

Economies for Healthier Lives

Glasgow City Region

Year two
evaluation
report

Gregor Yates

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Acknowledgments

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For more information about this report, please contact:

Gregor Yates, Public Health Research Specialist,
Glasgow Centre for Population Health

Gregor.yates@glasgow.ac.uk



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Summary

This report summarises project progress and key learning from year two of the Glasgow City Region (GCR) [Economies for Healthier Lives](#) (EfHL) project. As one of five Health Foundation funded projects across the UK, the approach has involved developing a Capital Investment Health Inequalities Impact Assessment (CHIIA) tool, which will be used to inform decision-making on capital infrastructure projects in the Glasgow City Region. Specifically, it will prompt consideration of the implications for health inequalities and how to maximise community benefits. As the project's evaluation partner, the Glasgow Centre for Population Health (GCPH) has been continuously collecting learning on the project through a formative evaluation approach.

An end of [year one evaluation report](#) provided a baseline assessment of the expectations and priorities of the various project stakeholders, as well as reflections on progress from the Core Team.

For year two, the work has progressed in line with the project's live action plan, moving from a phase of planning, set-up, and scoping to an appreciative inquiry approach. This has been framed around 'discovering' what is already available in relation to impact assessment, and then 'dreaming' about what might be possible in enabling the team to create the CHIIA toolkit. A comprehensive desk-based review of existing data and continuous stakeholder engagement were undertaken as part of this process, which provided learning to support the delivery of ten topic-based Development Cohort sessions. These sessions, which were facilitated by members of the Core Team, brought together staff from a range of private, public and third sector organisations within the Glasgow City Region. Learning from this then informed the design and content of a stakeholder workshop, which was chaired by a project partner ([Kinharvie](#)), to collectively review all project learning and to consider how decision-making at different stages of the capital spend process could be influenced.

The establishment of a Community Panel, which has met monthly since October 2022, has been a key development in year two. The success of the Panel is dependent on a reciprocal relationship with the Core Team, through which members can learn from the process while contributing to the development of the tool. While early meetings of the Panel were helpful in establishing an agreed way of working and learning about various aspects of capital spend, recent months have seen a drop-off in attendance. A priority for year three will be to address the reasons for this and to ensure that future involvement is mutually beneficial.



Who is the report for?

As the programme funder, the Health Foundation has stipulated that evaluation should inform the project on a continuous basis, and that annual evaluation reports should provide a 'point-in-time' update on project progress and learning. This report therefore supports ongoing planning for the project's Core Team and aligns with

wider programme learning being captured by overall programme evaluators, Renaisi. Learning presented here is also relevant to the various stakeholders representing anchor organisations supporting the GCR pilot, as well as anyone with an interest in the approach or a wish to use the toolkit to support decision-making.

Key progress and findings

- The project has progressed in line with the live Project Plan, and members of the Core Team have reported productive and supportive working arrangements despite the loss of key staff.
- Overall engagement with the project has remained high, although attendance at some meetings has reduced slightly over time.
- The Appreciative Inquiry approach provided a comprehensive understanding of the Health Impact Assessment (HIA) landscape and where the toolkit could add value. This learning provided the basis for ten Development Cohort sessions.
- Feedback from attendees of Development Cohort sessions shows good attendance and positive engagement, improved understanding of the topic covered for most, applicable learning, and support for future sessions on related topics.
- Feedback from a subsequent stakeholder workshop highlighted a strong desire to hear about the toolkit and to learn from others. Most participants felt confident about the development of the toolkit and that progress aligned with their expectations. Positive comments were made in relation to improved understanding of the process and the benefits of being able to network with others. Some participants found participation challenging due to the use of technical language.
- The Community Panel has been formed with collective agreement over purpose and ways of working. Early sessions on relevant topics offered valued learning for the group, together with the opportunity to apply their own knowledge to support the development of the toolkit. Continued

attention to this aspect of the project from the Core Team is vital to ensure that Panel members feel valued and that their input is impactful. Establishing a working arrangement between the Community Panel and the Core Team in a way that meets the needs of both parties, whilst supporting the development of the toolkit, should be a key priority for year three.

- The final phase of the project requires a focused and intensive approach to develop and pilot the toolkit. Ensuring continued buy-in and support from a broad range of stakeholders is essential.



1. About Economies for Healthier Lives

1.1 Overview

Programme summary

- Economies for Healthier Lives is a three-year (2021-24) programme managed and delivered by the Health Foundation. Five local partnerships are funded through the programme: Glasgow, Havant, Liverpool, Leeds and Salford. Each partnership has developed a locally-appropriate approach which promotes health and reduces inequalities by strengthening the relationship between economic development and health.
- This Glasgow-based partnership involves developing a 'CHIIA' (Capital Investment Health Inequalities Impact Assessment) tool, which will be used to support the delivery of capital infrastructure projects to ensure that decisions made at all stages focus on maximising benefits for local communities and tackling health inequalities.

Programme governance

- The [Glasgow City Region Programme Management Office](#) (GCR PMO) is delivering the Glasgow-based partnership, with the [Glasgow Centre for Population Health](#) (GCPH) as project evaluators.
- Learning support for each local partnership is provided by the [Royal Society of Arts](#) (RSA).
- [Renaissi](#) are the programme evaluators, bringing together learning from the five funded projects.

Project structure

- The **Core Team** is responsible for the delivery of the project. This includes the Project Manager and representation from the Glasgow City Region PMO, Public Health Scotland, and the Glasgow Centre for Population Health, as well as wider support from other project collaborators; the [Wellbeing Economy Alliance](#), and [Kinharvie](#).

- ▶ A **Community Panel** was formed to support the development and implementation of the toolkit. Led by the Scottish Community Development Centre (SCDC), the Panel satisfies the Health Foundation's requirement of ensuring community input in the project. More importantly though, the Panel includes representation from a diverse group of community members who bring their own lived experience to the process.
- ▶ An **Operational Group** was established to gain partner involvement in the day-to-day delivery of the project. This group meets quarterly and includes representation from a range of public, private and third-sector organisations of differing scales, and from across Scotland.
- ▶ A **Strategic Group** includes senior representation from anchor organisations within the Glasgow City Region. This group aims to support change at a more strategic level and meets on an 'as needed' basis. Both the Operational and Strategic Groups are intended to encourage a combination of information sharing, deliberation, and decision-making.

1.2 Project approach

The project has been underpinned by a systematic and evidence-informed approach in year two. These elements are defined below and covered in more detail throughout the report.

Systems thinking

In October 2022, Core Team members attended a Systems Change Workshop delivered by the project's local learning partner, Kinharvie. This included advice on how to progress the Appreciative Inquiry element of the project, but more broadly was delivered to ensure that systems thinking informed the project at all stages. The workshop encouraged members of the team to consider organisations as living-human-systems by giving more thought to relationships and the dynamic nature of an organisation or group. In light of this learning, it was agreed that systems thinking should inform the overall approach. The evaluation assesses the extent to which this has happened, as well as offering tangible suggestions around how systems thinking can inform the development of the toolkit in useful and measurable ways.



Appreciative Inquiry

Appreciative Inquiry involves undertaking action-research on a given topic. The assets-based approach places value on the strengths that already exist within an organisation or system, recognising that relationships and organisational culture are vital to change processes. Here, the methodology was taken to gather relevant

information on what already exists in relation to Health Impact Assessment and how widely it is being applied. The approach involved a combination of desk-based research and interviews with stakeholders with experience in Health Impact Assessment.

Development Cohort sessions

Ten Development Cohort sessions were delivered as part of a co-productive approach to developing the CHIA toolkit. The sessions provided an opportunity to explore existing toolkits, approaches, guidance, and sources of evidence in relation to research questions identified through the Appreciative Inquiry.

The approach brought together a diverse range of stakeholders, including subject matter experts, academics, managers, and technical officers from a range of organisations across the Glasgow City Region and beyond, at one of ten thematic sessions.



2. Background

2.1 Project rationale

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 sufficient consideration for the impact on people and communities. The Region receives over £2 billion per annum to support capital spend projects, with major infrastructure projects being funded by the Glasgow City Region City Deal.

The 2015 Scottish Economic Strategy brought a new focus on inclusive economic development, with capital spend projects being identified as a crucial mechanism through which this agenda could be pursued and implemented. To advance this opportunity, the Glasgow City Region (GCR) Economies for Healthier Lives (EfHL) project was created to maximise the health, wellbeing and economic benefits generated by the Region's Capital Investment Programme^a by bringing

existing materials together under a single umbrella. This should help to ensure greater clarity around what is expected and when, offering a more streamlined and uniform approach across all capital investment projects.

The project Core Team, with the support of various engaged and supportive stakeholders, are developing, piloting, and adopting a Capital Investment Health Inequalities Impact Assessment Toolkit (or 'CHIIA' toolkit). The CHIIA toolkit will be used to inform local authority capital spend processes across the GCR, with the ultimate ambition of embedding the approach across the Region and beyond. Adopting a more streamlined and standardised approach to decision-making in capital spend projects through the development of the toolkit has the potential to support improved population health and prevent widening inequalities in the Region and beyond.

2.2 Health Impact Assessment

Health Impact Assessment (HIA) is an established methodology for considering the potential health impact of policies, plans, projects, and interventions across multiple sectors. Health Inequalities Impact Assessment (HIIA), meanwhile, draws

on this methodology but goes further to integrate health inequalities, equalities, and human rights considerations. The main aim of HIIA is to strengthen the contribution of policies and plans to health inequalities by improving equity of

^a The Capital Investment Programme includes all the major infrastructure projects being delivered by the Glasgow City Region.

access to the intervention, ensuring non-discriminatory practice and acting on the social determinants of health¹.

An effective HIA or HIIA will require extensive stakeholder buy-in, where the findings from the process shape the delivery of a programme, policy or intervention, or where its use leads to new approaches that seek to address the

causes of health inequalities. Although there is a clear evidence gap around the effectiveness of HIA-informed processes on health outcomes, and several factors can shape their efficacy and implementation, embedding health inequalities considerations more widely into decision-making at various levels is an important step towards more evidence-informed practice.

2.3 Health Impact Assessment of the 2014 Glasgow Commonwealth Games

The Health Impact assessment (HIA) of the 2014 Glasgow Commonwealth Games is an example of how the approach can bring health to the fore of policy and strategy. This process, which involved engaging over 3000 local residents, led to the Glasgow 2014 Legacy Framework², which was an ambitious document that set out how Glasgow would seek to maximise the benefits of the 2014 Commonwealth Games for its local residents. The Legacy Framework was underpinned by the key principles of Health, Inclusion and Sustainability, incorporating a range of actions and programmes supported by funding that could help deliver on these principles. The approach was widely recognised as being a model of good practice, which raised the profile of health issues amongst the public and city-wide stakeholders³, and positively shaped policy and practice⁴.

