



**Management Board Meeting
Thursday 23rd March**

14:00 – 15:45 hours

AGENDA

Conference Room, Olympia Building

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1. Welcome and apologies (14:00-14:05)
2. Minutes of last meeting, rolling actions and matters arising (14:05-14:15)

Challenges and development matters

3. Changing life expectancy: research and communications (verbal) (14:15-14:30)
4. Report from Director (Paper: GCPHMB/2023/444) (14:30-14:40)
5. Discussion (14:40-15:00)

Regular items

6. General update and discussion (Paper GCPHMB/2023/445) (15:10-15:30)
7. Finance update (Paper GCPHMB/2023/446) (15:30-15:40)
8. AOCB (15:40-15:45)

Date of next meeting: Thursday 29th June, 14:00 – 15:45 hours



**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 8 December 2022
Hybrid in-person/virtual meeting**

PRESENT

Mr John Matthews (chair) Dr Martin Culshaw	Non-executive Board Member, NHS Greater Glasgow and Clyde Deputy Medical Director: Mental Health and Addictions, NHS GGC
Dr Jennifer McLean	Acting Director, Glasgow Centre for Population Health
Mr Gary Dover	Assistant Chief Officer, Glasgow City HSCP
Prof Nick Watson	Professor of Disability Studies, University of Glasgow
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Ms Karen MacNee	Interim Deputy Director of Health Improvement Division, Scottish Government
Dr Pete Seaman	Associate Director, Glasgow Centre for Population Health

IN ATTENDANCE

Ms Rebecca Lenagh-Snow	Administrator, Glasgow Centre for Population Health
Mr Ricky Fleming	Office Manager, Glasgow Centre for Population Health
Mrs Jennie Coyle	Communications Manager, Glasgow Centre for Population Health
Dr Lisa Garnham	Research Specialist, Glasgow Centre for Population Health
Dr Katharine Timpson	Research Specialist, Glasgow Centre for Population Health
Ms Val McNeice	Senior Research Specialist, Glasgow Centre for Population Health
Ms Julie Robertson	Sustainability Assistant Manager, Glasgow City Council
Prof Chik Collins	Incoming GCPH Director, Rector, University of the Faroe Islands

		<u>ACTION BY</u>
716	<u>WELCOME AND APOLOGIES</u>	
	Mr Matthews welcomed everyone to the meeting, particularly Prof Collins who joins the meeting as an observer ahead of taking up post as the new GCPH Director in January. Apologies were recorded from Prof Moira Fischbacher-Smith, Ms Suzanne Miller, Dr Emilia Crichton, Mr Colin Edgar, Ms Fiona Buchanan and Mr Kevin Rush.	Noted
717	<u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u>	
	The minutes of the last meeting were ratified with one minor correction. There were no matters arising not covered under agenda or rolling actions. Under rolling actions Dr McLean highlighted:	GCPH

	<ul style="list-style-type: none"> • The ongoing conversation with Scottish Government around funding and uplift is being progressed with Ms MacNee and her team. • The issue of Board diversity is being progressed with the Equalities and Human Right Team at NHS GGC. • A launch of the Sistema evaluation report took place and was well received. • The issue of linking up with austerity research at University of Glasgow is being followed up with Prof Fischbacher-Smith by Mrs Coyle. Related to this Mr Matthews reported he has had conversations with Prof Iain McInnes, Vice Principal, following on from his previous one with Prof Gerry McCartney. Prof Moore reported a lot of conversations and interest in this area across the University, and that it is a priority at senior management level. • GCPH had a morning EQIA training session on 3rd November, which Mr Matthews and Mr Dover also attended. • A meeting with senior council officers has been postponed until after presentation to the GCC cabinet and the motion has been put forward. Ms McNeice suggested GCC regional officers be included when this is arranged. • A cost-of-living update is included in the general update paper. • Ms Naven decided against preparing a journal article from her Young People's Transitions report due to the research small sample. Ms MacNee suggested sharing the report with wider CAHMS colleagues in Scottish Government. 		<p>Mrs Coyle</p> <p>GCPH</p> <p>Ms Naven</p>
718	<u>GENERAL UPDATE</u>		
	<p>Dr McLean spoke to this paper [GCPHMB/2022/438] and highlighted several points.</p> <p><i>Governance and staffing</i> There was a warm welcome to Prof Chik Collins, who will be formally joining GCPH as Director on 9th January. He has had a meeting with senior staff and attended a GCPH team meeting. Further induction meetings with Centre staff and key partners are being arranged for early 2023.</p> <p><i>Developments and partnerships</i> An update on the GCPH cost of living response was provided and Dr Seaman reported a series of blogs are planned, with an introductory one from him on the longer-term impacts. These blogs will be published on a weekly or fortnightly basis over new year and early January.</p> <p>Following the EQIA training we will be informally assessing four projects across the GCPH workplan and going forward will be formally putting any new strategy through the EQIA process.</p> <p>Ms MacNee noted a lot of synergy with Scottish Government work. The cost-of-living response is relevant to both the recent Public Health Scotland report and to Scottish Government work. Ms MacNee also mentioned the work of the Racialised Health Inequalities in Health & Social Care steering group.</p>		<p>To note</p>

