does it add value to your organisation? How? Do you think it gets the balance right between research, policy, and implementation?
4. **Leadership, Governance, and Partnership Arrangements**
   How effective are the leadership, governance and partnership arrangements for GCPH? Are the aims and objectives of GCPH clear? Are the accountability arrangements appropriate? Do you have the right information to judge its success? Is the commitment from partners sustainable?
5. **Value for Money**
   Do you think GCPH provides value for money? How do you judge that? Are there other organisations that GCPH can be benchmarked against? What level of resource do you think is appropriate for GCPH? Why do you say that? What principles do you think should govern any future decisions on core funding and / or partnership contributions? Is GCPH affordable?
6. **Future Directions**
   What do you think the future priorities for GCPH should be? Are the current aims and objectives suitable for the next phase of development or should they be revised? If so, how? Does GCPH have sufficient capacity to sustain its current levels of activity? Are there work programmes that you think should be discontinued in any future phase? If so, why? Are there new topics that you think should be pursued in the next phase? Do you have any specific feedback on the section of the GCPH review report (Section 6) entitled 'Looking Ahead'? Should the partnership arrangements be extended or altered in the next phase? Should new funding models be considered? If so, what might be appropriate? If core funds for GCPH are not sufficient to deliver on all the activities, which should be prioritised?
7. **Any Other Comments**

ANNEX 3 ROUND TABLE DISCUSSION – LIST OF PARTICIPANTS

Chair Professor Sir David Carter

Professor Carol Tannahill, Director, GCPH
Dr Rosie Illett, Deputy Director, GCPH
Dr Harry Burns, Chief Medical Officer
*Kay Barton, Deputy Director, Health Improvement Division, Scottish Government
Pam Whittle
Andrew Robertson, Chair, NHS Greater Glasgow & Clyde
Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow & Clyde
*Anne Hawkins, Director, Mental Health Partnership, NHS Greater Glasgow & Clyde
Dawn Corbett, Head of Corporate Policy, Glasgow City Council
*Duncan Booker, Glasgow City Council
Professor Anna Cooper, Head of Community Based Sciences, University of Glasgow
Professor David Barlow, Head of College of Medicine, University of Glasgow
Professor Margaret Reid, University of Glasgow
*Professor Phil Hanlon, Professor of Public Health, University of Glasgow
Professor David Hunter, Professor of Health Policy and Management, Durham University
Professor Mike Kelly, Professor of Public Health Excellence, National Institute for Clinical Excellence

* Denotes participants who are not members of the External Advisory Group but whose attendance was invited for the specific session covering future directions

ANNEX 4 QUESTIONS FOR ROUND TABLE DISCUSSION

Question 1 How should GCPH respond to new strategic developments?

- Scottish Government priorities in relation to the role of Scotland in Europe. How should GCPH respond?
- How should GCPH respond to the current financial climate and the requirement (for example) for service redesign?
- What – if any - relevance does the new 'Health, Wellbeing and Cities' ministerial portfolio have for GCPH?
- What is the likely direction of travel for Scottish Government in relation to the Health Inequalities agenda (e.g. Equally Well test sites, minimum pricing for alcohol, tobacco control). How should GCPH position itself?
- Other strategic issues (e.g. integration of health and social care, regionalisation of Public Health Observatory Functions, increased community empowerment)

Question 2 What should the priorities be for GCPH in Phase 3?

- What is the response to the 4 themes approach set out in the Review Report?
- What new topics and types of work should be pursued if possible ? If GCPH has to pull back from some areas what should these be?
- What should the balance be between effort directed at Glasgow / Scotland / UK / International work?
- What should the balance be between concentrating on key strengths vs developing new areas?
- What role should primary research play in Phase 3?
- What aspects of the communications function should be prioritised in Phase 3?

Question 3 How should GCPH 'Model' develop in Phase 3?

- How can the GCPH 'model' stay fresh, innovative and 'ahead of the game'?
- Should the partnership arrangements be altered in any significant way in Phase 3? What effort should be directed into diversifying the funding base and / or extending the partnership ?
- Should GCPH be developing closer links with the private sector (e.g. The Chambers of Commerce) or with the third sector? Should GCPH be targeting large charitable funds (e.g. The Gates Foundation) ?
- What is the ideal balance between core funding and project funding? What effort should be directed at securing competitive funding?
- What is the ideal size of the core? What is the minimum viable core for critical mass?