This HIA process was an important reference for the development of the project's Theory of Change (Appendix 1). The project hypothesis, informed by the Commonwealth Games HIA, states that the development of the toolkit will ensure that GCR capital spend projects

are routinely delivered in a way that maximises population health and ensures that inequalities are not exacerbated. In the short term, this can be assessed by the extent to which a more-evidence informed approach shapes decision-making (i.e. through the toolkit).

However, looking beyond the timescale of this three-year project, it must go further to identify ways in which the approach is shaping health outcomes. Ensuring that adequate processes are established to assess the impact of the approach on health and health inequalities across communities is vital. This would support the continuous development of the toolkit in line with emerging evidence and could more widely be used to support the evidence base on the effectiveness of HIAs.



3. Evaluation approach

The Glasgow Centre for Population Health is the academic partner for the GCR programme and has responsibility for the delivery of the three-year formative evaluation. This involves capturing information and learning continuously to support ongoing decision-making. A project Evaluation Plan, which included a Theory of Change (Appendix 1) was developed at the beginning of the project.

For year two, a live Evaluation Plan was developed to support the capture of practical and applicable learning, as well as an assessment of progress towards anticipated outcomes. The evaluation approach has been deliberately pragmatic and flexible, recognising that an emergent and exploratory, multi-partner project must be adaptable to changing circumstances and challenges.

3.1 Evaluation aim and purpose

The aim of the evaluation is to establish how the activities, processes, relationships, and leadership around the project have impacted on outputs and intended outcomes. To this end, the purpose of the evaluation is:

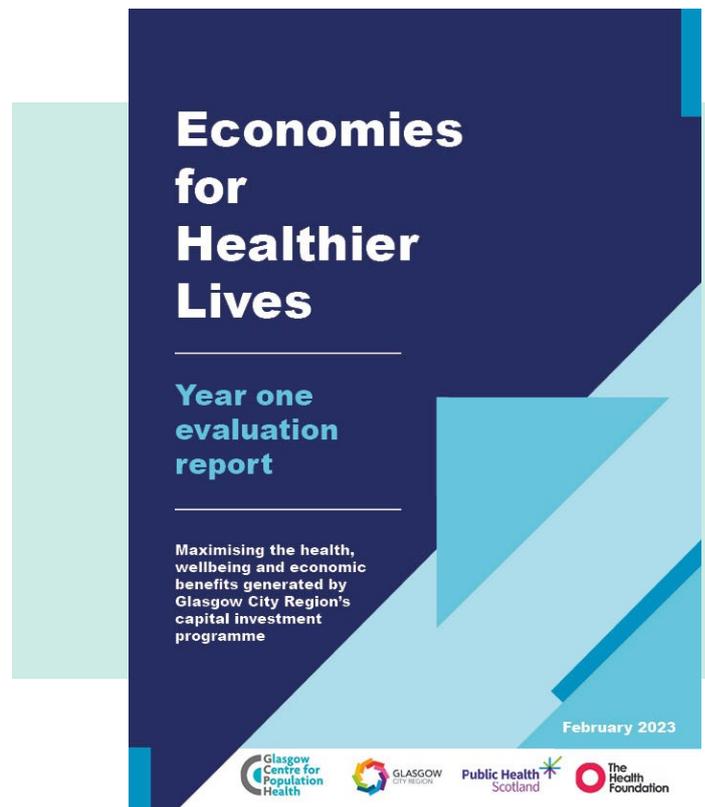
- ▶ To offer practical learning on the 'process' of delivering the project that can support its ongoing delivery and evolution.
- ▶ To provide an up-to-date account of project progress and 'process' learning for the funders (Health Foundation), the learning support organisation (RSA), the overall programme evaluators (Renaissi), and various project stakeholders and wider interest groups.
- ▶ To assess progress against the project's agreed outcomes.

3.2 Year one learning

An [end-of-year-one evaluation](#) provided a baseline assessment of the expectations and priorities of the various interests involved in the project, as well as any early signs of progress, challenges and enabling factors described by the project's Core Team.

Year one learning, based mainly on feedback from stakeholders, showed wide support for the approach and a common understanding of what the project was trying to achieve. It also pointed to the need for more careful attention to be given to the co-productive element of the project, and how cultural differences across the delivery organisations can shape progress and decision-making.

Looking to year two, the evaluation highlighted the need to attend to the experience of Community Panel members and how learning from this process could be most effectively used, as well as the need to ensure ongoing communication with project stakeholders regarding the development of the toolkit and their role in shaping it.



3.3 Year two evaluation

Now at the end of year two, the project has progressed from a period of set up, planning and scoping, to an Appreciative Inquiry-led approach, which has involved gathering information to support the design and development of the toolkit. During this period, the evaluation has continued to capture process learning, but with added emphasis on how this has shaped project delivery.

Project outcomes

Five project outcomes were agreed by the Core Team on receipt of funding (Table 1). Two of these objectives can be considered within the current project timescales, and therefore relate to its delivery, while the remaining outcomes apply to dissemination and monitoring of impact (beyond the current project timescales).

Progress against the relevant outcomes is offered in section 5.1. Consideration will be given to how to capture learning on the remaining outcomes in year three, as continuing to evaluate the project beyond the current timescales will be important to understand longer-term impacts.

Table 1. *Project outcomes*

Outcomes: Project delivery	
1: CHIIA toolkit developed using co-productive approaches	2022-2024
2: Mutually beneficial partnerships have developed	
Outcomes: Dissemination & monitoring	
3: CHIIA toolkit embedded in GCR governance structures	2024 onwards
4: Transferable learning is being applied elsewhere	
5: Metrics identified for long-term monitoring of impact	

Process learning

In addition to tracking progress against project outcomes, process learning has been captured qualitatively. The following research questions have guided this aspect of the evaluation:

- What has the project delivered over the past 12 months? Does this align with the agreed project plan?
- To what extent is the project on track to deliver as intended? What are the challenges and enabling factors?
- How have specific project elements shaped its evolution and delivery?
- Have stakeholders and community members consistently engaged with the project?
- Are stakeholders and community members confident in the approach and committed to the process?
- What progress been made towards meeting the relevant project objectives?
- How has learning from year one fed into the delivery of processes in year two?
- How can learning captured throughout year two shape the ongoing delivery of the project?
- What are the priorities for year three?

3.4. Methods

Learning has been gathered through a combination of primary research with Core Team members and delivery partners, by capturing feedback from stakeholders and Community Panel members on project-related events and workshops, and by reviewing key reports, documents and meeting notes. The following project

documents were reviewed: Stage 1 Appreciative Inquiry Report; Development Cohort Report; Stakeholder Workshop Report; Operational and Strategic Group meeting minutes; live Project Plan; and various other planning documents. Table 2 outlines the methods used, the purpose of each method, and the source of data.

Table 2. *Data-collection methods*

Method	Purpose	Source
Document analysis	<ul style="list-style-type: none"> To ensure that a clear and accurate timeline of project activity is presented. To provide an up-to-date account of project progress and activity. To incorporate emergent learning and decisions taken at meetings. To assess the evolution of the live Project Plan. 	Documents developed by the project's Core Team
Survey 1	<ul style="list-style-type: none"> To collect feedback on the efficacy of Development Cohort sessions to participants. To gather feedback to support the development of the CHIA toolkit and future project planning. 	Attendees of Development Cohort sessions (n=21)
Survey 2	<ul style="list-style-type: none"> To understand why participants attended and what they hoped to get out of it. To establish levels of confidence in the approach and expectations for the future development of the CHIA toolkit. To gather feedback to support the development of the CHIA toolkit and future project planning. 	Attendees of stakeholder workshop (n=34)
Focus group	<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 three. 	Core Team members (n=7)
Reflective learning post stakeholder workshop	<ul style="list-style-type: none"> To shape the ongoing delivery of Development Cohort sessions. To ensure that an iterative approach to learning was undertaken. 	Core Team members delivering Development Cohort sessions (n=3)

4. Project Progress

Key project stages and deliverables are shown in Figure 1.

For year two, progress has continued in line with the live Project Plan (Appendix 2), with milestones including the completion of a Stage 1 Appreciative Inquiry Report, the delivery of ten Development Cohort sessions for staff across the GCR, a stakeholder workshop, and the formation of a Community Panel to support the CHIIA toolkit's development. These project elements have been delivered despite personnel changes affecting the Core Team.

A new Project Manager was appointed in May 2023, and the completion of a secondment period meant that another key member of the Core Team left shortly afterwards.



Figure 1. Glasgow pilot project stages

4.1 Engagement with the project

This project aims to transform how capital spend projects are planned and delivered. Stakeholders will have to champion the approach and implement it within their organisation for it to be impactful beyond the GCR Programme Management Office. Continuous stakeholder engagement

is therefore vital to the delivery of the GCR pilot. Project engagement has been assessed through participation at Operational Group meetings, Strategic Group meetings, and attendance at project workshops or events.

Operational Group

The purpose of the Group is to provide access to operational expertise and to steer and support the work of developing and piloting the toolkit. Membership of the Operational Group is provided in Appendix 3. As planned, the group has met four times in the past year; November 2022, and February, June, and September 2023. Attendance has ranged from nine to 17 out of a possible 33 members, which, given the broad range of expertise, is sufficient to ensure continued support and guidance. While it is expected that attendance will vary, it may be useful to review the terms of reference and to re-affirm the importance of participation to the ongoing delivery of the project.

Strategic Group

The Strategic Group was established to champion and promote the project, to provide oversight and guidance, to make relevant connections regionally and nationally at strategic level, and to enable access to additional support and funding. Organisational involvement in the Group is provided in Appendix 4. The Group tries to meet on a six-monthly basis, with the last meeting taking place in February 2023, and all members were invited to the stakeholder workshop in August 2023. Including the Core Team, 20 people have agreed to participate in this group. Ten members attended the last meeting.

Events and workshops

Across the ten Development Cohort sessions delivered by members of the Core Team, 64 staff from a range of disciplines participated. Meanwhile, 40 people attended a stakeholder workshop to share project learning in August 2023.



Establishing a Champions Network

Several national and regional stakeholders have signed up to join a Champions Network, including representation from [Scottish Government](#); [Nature Scot](#); [Glasgow City Region PMO](#); [Public Health Scotland](#); [East Renfrewshire Council](#); and the [Glasgow Council for the Voluntary Sector](#). Staff from Kinharvie will facilitate the meetings and provide training and coaching to members, if there is interest. The Network has been established to support the development and piloting of the CHIA toolkit, but also to ensure reciprocity by making sure that members get something back for their time.