	<p>As well as meeting with Prof McInnes, Mr Matthews also mentioned meeting with Prof Jill Pell. Prof Moore said he has a meeting on 20th December where he, Profs Pell and McInnes and Dr McCartney will be discussing coordinating health inequalities work across the University. He will ensure GCPH is considered in this. Dr McLean thanked him and said if there was any information needed from the Centre please let us know.</p> <p>The first in person meeting of the CommonHealth Assets Lived Experience panel was held in Glasgow in early November and was a very positive, productive day. The related study CommonHealth Catalyst has recently been successfully funded by the AHRC.</p> <p>Other funding bids in preparation included Intervening in Evictions, which has been submitted to the NIHR, the UKRI local partnerships in practice bid which is now not going ahead after University of Glasgow confirmed they can only submit one bid. Ms Muirie is looking into alternative funding for this.</p> <p><i>Communications outputs and activities</i> Mrs Coyle highlighted some recent Comms activities, including the PHINS event which was the first hybrid one the Centre has held. There were some initial issues but overall the day went well and the recordings will be available soon.</p> <p>The next seminar series lecture will be taking place on 14th December with Sarah McKinley from the Democracy Collaborative speaking on community wealth building.</p> <p>Mrs Coyle also highlighted some of the media and dissemination activity around the austerity and mortality report. The linked journal article had significant coverage with a lot of print and social media attention. Drs Walsh and McCartney have also presented the work to GCC cabinet and to a cross party MSP briefing held by Kaukab Stewart. Mrs Coyle is going to follow up with her.</p> <p>Ms MacNee mentioned a parliamentary debate on health inequalities next week. She would also find it helpful to see a draft of the climate change paper when available. Dr McLean explained there has been a slight delay on that work so a draft is probably a couple of months away. Ms MacNee said it would be good to link in with those leading on this issue from her team.</p> <p>Prof McIntosh commented that it was good to see work on assets as this is a difficult area, and the Sistema work was good to see too.</p> <p>Regarding the austerity work and any further MSPs follow up, Prof Moore highlighted that the Health Foundation has commissioned several evaluations, including one on inequalities in healthy life expectancy. They have another one coming out soon and there may be an opportunity to link up.</p>		<p>To note</p> <p>To note</p> <p>Mrs Coyle</p> <p>GCPH/SG</p> <p>To note</p>
719	<u>GLASGOW CITY REGION'S ECONOMIES FOR HEALTHIER LIVES PROJECT</u>		
	Ms Val McNeice, GCPH and Ms Julie Robertson, GCC, gave a short presentation on the Economies for Healthier Lives project.		