Question 4 What Success Indicators should be set for Phase 3?

- Should the indicators for Phase 2 be 'rolled forward' to Phase 3?
- Should new indicators be developed? If so, what type of indicators would be appropriate?

ANNEX 5 Respondents to Webcall

1. Professor Hugh Barton, Director of the WHO Collaborating Centre for Healthy Cities and Urban Policy, Department of Planning and Architecture, University of the West of England, Bristol
2. Fiona Campbell, Senior Planner, Neighbourhood Planning, Development and Regeneration Services, Glasgow City Council
3. Dr Jane Cooper, Consultant in Public Health Medicine, NHS Ayrshire and Arran
4. Dr Kevin A Deans, Consultant Chemical Pathologist, Aberdeen Royal Infirmary
5. Dr Flora Douglas, Section for Population Health, Institute of Applied Health Sciences, University of Aberdeen
6. Foster Evans, Director, Employers in Voluntary Housing
7. Colin Fraser,
8. Dr Oliver Gillie, Health Research Forum, London
9. Assistant Service Manager, Glasgow City Council Social Work Department
10. Isabella Goldie, Head of Mental Health – Scotland, Mental Health Foundation
11. Evrim Ekiz Gozler, Urban Planner, Healthy Cities Project Coordinator of Nilufer, Nilufa / Bursa / Turkey
12. Norma Greenwood, Head of the Public Health Resource Unit, Gartnavel Royal
13. Dr Derek Heim, Editor in Chief, Addiction Research and Theory
14. Dr Simon C Hunter, School of Psychological Sciences and Health, University of Glasgow
15. Dr Helen Irvine, Consultant in Public Health Medicine, NHS Greater Glasgow & Clyde
16. Tom Jackson, Joint Manager, Addiction Services, West Dumbarton Council
17. Cathy Johnston, Group Manager, Development and Regeneration Services, Glasgow City Council
18. Peter Kelly, Director, The Poverty Alliance
19. Sue Laughlin, Head of Inequalities and Corporate Planning, NHS Greater Glasgow and Clyde
20. Joanna Monaghan, Senior Health Development Officer, Belfast Health Cities
21. Andy MacGregor, Research Director, Scottish Centre for Social Research
22. Professor Ann Markusen, UK Fulbright Distinguished Chair 2010-11, Glasgow School of Art, Mackintosh School of Architecture
23. Dr Gerry McCartney, Consultant in Public Health Medicine, Head of the Public Health Observatory Division, NHS Health Scotland
24. Julia McCreadie, Operations Manager, Cordia
25. Hugh McNish, Central Scotland Health Advisor, Forestry Commission Scotland
26. Fiona Moss, Head of Health Improvement, Glasgow City Community Health Partnership, NHS Greater Glasgow and Clyde
27. Dr John O'Dowd, Consultant in Public Health Medicine, NHS Greater Glasgow & Clyde

28. Mark O'Neill, Director of Policy Research and Development, Cultural and Sport Glasgow
29. Professor Chris Packard, Research Director NHS Greater Glasgow & Clyde
30. Alison Petrie Brown, Population Health Policy and Strategy Manager, Joint Health Unit, Liverpool Primary Care Trust
31. Julia Radcliffe, Glasgow Urban Lab, Mackintosh School of Architecture
32. Linda Semple, Assistant Director Performance, Policy Planning and Performance, NHS Ayrshire and Arran
33. Stuart Telfer, University of the West of Scotland
34. Janet Tobin, Health Improvement Lead, Glasgow City Community Health Partnership
35. Claire Turner, Programme Manager, JRF Alcohol Programme, Joseph Rowntree Foundation
36. Dr Yoga Nathan Velupillai, Senior Lecturer in Public Health, University of Limerick
37. Dr Eugene R Waclawski, Consultant Occupational Physician, NHS Greater Glasgow & Clyde
38. Dr Nina Williams, Consultant in Public Health Medicine, Public Health Wales
39. Phil White, Partnership Facilitator, South Ayrshire Community Health Partnership