4.2 Stage 1 Appreciative Inquiry Report

An Appreciative Inquiry involves undertaking action-research on a given topic. The assets-based approach places value on the strengths that already exist within an organisation or system. Here, the methodology was taken to gather relevant information on what already exists in relation to Health Impact Assessment. This approach was deemed to be suitable in this context, as it is rooted in the idea of identifying and exploring possibilities rather than focusing on the barriers to transformation. It also places a strong emphasis on relationships in shaping organisational practice and behaviour. The Core Team sought to harness the strengths-based elements of the approach as a way of exploring possibilities for change in an open and unrestrictive way.

This research involved collating information to support the delivery of Development Cohort sessions on various topics, as well as a baseline of information to feed into the CHIA toolkit. The approach has been underpinned by the 4D cycle, which, at this stage, involved 'discovering' the best of what is, and 'dreaming' about what might be possible in relation to the development of the toolkit. Subsequent phases of the cycle are shaping the remainder of the project.

Figure 2. The 4D cycle diagram



Source: IRISS

Desk-based research of existing and emerging documentation, one-to-one interviews with key stakeholders, and group discussions were undertaken as part of a comprehensive approach to information gathering. This process sought to gain insights into the following research questions:

1. What works well with existing support material, tools, or practice?
2. What good practice would benefit from being built into the CHIIA?
3. What are the commonalities across Capital Investment projects that would benefit from being incorporated into the CHIIA?
4. What aspects of current practice need to be embedded in the CHIIA?
5. What new processes/innovation can be included to maximise impact?
6. What are the relevant contextual issues and how can these be accommodated in the CHIIA?
7. What additional support/guidance is needed to support a HIA/HIIA in the context of a capital investment project?
8. What support/guidance is needed around the evidence base, performance metrics or community/public involvement for maximising health and inequalities outcomes?
9. What are the key elements that will support an effective CHIIA?
10. What is needed to maximise public input into development of the CHIIA toolkit?
11. What level of public input should there be in the development and delivery of co-delivered capital spend projects? How should this be embedded?
12. What support/guidance is needed around the evidence base, performance metrics or community/public involvement for maximising health and inequalities outcomes?
13. What is needed to ensure that the public co-deliver capital spend projects?
14. What are the relevant contextual issues and how can these be accommodated in the CHIIA?
15. What will help embed practice change?
16. Where are the points of disagreement between stakeholders? How can they be accommodated?
17. What assumptions are we making at this stage in the inquiry?

Evidence, insights, and learning from the responses to these questions were written up into a Stage 1 Appreciative Inquiry report^b, which provided a baseline of information to support the next stage of the toolkit's development. The report summarised the range of guidance, frameworks, and published literature on best practice regarding Impact Assessment processes and related documentation, including appraisal documents which support decision-making on capital spend at different stages of the life cycle, how capital spend processes are undertaken in different local authority areas across

the Glasgow City Region, and requirements relating to key funding streams such as City Deal. The report comprehensively lays out the complex policy landscape in which the project sits, while additional forms of measurement relating to the impact of an intervention on different population groups, health inequalities, environmental indicators, and communities were also covered. The report was shared with members of the Operational Group in February 2023 for further comment, before the learning was used to plan the delivery of Development Cohort sessions.

4.3 Development Cohort sessions

Ten Development Cohort sessions were delivered as part of a co-productive approach to the CHIA toolkit's development. The sessions provided an opportunity to explore existing toolkits, approaches, guidance, and sources of evidence in relation to research questions identified through the Appreciative Inquiry. The approach brought together a diverse range of stakeholders, including subject matter experts, academics, managers, and technical officers from a variety of organisations across the Glasgow City Region and beyond, at one of ten thematic sessions. This included a session on community participation in decision-making, to gather the views of Community Panel members.

The following thematic sessions were delivered:

- Local Authority Equality Officers
- Sector Specific Housing
- Sector Specific Transport
- Community Participation (Community Panel members only)
- Strategic Design and Planning
- Health Inequalities and Place
- Capital Approval Processes and Levers
- Procurement and Community Benefits
- Existing Toolkits
- General session

A comprehensive overview of what the project is trying to achieve was provided at the start of each session, with the remainder being framed around **discovering the best of what is available** in relation to the theme being discussed, before **dreaming about what might be possible** in relation to the development of the CHIA toolkit.

^b This report was shared with members of the Operational and Strategic Groups. Although it was not published, it can be requested through the Project Lead.

Finally, participants were asked to answer five questions relating to the importance of impact assessments, the potential influence of the toolkit and their preference for the format of the toolkit. Information from each session was captured electronically and written up in a report. This provided valuable insights to support the development of the toolkit and has helped to set the parameters and assumptions that will guide its development. Based on lessons learned from current best practice and existing challenges, the Core Team were able to establish some guiding principles to inform the design the CHIA toolkit. These are listed under the headings below.

The toolkit should:

Key Features

- Be web-based, allowing users to export information.
- Bring together stakeholders and encourage collaboration.
- Be user-friendly and simple to use, regardless of prior knowledge of the wider determinants of health.
- Integrate other Impact Assessments and include a focus on the Wellbeing Economy and Community Wealth Building.
- Work through and align with the lifecycle of capital projects (from inception to evaluation).
- Include a clear purpose and a step-by-step guide.
- Be guided by systems thinking to support an integrated approach.

Guidance

- Include accessible language and IT.
- Include a step-by-step guide to support use of the toolkit, the process, and its supporting components.
- Be easy to follow and accessible.
- Not add work or duplicate existing activities – instead it should signpost to what exists already.
- Set the context and make the case for embedding health within capital investment projects – offering clear definitions of health and social determinants.
- Include community engagement guidance, including how to listen, respect, act and be inclusive.
- Provide useful examples, case studies, a glossary of terms, list sources of data and relevant indicators.

Evidence and data

- Be evidence and data-led, including qualitative data. This should include support with Metadata.
- Include information about different sectors and their relevance to health, providing evidence on varied sectors and topic areas.
- Save user time and support interpretation.

Community engagement and participation

- Support creative, inclusive, and meaningful early engagement with communities.
- Help build trust and respect with communities, through promoting an inclusive and respectful process.

Training and support

- Include tailored training and peer support to enable anyone to use the toolkit confidently, irrespective of their background and IT literacy.

General guiding principles

- Be user-friendly, accessible and evidence led.
- Be aligned with the levers available at Glasgow City Region level as part of existing processes and requirements.
- Align with the stages of a capital investment project life cycle and should include HIA questions or prompts; case studies; indicators; up-to-date and succinct evidence; the ability to export information and reports; a clear step-by-step guide; opportunities for collaboration; and signposting to existing guidance and sources of information.

4.3.1 Core Team reflective learning

At the end of each Development Cohort session, Core Team members were asked to reflect on the following questions:

1. Who attended/ didn't attend?
2. What worked well; and what worked less well?
3. Did people engage well with the materials used?
4. What have you learnt from this session?
5. What would you do differently?

This provided an opportunity for the team to have a collective de-brief, with the idea that reflections from this process would shape the delivery of subsequent sessions. This helped to establish what worked in terms of participant numbers and make-up, as well as for tweaking the materials and content. It reflected the Core Team’s commitment to an iterative approach to learning.

4.3.2 Participant feedback

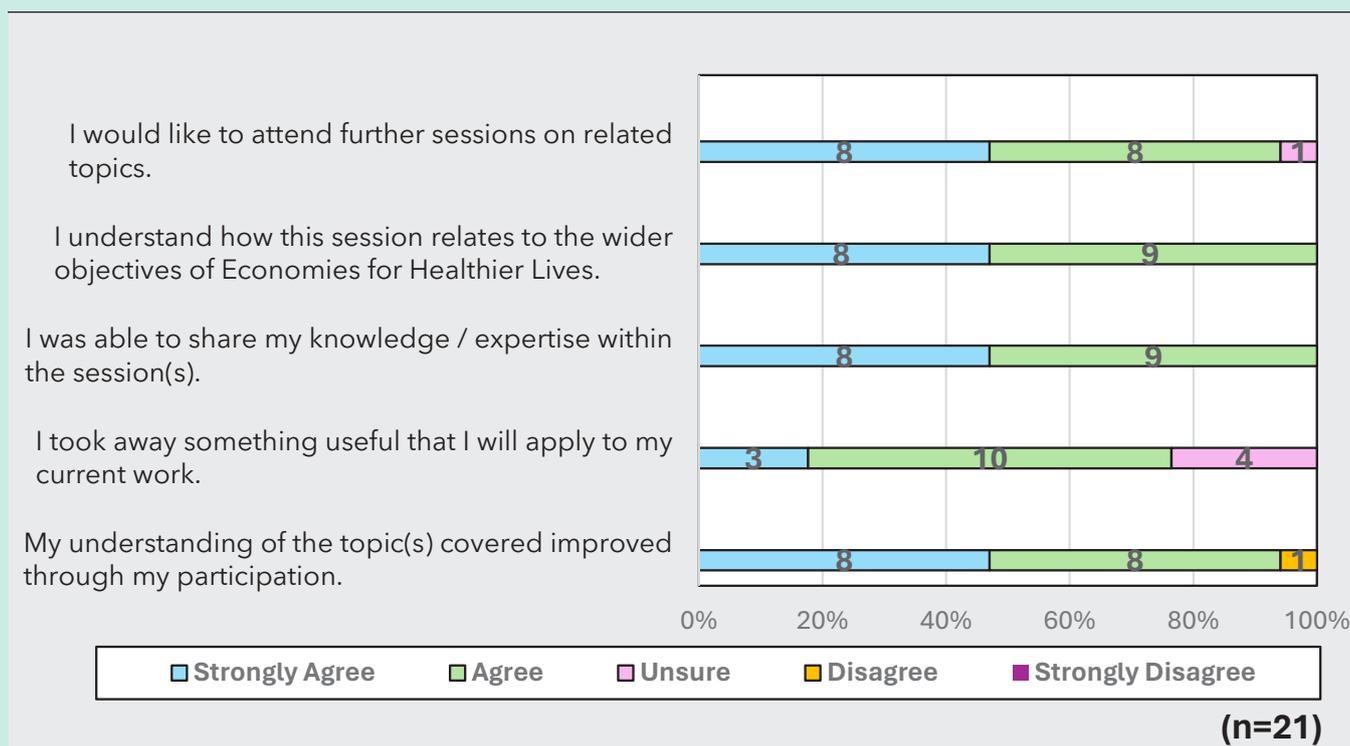
Participant feedback was gathered through an online survey (Appendix 5). Out of a possible 64, 21 responded (33% response rate), with attendance ranging from five to ten per session. Figure 3 shows which session the responding participants attended. The survey response rate varied greatly by session, with some receiving five or six responses and others receiving one or fewer.

Figure 3. Session attended



Figure 4 shows responses to a range of questions about learning, participation, and future intentions. Almost all participants gave positive responses (‘agree’ or ‘strongly agree’) to four out of the five questions. Five out of 21 selected ‘unsure’ in relation to taking something away that they could apply to future work. Overall, the feedback shows that participants generally improved their understanding of the topic and the wider objectives of EfHL, were able to share their own expertise, and would be interested in attending further sessions on related topics in the future.

Figure 4. Agreement with statements



Participants were asked what they enjoyed about their session. Responses here have been arranged under thematic headings.

Informative and interactive

“*Informative to what the aims of the toolkit are and an informal session to discuss options with options to speak and update ideas on the Padlet.*”

“*Informative session and positive step to see health being proposed as a much more explicit part of the business case and decision-making.*”

“*I learnt a lot, both about the EfHL project, and actually the current landscape of Health Inequality Impact Assessments.*”

“*Good, interactive format.*”

Facilitation and encouragement to take part

“Plenty of opportunity to make points. Well chaired as everyone took part...”

“Well managed and facilitated, made to feel comfortable participating and that your input and contribution was welcomed.”

Learning from others

“Gaining knowledge on the subject from others as I was coming from a lower knowledge base.”

“Hearing from other participants and gaining knowledge from them.”

Networking

“The mix of people from within and outwith the Local Authority.”

“Open discussion with a group from varied backgrounds.”

“It was good to join a new network and make connections with new people – many of them whose names I knew but who I hadn't met before.”

Suggested improvements

Suggested improvements included having in-person events, focusing more explicitly on the project aim of reducing health inequalities, having smaller breakout groups, and having more time – either to complete what was planned or, more extensively, to allow greater exploration of existing tools and the logistics, stages and details of their use. One person felt unprepared for the session, while another suggested that too many different online resources were used. However, more commonly, people were positive about the sessions and couldn't think of ways to improve it.

4.3.3 Toolkit development feedback

At the end of each Cohort session, attendees were asked to provide feedback on a number of questions using an online software called 'Mentimeter'. These responses have been collated to give an overall picture of feedback across all sessions (Appendix 6).

Participants were asked about their motivation to support the work, their beliefs on whether influencing capital spend can help to tackle health inequalities, and whether the existing processes relating to

impact assessment are adequate (Figure 5). Response options were Strongly disagree (1), Disagree (2), Unsure (3), Agree (4) and Strongly agree (5). A mean score for each question was then calculated based on all 64 responses. This showed limited confidence in existing impact assessment processes (average score 2.1), considerable motivation to ensure that capital spend is impactful (average score 4.4), and general agreement that capital spend decisions can play an important role in shaping health inequalities (average score 4.5).

Figure 5. Responses to key statements relating to project

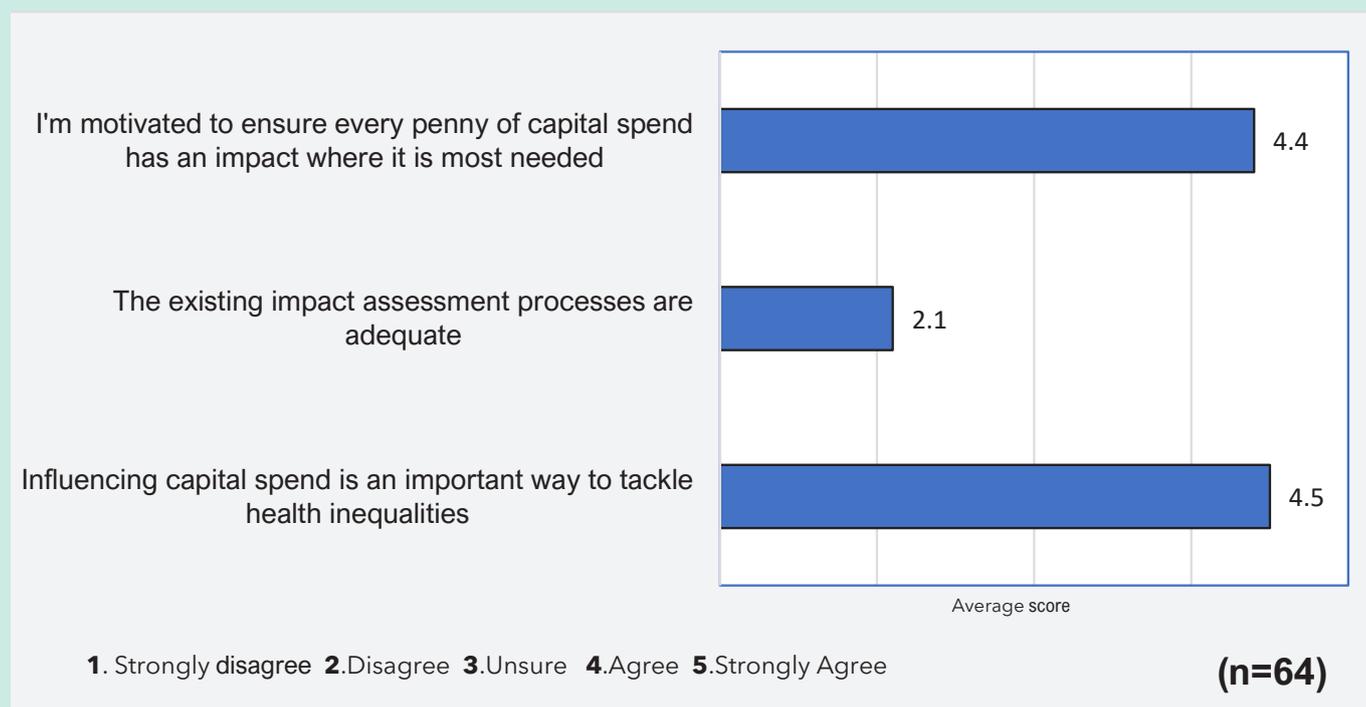
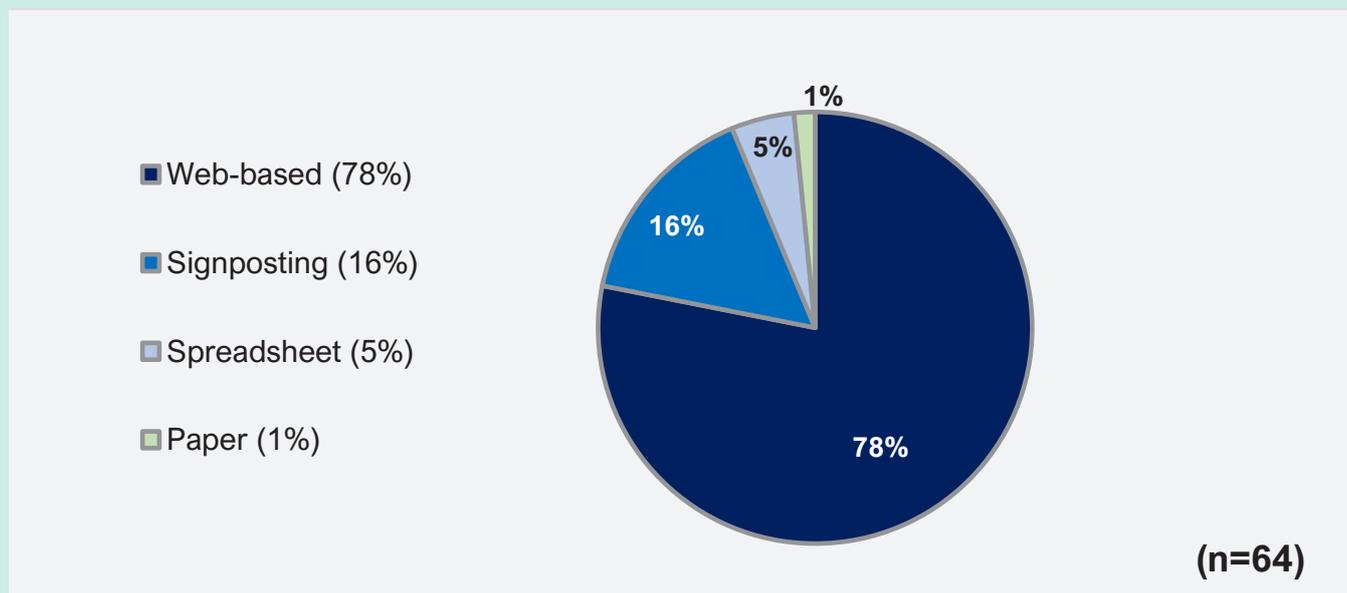


Figure 6 shows that there is a clear preference for the toolkit to be web-based, with signposting being the next most popular format. It should be noted that these options are not necessarily mutually exclusive.

Figure 6. Preference of toolkit format



Participants were also asked: What would be needed from the network of people who championed the toolkit? Responses have been summarised under headings:

Understanding the approach and evidence

Having a clear understanding of the approach and the evidence that underpins it in relation to:

- the social determinants of health and health inequalities
- the monetisation of impacts, benefits and disbenefits
- the holistic and interdependent nature of the work
- the experience of working across various departments and sectors where capital spend is delivered

Commitment and clarity of purpose

Having a clear purpose, a belief in the approach, a drive for continuous improvement, and a plan for implementation and monitoring was also felt to be important.

Influence and leadership

Members will require both strategic and operational influence, leadership, experience, and persuasive qualities to be able to promote the toolkit to engage people from a range of sectors. This should include senior leaders from across the main delivery organisations and national organisations. Support for the network would need to come through senior leadership within each of the organisations, where necessary supported by strategy and policy, with the inclusion of an action plan for implementation.

Collaborative instincts

Related to this, members would need to have collaborative instincts, strong communication skills, and the ability to listen and implement change.

Protected time and support

It was argued that the network would require protected time to promote the toolkit (i.e. a specific role to embed the toolkit across the City Region initially, and then beyond). This would allow them to provide the necessary guidance to anyone using it. Support would need to come in several forms, including buy-in from senior leaders, but also through the availability of training where needed.

Impact of the CHIA toolkit

Finally, attendees were asked to complete the following statement with a single word or phrase:

The impact of routine use of the CHIA toolkit in capital investment decision-making would be...?

Responses were collated and summarised into headings, with similar words or phrases being grouped together and totalled. These were used to create the word cloud below (Figure 7), which represents the most common responses.

Figure 7. Word cloud of most common phrases



4.4 Stakeholder workshop



A stakeholder workshop was facilitated by staff from Kinharvie in August 2023. This allowed the Core Team to share learning from the Development Cohort sessions and to test attendee agreement (0 = totally disagree, 10 = totally agree) with seven key assumptions relating to the development of the toolkit. Average scores, based on 40 responses, are provided in Table 3 below.

Table 3. Feedback on key assumptions

The CHIA toolkit should...	Average score
Promote reflection	8
Facilitate collaboration	8.8
Be flexible	8.5
Enable rigorous evidencing	8
Provide general guidance on health as well as how to use the toolkit	8.1
Support meaningful engagement of different stakeholders	8
Enable users to calculate financial value of health benefits	7.3

Attendees were then invited to comment on one of the following stages of the capital spend process: masterplanning; project initiation; outline, strategic, or full business case; works procurement; construction; operation; monitoring; evaluation; community voice.

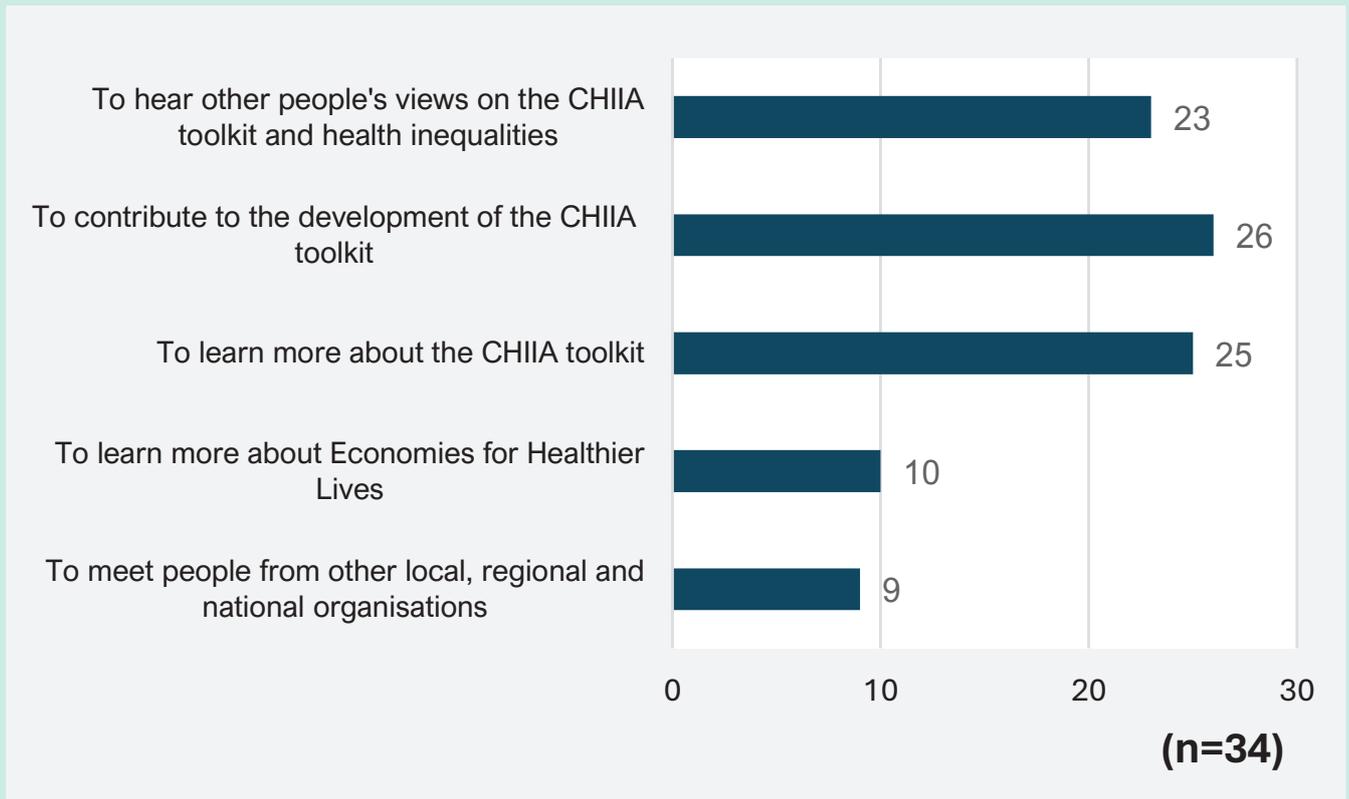
Specifically, they were asked to prioritise three key things that would be useful in supporting them to consider health as a key part of this aspect of capital spend. This learning was collected by the Core Team and has been used to shape the next stage of the toolkit's development.

4.4.1 Event feedback

Participant feedback was received through an online survey (Appendix 6). Out of 40 attendees, 34 responded (85%). The main reasons for attending the workshop are shown in Figure 8 below. These were: contributing to the development of the CHIA toolkit (26 out of 34), learning about

the toolkit (25 out of 34), and hearing other people's views on the toolkit and health inequalities (23 out of 34). Learning about the wider Economies for Healthier Lives programme (10 out of 34) and meeting people from other organisations (9 out of 34) were less common reasons for attending.

Figure 8. Reasons for attending event



Attendees were also asked the following questions:

- *Are you confident that the CHIAA toolkit will be developed using co-productive approaches?*
- *Has the work developed in line with your expectations up to this point?*

Figure 9. Confidence in toolkit development

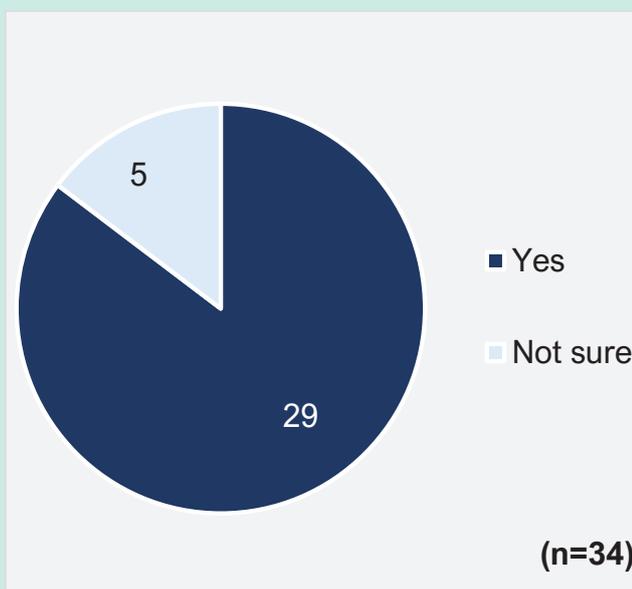
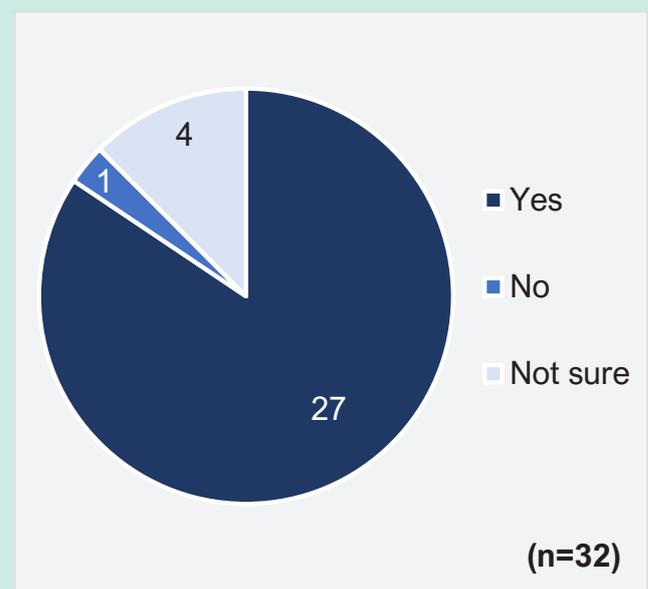


Figure 10. Work developed as expected



For both questions, most respondents answered 'Yes' (29 out of 34, and 27 out of 32, respectively). One respondent answered that the work had not developed in line with their expectations but did not give further details.

Open-ended responses were sought from attendees through a question on what they took from the event that they would apply to their own work. Several responses were made around improving understanding of the toolkit and the process of delivering it.

“ Better understanding on how the toolkit, once live, will help me to implement in procurement exercises.”

“ More local context, good to see more of the development process first-hand.”

“ Helped in my understanding of the work so far – interesting discussions about the role of evidence and data which are useful for my work.”

For others, the main learning was around the connection between economic development/capital spend projects and health.

“ An understanding of how economic development can tie in with health. I had no knowledge of this previously.”

“ I will take the knowledge I have garnered around the necessity of understanding health impacts and I will attempt to embed this in my work going forward.”

“ Greater consideration of health outcomes to different interventions.”

Another important takeaway was the strength of partnership working and the level of interest across the sector.

“ Good partnership working.”

“ Level of interest across the sector.”

“ Good network of people.”

“ Although many are from different sectors/organisations, there is still alignment to the perceived outcomes of what it should achieve.”

However, it was also suggested by some that this aspect of the project needed to be built on, or that connections with work elsewhere needed to be developed.

“ It has re-enforced the need for public health input to sustainability of the project.”

“ Still a cluttered IA [Impact Assessment] landscape in Scotland and how we must not add to the confusion or workload.”

“ Need to make sure Glasgow University’s work on decision support tools feeds into CHIIA work.”

Others commented on the importance of the event in shaping their own work on Impact Assessment.

“ Helped inform me of what I need to consider when taking my work on impact assessments forward.”

“ Transferable learning to my work reviewing EQIAs.”

“ This could be a useful tool for the work of my team (City Deal), but we need more guidance on how we can use it + how to identify and monitor outcomes for projects and/or programmes.”

A final question was included which asked attendees to comment on what they hoped would happen next. Responses are listed below under key headings. Most people were keen to see the development of a useable toolkit, with some providing more specific comments on how this should be done, what should be included, and other work that it needed to align with. Others expressed a wish to be kept informed of developments.

Development of a useable toolkit

- Demonstration of the toolkit.
- Prototype of toolkit for comment and further development.
- Looking forward to seeing the prototype developed further.
- I would like to see the tool progress and hear about updates.
- More pace in developing a practical first draft of a tool.
- The development and uptake of the toolkit is successful.
- Continued work towards the development of the toolkit.
- Toolkit prototype developed and piloted.
- To see a prototype of the tool.

How the toolkit can be developed

- To balance the desire to be comprehensive and the need to be practical.
- Further clarity regarding size and scale – clear process on development phase.
- Needs to be dynamic and applied – test and try it at different stages of capital process.
- Don't wait for perfection.

Regular updates and engagement

- Further update events and evidence that the tool is developing.
- To be kept informed of progress.
- Continued engagement with stakeholders to develop the CHIA tool.
- Continued support of the group.
- To be kept in touch.
- Communication on how the project is progressing.

Integration and alignment of toolkit

- Integration of tool with planning and mapping databases.
- Continued alignment with the Health Impact assessment Support Unit (HIASU).
- I'm keen to see how this works alongside and embedded into statutory Impact Assessment requirements.
- I think the inclusion of a large range of datasets is essential.
- More guidance is needed.

Embedding the approach

- Real focus on embedding approach – needs to be part of design.
- Ongoing support for implementation.

4.5 Community Panel

A Community Panel ('the Panel') has been formed, with representation from members of the public from the Greater Glasgow area. Panel members have been recruited through existing SDCD contact lists including the CHEX network, which brings together community-led organisations across Scotland with a focus on community-development approaches to reducing health inequalities. Prospective members then met with the project lead to discuss their potential involvement. A range of different backgrounds and ethnicities are represented on the Panel, as well as people with experience of care and asylum. Many have prior experience of community development.

The Panel has been formed to provide a community voice in the co-production of the CHIA toolkit. Early meetings led to the formation of a Working Agreement, which was developed by the group to: "outline parameters of how the Panel would work together and define members' expectations and requirements to maximise their involvement and capacity."



Potential new members were encouraged to apply if they had an interest in reducing health inequalities and improving health and wellbeing in local communities, and could commit to the project for a nine-month period. Table 4 below shows that Panel members have explored a range of topics monthly since they first met in October 2022. Notably, cancellations to meetings since May 2023 suggest a lack of buy-in and engagement with the project more recently. The reasons for this are covered in section 5.

Table 4. Community Panel meeting themes

Date	Focus
Oct 22	First meeting, introduction, and future steps
Dec 22	Working Agreement development
Jan 23	Working Agreement sign off, HIA info and research update, infrastructure project update including Glasgow Metro initial presentation
Feb 23	Health Impact Assessments and community benefits
Mar 23	Glasgow Metro scoping session
Apr 23	Community Engagement development workshop
May 23	**Cancelled**
Jun 23	Intro to new project manager, Glasgow retrofitting and evaluation
Jul 23	Development day for Panel – where we are at, how do we feel, what’s next?
Aug 23	**Cancelled**
Beg Oct 23	**Cancelled** CHIA toolkit update and review of Panel input to date
End Oct 23	**Cancelled** Capital investment project overview and information
Nov 23	Reflections and taking stock

4.6 Systems change

A workshop focused on ‘systems change’ was delivered to members of the Core Team by the project’s local learning partner, Kinharvie, in October 2022. This was intended to provide learning that could support project delivery in year two, including advice on how to progress the Appreciative Inquiry element.

More broadly, it was intended to ensure that systems thinking informed the project at all stages. The workshop encouraged members of the team to consider organisations as living-human-systems by moving beyond individuals and tangible project elements to give more thought to relationships and the dynamic nature of an organisation or group.

This approach aligns with Public Health Scotland guidance on how to apply systems thinking, which advocates the following:

1. Collectively form an understanding of the issue, context and wider system.
2. Create a plan for action collaboratively with a wide set of stakeholders. Actions should be aligned and jointly prioritised.
3. Learn and refine as you go by involving stakeholders and embedding monitoring and evaluation⁵.

Systems thinking has provided a valuable lens through which learning has been explored – including through the development of the CHIA toolkit, stakeholder engagement, relationships within the Core Team, and how the project aligns with other complementary areas of work. Applying this thinking to practical actions has been an ongoing challenge.

5. Findings

Learning presented here reflects the period from December 2022 to October 2023. Firstly, consideration is given to whether progress has been made against two 'live' project outcomes. Next, process learning is offered through feedback from members of the Core Team and Community Panel.

5.1 Progress against project outcomes

Table 5 below offers examples of progress against two project outcomes, as well as suggested 'next steps' to ensure future progress.

Table 5. *Progress against outcomes*

Outcome	Progress and next steps
<p>1: CHIIA toolkit developed using co-productive approaches</p>	<p>Progress</p> <ul style="list-style-type: none"> • The Core Team have followed an Appreciative Inquiry methodology which has involved engaging with a range of stakeholders to collate information to support the development of the CHIIA toolkit. • The project has continued to follow a co-productive approach through engagement with the Operational and Strategic meeting groups. • Development Cohort sessions brought together staff from a range of disciplines across ten thematic workshops. • The stakeholder workshop, which followed on from the Development Cohort sessions, brought together stakeholders and members of the Community Panel to share learning and shape the development of the CHIIA toolkit. This included staff from public health, the public sector, third sector and national organisations. • A Community Panel with representation from a diverse group of people across the City Region has been established. The group has learned about Health Inequality Impact Assessments and the social determinants of health, and has generated learning on community participation that can support the development of the CHIIA toolkit.

Outcome	Progress and next steps
	<p>Next steps</p> <ul style="list-style-type: none"> • Ensure meaningful involvement of the Community Panel in the development of the toolkit. • Continue to engage all stakeholders in the next phase of the project through regular updates and 'asks for support' where useful.
<p>2: Mutually beneficial partnerships have developed</p>	<p>Progress</p> <ul style="list-style-type: none"> • While it is intended that the approach facilitates partnership working between professionals involved in impact assessment from a range of disciplines, the Development Cohort sessions were deliberately covered on a topic-by-topic basis. There was some evidence of facilitating connections between staff working within the same topic areas. For example, public health staff with a focus on housing and transport were able to share evidence with public sector staff involved in delivery. • There are some examples of productive working between the Community Panel and the project's Core Team. • A Champions Network which brings together professionals from a range of disciplines has been established to support the piloting and promotion of the toolkit. <p>Next steps</p> <ul style="list-style-type: none"> • Continue to provide opportunities for partners from different sectors to come together around the development and piloting of the toolkit. • Establish a refreshed Working Agreement between the Community Panel and the Core Team which facilitates regular mutually beneficial dialogue. • Revisit the systems thinking element of the project with a view to improving internal working (Core Team), influencing change within the core organisations involved, and facilitating connections with other relevant projects and the wider wellbeing economy landscape. • Prioritise learning in year three on how to facilitate more productive joint working between public health and economic development organisations, and between public sector and third sector organisations.

5.2 Process learning

This section summarises the main learning from two focused discussions and an interview with Core Team members and those with responsibility for different aspects of project delivery. These discussions focused on progress, ways of working, challenges, and future priorities.

A supportive working environment

Core Team members reflected that the project remains on track to deliver the CHIA toolkit. This perspective reflects the continued delivery of the agreed Project Plan. Members of the Core Team were generally positive about progress, despite the loss of important team members and an acknowledgment that the next phase of the project will present a significant challenge.

“ I feel confident and positive. I think we’re in a good space, although we do have a challenging period coming up now.”

“ I think we’ve made considerable progress, but there’s been a significant challenge owing to the lack of continuity around staffing, and obviously that’s not ideal.”

The lack of staff continuity was said to have been disruptive, but a strong sense of togetherness and teamwork eased this transition for the Core Team.

“ I think that everyone has stepped up during this period.”

“ I’ve felt supported and reassured. Everyone’s been involved and has helped.”

A key aspect of year two has been the delivery of ten Development Cohort sessions for staff working across Economic Development, Public Health, and other related professions. Each session was designed around a particular topic, which meant that staff could bring their own specific sector expertise to the discussion. The sessions were planned and delivered by members of the Core Team, which took considerable time, effort, and deliberation. The delivery of this key project milestone corresponded with the replacement of the Project Manager, which was challenging for all involved. Despite this, the sessions were universally felt to have been a success.

“How that turned out was probably my best-case scenario. That process reaffirmed what we were doing and helped me to feel confident that we’re going in the right direction.”

“There was lots of sharing of guidance and information. People were well-informed. You had knowledgeable people.”

Importantly, Development Cohort sessions provided a rare opportunity for reflective practice and to consider what might be possible if things were done differently. They were felt to have served a dual purpose of providing learning for participants, whilst ensuring that the Core Team received the information that they needed to develop the CHIA toolkit.

“It is helpful to stop and dream. Those sessions are good to get away from delivery to actually think about what you do and how you do it.”

“I think we can definitely say that the discovery phase is complete, and I think we reaffirmed a lot of what we already knew, but also, we found out a lot of stuff that we didn’t know about.”

Towards a shared vision

Members reflected on the extent to which they had a vision for the project, whether that had changed over time, and how confident they were about realising the vision. Organisational differences and roles were said to play a part in explaining any variances in what the toolkit or approach might look like.

“It’s a bit woolly in terms of how it will look...but I’m confident that it will emerge through distilling all the elements we have.”

“I think there’s an overall vision, but we maybe have different ideas about how to get there.”

“What we haven’t got yet is a shared vision of what we want. I still think we’ve got work to get people to a shared vision.”

Meetings of the Core Team since then have been challenging and have surfaced different understandings around what the next steps will involve and the role of different organisations in supporting the work. Aligning public health and economic development through opportunities to work together is a key aspect of the project. However, during the recent phase of gathering information, co-production has deliberately not been a priority. Development Cohort sessions, which brought together people from the same sectors (e.g. Planning, Transport, Procurement), were felt to be a necessary first step before sharing learning at the subsequent stakeholder workshop.

“I think we’ve deliberately taken health and economic development people separately. It’ll be the next stages where you bring them together.”

“Relating it to a particular area was the right way to go about it at this stage. Having the more general session later, I think, is the right way to do it. People were able to talk about their jobs and role freely.”

Capitalising on opportunities

Members expressed the need to capitalise on the knowledge and experience of those that have been asked to support the work (e.g. members of the Operational and Strategic Groups). Tapping into this resource was something that the Core Team felt should be prioritised during the next phase of work.

“We’ve all been on a journey together, but we could pull them in more. But the truth is we have only just got to the point where we can do that.”

“They’re fulfilling their role as a group that oversees and provides help at a very high level, but we need something concrete to ask them to cascade or support.”

Organisational differences and managing expectations

Organisational differences were described as an unavoidable challenge that needed to be worked through. Differences in working culture and language could be barriers at times, but having approachable and open people within the Core Team ensured that this could be sensitively navigated.

“ You do operate in different ways, but because I have trust in the group, I can go to someone to get round it.”

“ If we're asking officers who don't work like that, then we probably need, as a core group, to recognise that and to provide the support needed.”

In light of these differences, role clarity was an issue that some members felt would be worth reviewing following departures from the team and the appointment of a new Project Manager. Meanwhile, on a practical level, concerns were raised around the continuation of hybrid working. This has prevented potentially important informal conversations and an understanding of cultural differences across organisations.

“ I think we need to realise that this project needs more face-to-face elements to get it to where it needs to be.”

“ I can see the difference that coming into the office can make, it's those conversations you have that weren't meetings, it's the things you can't legislate for, it's the little stuff. It's about getting more of a balance.”

Reflecting on the bigger picture

It was argued that although the project was broadly on track (as defined by the Project Plan), the Core Team needed to be aware of the less tangible or measurable elements of delivery, such as ensuring that systems thinking informs how partners interact and work together. Keeping sight of this, whilst also regularly checking in to assess whether the individual and collective needs of the Core Team are being met, should be an ongoing priority.

“If you’re thinking about systems change, it’s not just the toolkit, it’s about, are organisations working together, and what’s the broader systems learning?”

Being aware of the wider landscape of work that is relevant to EfHL, therefore, was seen to be an important component of delivery that could be in danger of being overlooked.

“It links to so many other things that are going on, because systems change is not something that one project achieves on its own.”

Giving credence to this issue, whilst also reflecting on the skills and capacity of staff to support developments, was felt to be an important next step for the Core Team.

“I think that everyone involved is tight for time and that doesn’t always help. I suppose you could say that there’s less resource on it now than there was before, and there’s a loss of input from a PH background.”

Creating the right conditions for the project to succeed

Several conditions need to be met for the project to be able to deliver as intended. Members described the importance of flexibility in terms of how funds could be used, and an acceptance that the exploratory approach may not achieve what was originally intended.

“We told them [the Health Foundation] that what happened in year three might not be what we expected at the start, and we might change course, and to be fair they were always accepting of that. They’ve allowed us to manage that rather than being too prescriptive.”

There was mutual agreement that the Project Plan and its timescales had been followed, but that problem solving had been needed along the way and would be even more important in the next phase.

“There’s a project plan and everything, but actually there’s a lot of problem solving along the way, there’s uncertainty and that’s just part of it.”

Establishing the Community Panel

As a general principle, the premise of involving communities in decision-making around capital spend was welcomed and felt to be long overdue.

“Communities are never taken into account in terms of capital spend, so that’s good. It’s about valuing community lives.”

Recruitment of panel members was initially challenging, owing partly to the subject matter. However, early meetings were reported to be productive and positive, with the group finding consensus around a Working Agreement and a way forward.

“There was a mutual understanding of what they wanted to get from it.”

“They do tend to find consensus, their ethos was about making communities better and having a voice, so they all came from that interest in inequalities.”

Early presentations on different aspects of capital spend were said to have been useful in building understanding and interest in the project for the Panel.

“The Glasgow Metro System was really helpful in terms of learning, and that conversation about retrofit too, there’s a better understanding of the challenges facing local authorities and the complexity of capital builds.”

During this period, the Core Team acknowledged the challenge of pitching the work to a group with varying degrees of understanding of capital spend and its various facets.

Despite this, there was a feeling that it had been navigated well and the Panel had been receptive and interested.

“It can be hard to know how to pitch it, but I suppose we need to accept that we’re learning on the job too.”

“I think so far they’ve had positive experiences with the Metro project and learning about HIA, but it’s a challenge in terms of taking and giving back.”

A positive impact of involvement has also been demonstrated through the emergence of new ideas.

“New ideas are emerging from Panel members, so that shows a good level of engagement.”

More recently, however, a drop-off in attendance at meetings was reported. This was due to a combination of personal reasons and a general feeling of being disconnected from the wider project.

“Over the last few months there’s been a significant drop-off, and actually people have withdrawn for personal reasons, and that’s normal, but others just aren’t coming.”

At the stakeholder workshop, which brought together professionals and members of the Community Panel to consider learning at different stages of capital spend, some members felt unable to make an informed contribution towards discussions.

“We understand the capital spend process, but we’re interested in community engagement, so where do we go?”

An important moral and ethical issue concerning the remuneration of Panel members was discussed. Although costs relating to travel, care needs and meals are covered, members are not remunerated for their time. This is due to current tax regulations which state that any income from participation, *“including in the form of vouchers – can be classed as ‘miscellaneous income’ and subject to tax, as well as potentially impacting on benefits⁶.”* At the outset, it was agreed that to ensure the avoidance of any members being sanctioned by the Department of Work and Pensions (DWP), no form of remuneration would be offered. However, it was agreed that if the situation were to change, members may then be offered some form of backdated remuneration.

As things currently stand, the Scottish Government is developing a guideline document for staff on paying participant expenses and time (which will be released in the public domain), and has ascertained position statements from both HMRC and DWP that indicate that vouchers will not be considered as a form of taxable income and should not affect Universal Credit entitlements. This document will complement the Scottish Government’s Participation Framework, and once published, will allow SCDC to re-assess their remuneration policy. SCDC and members of the Core Team expressed a strong wish for community members to be remunerated for their time. This, it was argued, would ensure greater parity in terms of acknowledgement of contribution.

“Is it enough to give people their lunch, to pay their bus fees and then to ask them for their time without paying them? I would say no.”

“We all get paid to work on the project so why shouldn’t they, it’s a matter of ethics.”

Recent concerns regarding how to more effectively engage the Panel should be considered within a context of staff changes and losses, and the shift in project focus towards delivery. Notwithstanding this, Core Team members acknowledged the need to ensure closer working with the Community Panel.

“We need to acknowledge that it’s been challenging, but we need to put things in place to make it better. But what might be helpful is if we have some time with SCDC, part of that we use as a learning session on how we do this better.”

“We obviously want them to guide the project, but we need to give back to them.”

Moving forward, Community Panel members have expressed a wish for the Core Team to be more forthcoming with updates and information, with a new agreement being put in place.

“The main learning is that the project needs to be closer to the Panel, there needs to be regular informal meetings.”

“There needs to be communication to the Panel, feedback on where they’re at with it, even when there’s not much to report on. There are small things to do to engage the Panel, even if it’s giving a heads up on what’s coming down the line.”



6. Discussion and recommendations

Learning from year two shows continued support for the approach, delivery in line with the Project Plan, and strong working relations between Core Team members. This has involved extensive ongoing engagement and research to ensure that the toolkit can now be designed, developed, and piloted. The formation of the Community Panel in October 2022 was an important step, with the group quickly establishing a way of working and an enthusiasm to learn about different aspects

of the capital spend process. More recently, the cancellation of meetings suggests a loss of momentum, and some disconnect with the wider project. The Core Team remain committed to the Panel's involvement and are aware that their involvement needs to be better aligned with their expectations and needs. An important next step is to ensure that a mutual resolution is reached. Recommendations to support the next phase of work are offered under descriptive headings.

1. Establishing a new way of working with the Community Panel

Establishing a clear and transparent Working Agreement between the Community Panel and the Core Team should be an immediate priority. The Core Team are keen to ensure that the next stage of the Panel's involvement is worthwhile and rewarding. A new agreement should ensure that Panel members gain from participation, are aware of how the project is developing, and importantly, that the pathways from their input to the development of the toolkit are clear.

2. Learning from the Appreciative Inquiry approach

The pilot has involved a methodical and comprehensive Appreciative Inquiry-led approach. It is built on the understanding that a complex combination of evidence, practice, relationships, and culture are important when trying to shape policy and practice. The approach has generated valuable information to support the development of the CHIA toolkit, as well as practical learning on the efficacy of the approach that could be widely useful to practitioners across public health, economic development, and allied disciplines. Creating and maintaining a database of information on the project, which includes project outputs and reports, alongside evaluation learning, should be included as part of a comprehensive online resource.

3. Keeping sight of project learning

The learning presented here has relevance to the ongoing development of the toolkit. It includes guiding principles to support its development, direct feedback from stakeholders on their expectations, toolkit preferences, and requirements of Champions Network members. Learning presented here should therefore be reviewed continuously in the development of the toolkit, and as a reference point to assess early versions of it.

4. Towards the development of a CHIA toolkit

For year three, developing and piloting the toolkit will require focused work and complex problem-solving. Important questions arise in relation to this phase:

- What skills are required within the team to support the delivery of the next phase of work?
- Is the team adequately resourced and supported to deliver as intended?
- What risks or external factors could shape the next stage of the project?
- Is there commitment and capacity beyond the Core Team to support the creation of the toolkit?

These questions have been considered in the development of a Core Team Action Plan. This, together with the Project Plan, should be reviewed regularly to ensure that time and resources are being allocated to the various project-related tasks.

5. An evolving focus on learning in year three

While year one had an emphasis on establishing expectations for the project and year two has involved generating learning to support the development of the CHIA toolkit, year three will generate learning on the design, creation, and piloting of the toolkit. Although the evaluation will continue to track project progress, the focus of this will be on user feedback and dissemination. By the end of the funding period, the Core Team should have set out a plan for the continued piloting, dissemination, and evaluation of the toolkit. Tracking use of the toolkit and capturing feedback will be important to ensure continuous improvement and impact. The live Project Plan (Appendix 2) demonstrates that planning beyond the funding period is already happening.

6. Continued consideration of how to facilitate co-production

Learning from the Core Team throughout the project has highlighted some key organisational differences between different sectors and organisations. Different ways of working can inhibit collaboration. Learning from an evidence review on how to support collaboration between the third and public sector organisations indicates a need for more open communication about the scope

of collaboration, attending to potential power imbalances (promoting equal partnerships), promoting better understanding of the organisational challenges and responsibilities across different sectors, and attending to relationships – both formally and through working agreements that can facilitate clarity around what can be expected of each organisation⁷. More careful reflection on how to facilitate co-production is needed to ensure progress and impact.

7. Applying systems thinking to support better outcomes

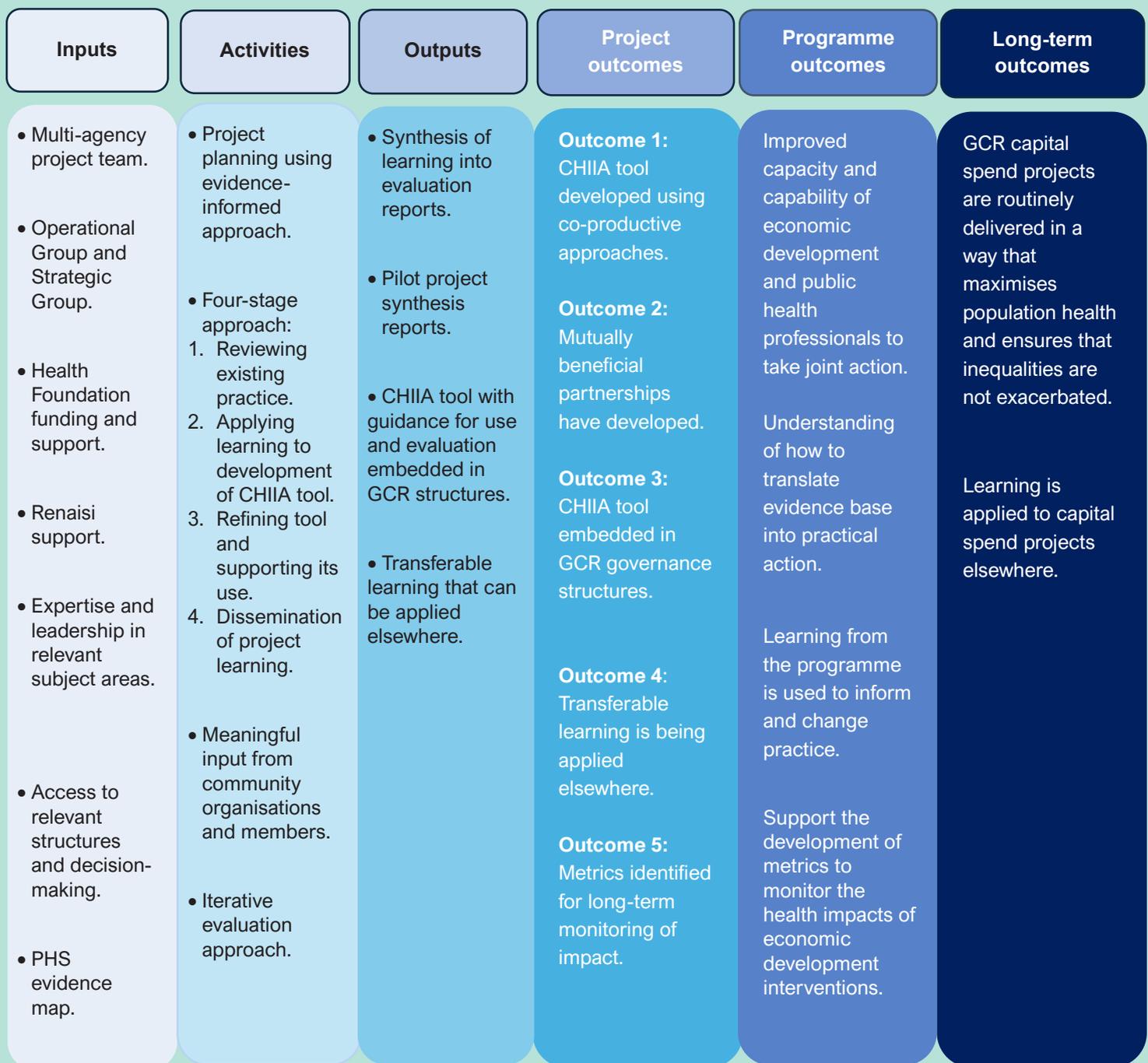
Systems thinking should underpin all aspects of project activity. Plans to revisit learning on systems thinking should be progressed, with a view to ensuring that learning supports the development of relationships and networks and allows the Core Team to apply systems thinking through practical actions. This should include consideration for how the Operational Group, Strategic Group and the Champions Network can support the next phase of work, as well as how the project aligns with related projects and development.

References

1. Sigerson D, Craig P. *Health inequalities impact assessment: Answers to frequently asked questions*. Edinburgh, NHS Health Scotland; 2014. <https://www.healthscotland.scot/media/1117/health-inequalities-impact-assessment-answers-to-frequently-asked-questions-nov14.pdf>
2. Glasgow City Council. *Glasgow 2014 Legacy Framework*. Glasgow, Glasgow City Council; 2009. <https://www.glasgow.gov.uk/councillorsandcommittees/viewSelectedDocument.asp?c=P62AFQ0GZL0GZLNT>
3. McCartney G, Palmer S, Jones R, et al. A health impact assessment of the 2014 Commonwealth Games in Glasgow. *Public Health* 2010; 124; 444-451.
4. Ainsworth S, Harkins J. *Evaluating the effectiveness of the HIA for the Glasgow 2014 Commonwealth Games*. Progressive and Dudleston Harkins Social Research Ltd, Edinburgh; 2014. https://www.gcph.co.uk/assets/0000/4509/Evaluating_the_effectiveness_of_the_HIA_for_the_Glasgow_2014_Commonwealth_Games.pdf
5. Public Health Scotland. *Applying a whole system approach*. <https://www.publichealthscotland.scot/our-organisation/about-public-health-scotland/supporting-whole-system-approaches/applying-a-whole-system-approach/> (accessed November 2023)
6. McLean R. *Paying people with lived experience for their participation: A review of legislation, literature, and practice*. Edinburgh, Scottish Human Rights Commission; 2021. <https://www.scottishhumanrights.com/media/2251/paid-participation-report-vfinal.pdf>
7. Scottish Government. *Supporting collaboration between the third and public sectors: A review of current evidence*. Edinburgh, Scottish Government; 2022. <https://www.gov.scot/publications/supporting-collaboration-between-third-public-sectors-review-current-evidence/>

Appendices

Appendix 1: Theory of change



Appendix 2: Live Project Plan

Areas of Action	Specific Steps	By when?
Content Development	Agree outcomes framework to guide language and indicators.	Oct 23
	Create guide or overview of wellbeing economy. Guiding principles for capital investment projects.	Dec 23
	Create a short guide (incl. diagram) of capital investment project life cycle.	Oct 23
	Create a document which lists the key types of capital investment projects (prioritised by level of spend/ investment).	Oct 23
	Create a guide on social and environmental determinants of health, including summary of how health inequalities are perpetuated.	Jan 24
	Create a template for sectoral evidence review/summary.	Oct 23
	[PHS Commission] Undertake a rapid evidence review of existing literature re. how capital projects impact on health and health impact qualities.	Jan 24
	Create short guidance for capital projects.	Jan 24
	Identify key questions and prompts for each stage of the process.	Nov 23
	Map existing HIA/ HIIA sources of evidence and guidance.	Dec 23
	Create a set of guiding principles for CHIIA community engagement/ participation on: - Community empowerment structures and policies. - Community wealth building.	Dec 23
Technical Development	Gather information about requirements and functionality.	Jul-Sept 23
	Board discussion/ approval.	Sep 23
	Prototype development.	Jan 24
	Test and refine.	Mar 24
Evaluation	Year two evaluation report.	Dec 23
	Plan for year three.	Jan 23
	Interviews schedule.	Jun 24
	Year three evaluation report.	Oct 24

Areas of Action	Specific Steps	By when?
Communication	Social media.	Ongoing
	Community Panel interviews.	Oct 23
	Blog.	Ongoing
	Web page/ project story.	Ongoing
Embedding	Champions Network established and supporting design and delivery of CHIIA toolkit.	Oct 23
	Embedding CHIIA toolkit within City Region City Deal processes.	Aug 23
	Include references to CHIIA as part of Health Impact Assessment Support Unit/ Scottish Health Inequalities Impact Assessment Network/ HIIA Navigation Tool.	Aug 23
	Engagement with HMRC Treasury Green Book team.	May 24
	Engagement with Health Foundation to support dissemination.	Jul 24
	Plan and deliver wider public engagement aligned with planned consultation and surveys in relation to recently delivered capital projects – collaboration with GCPH and others: a. Training b. Guidance c. Sustainability d. Pilot Projects - lessons learned	Mar 24 Apr 24 Apr 24 Oct 24 Aug 24

Appendix 3: Organisational involvement in Operational Group

- Glasgow City Council
- NHS Lanarkshire
- East Ayrshire Council
- GCR Programme Management Office
- Scottish Government
- Public Health Scotland
- Glasgow University
- Scottish Enterprise
- Construction Industry Training Board
- City Building
- NHS Greater Glasgow and Clyde
- Wellbeing Economy Alliance Scotland
- Scottish Health Inequalities Impact Assessment Network
- Kinharvie
- Skills Development Scotland
- Improvement Service
- Scottish Community Development Centre

Appendix 4: Organisational involvement in Strategic Group

- GCR Programme Management Office
- Scottish Government
- NHS Greater Glasgow and Clyde
- Health Inequalities Unit
- Glasgow Centre for Population Health
- Community Land Scotland
- NHS Lanarkshire
- Glasgow Council for the Voluntary Sector
- Child Poverty Action Group (CPAG) Scotland
- Glasgow City Region
- Community Enterprise in Scotland
- Public Health Scotland
- Health Foundation - Economies for Healthier Lives Programme
- Clydeplan
- WiSE Centre for Economic Justice

Appendix 5: Development Cohort sessions – Event feedback

1. Which of the following sessions did you attend?

- Transport
- Exploring existing tools
- Housing
- Project management and design
- Procurement and community benefits
- Strategic design and planning
- Health inequalities and place
- Health Impact Assessment
- Capital investment processes and levers
- Local authority equality impact

2. To what extent do you agree with the following statements?

- I would like to attend further sessions on related topics.
- I understand how this session relates to the wider objectives of Economies for Healthier Lives.
- I was able to share my knowledge/expertise within the session(s).
- I took away something that was useful that I will apply to my current work.
- My understanding of the topic(s) covered improved through my participation.

Response options: Strongly agree/ Agree/ Unsure/ Disagree/ Strongly disagree.

3. What did you enjoy about the session(s) attended?

4. What could be improved about the session(s) attended?

Appendix 6: Development Cohort sessions – Toolkit development feedback

1. Please state the extent to which you agree with the following statements:

- o I am motivated to ensure that every penny of capital spend has an impact.
- o The existing Impact Assessment processes are adequate.
- o Influencing capital spend is an important way to tackle health inequalities.

Response options: Strongly agree/ Agree/ Unsure/ Disagree/ Strongly disagree.

2. What is your preference for the format of the toolkit?

- o Web-based
- o Signposting
- o Spreadsheet
- o Paper

3. What will be needed from the network of people who champion the toolkit?
(Open-ended)

4. The impact of routine use of the CHIA toolkit in capital investment decision-making would be? (Open-ended)

Appendix 7: Stakeholder workshop – Event feedback

1. What were your main reasons for attending the event? (tick all relevant)
 - To meet people from other local, regional, and national organisations.
 - To learn more about Economies for Healthier Lives.
 - To learn more about the CHIIA toolkit.
 - To contribute to the development of the CHIIA toolkit.
 - To hear other people's views on the CHIIA toolkit and health inequalities.
 - Other (please state below).
2. Were your individual needs met during the event?
E.g. Dietary requirements, accessibility needs, requests during the event.
 - Yes
 - No
 - Not relevant
3. Did you feel able to contribute towards the discussion on the day?
 - Yes
 - No (please give details)
4. Has this work developed in line with your expectations to this point?
 - Yes
 - No
 - Not sure
5. Are you confident that the Capital Investment Health Inequalities Impact Assessment Tool will be developed using co-productive approaches?
 - Yes
 - No
 - Not sure
6. What have you taken from the event that you will apply to your own work?
7. What would you like to see happen next?



Glasgow Centre for Population Health

Olympia Building, Bridgeton Cross, G40 2QH

Web: www.gcph.co.uk

Twitter: [@theGCPH](https://twitter.com/theGCPH)

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