	<p>Ms Robertson explained the background to the project and findings, along with the development of the methodology/CHIIA tool, and the four underpinning principles. She spoke to the key project stage activities – four main activities over the three years. Specialist partners were noted, along with conditions for systems change, which is what they are aiming for and want to encourage. She ended on a quick update of next steps.</p> <p>Ms McNeice gave a quick update on the research questions. GCPH is the evaluation partner in the project and she has been leading on this along with Mr Gregor Yates. They have just completed the year one progress report. The research questions were decided after a workshop with the core team. In year one a survey, a focus group and lit review of key documents were carried out. They feel the operational challenges highlighted by the core team is a positive sign that they are considering their findings. There are a number of recommendations in the report including the testing of two live projects by the team. Plans for the year two evaluation are in development.</p> <p>Prof Moore was interested to hear a bit more on the methodology of the tool – is it more about getting people thinking about the impacts of inequalities or trying to quantify some of the impacts? His colleagues Peter Craig and Petra Myer are working on prediction methods. Ms Robertson said she will follow up on those links. The methodology hasn't quite been decided yet. The qualitative element is a big factor and managers justifying decisions also a big driver. A quantitative element would be very helpful and is an aspiration for the project.</p> <p>Prof McIntosh questioned if disinvestment had come up at all? Ms Robertson said it had not as of yet and Prof McIntosh suggested it could be an item in the future.</p> <p>Mr Matthews had a question about culture and if the partners in the project were already involved in this area or ones which were approached to be part. Ms McNeice said they are a good mix of people of various groups. They haven't had those difficult conversations around culture but could do moving forward.</p> <p>Prof Collins said there is a long history in community development of evaluation and asked if this learning had been included. Ms Robertson said they have tried to bring together all the history and build on research that's already there. Ms McNeice said she was slightly surprised at the difficulties of forming the community discussion group.</p> <p>Mr Matthews thanked them both for a very good, positive presentation.</p>		<p>Ms Robertson</p> <p>To note</p>
<p>720</p>	<p><u>FINANCE UPDATE</u></p>		
	<p>Dr McLean spoke to this paper in Ms Buchanan's absence [GCPHMB/2022/440].</p> <p>Staffing spend is all on track. A review of the admin function was proposed and has been delayed due to capacity but Dr McLean hopes this will be undertaken in the new year.</p>		<p>Dr McLean</p>

	<p>Ms Buchanan is progressing the outstanding GALLANT monies.</p> <p>There has been little spend in Comms due to the minimum costs of online events, but they will continue to look for opportunities of dissemination to spend that budget. Mrs Coyle arranged in house media training for staff. She also reported that conversations about the tendering of the CMS migration are now underway after significant delays.</p> <p>The accommodation costs show higher than expected due to an error in invoicing and this will be corrected.</p> <p>Prof McIntosh sympathised over GALLANT funding delays and said it was a similar situation at the University but it is progressing.</p> <p>Mrs Coyle added Comms looks slightly underspent but that is due to delays in monies going out. They anticipate it will be in line by the end of year.</p> <p>The Board noted the budget position.</p>		To note
721	<u>WORKPLAN MID-YEAR REVIEW</u>		
	<p>Dr McLean spoke to this report [GCPHMB/2022/441].</p> <p>The report sets out progress on the 22/23 workplan which was approved in March by the Board. Dr McLean noted thanks to the GCPH team for their help in preparing the review and all their hard work.</p> <p>The first part of the report sets out programme aims and exceptions to progress, with an at-a-glance in section two, and section three presents a complete detailed plan of all individual projects.</p> <p>In the exceptions to progress the majority are green and it is hoped the very few showing will be amber or red at the year end. Dr McLean noted a minor error that the peer led research is showing amber when it should be green.</p> <p>Prof McIntosh said it was very impressive and as always she appreciated the breadth and transparency and hard work that goes into the workplan reports. It reflects a huge amount of work.</p> <p>Mr Matthews emphasised this was as well as going through a pandemic and a change of leadership and management structure.</p> <p>Ms MacNee would echo that. It is very impressive and there is a lot of synergy with Government work there, and places to link in.</p> <p>Prof Watson would agree. The quality of papers the Board gets from GCPH is always extremely high and always good to see.</p> <p>Mr Matthews noted the Board's thanks to the GCPH team and the review was accepted.</p>		To note
722	<u>RISK REGISTER REVIEW</u>		
	<p>Dr Seaman spoke to this document [GCPHMB/2022/442]. This is the annual review of the risk register and this has been discussed with the team and the EMT. From the Board they are looking for any possible additions, amendments or comments.</p>		

	<p>Of the risks he noted:</p> <ol style="list-style-type: none"> 1. The Centre has now been through leadership loss/change and showed good resilience. 2. This stays as is. 3. We have all now been through a pandemic and Dr Seaman thinks the treated rating should be lower. 4. GCPH has seen big media coverage and manages its reputation well. 5. There is ongoing work here, though there is a risk the organisation will be seen as not moving with enough urgency. 6. Staff satisfaction and organisation culture has been an issue raised in previous iMatter results. 7. Staff motivation due to lack of internal promotion and opportunities was raised. 8. A threat to collegiate identity due to hybrid working and the working shift after covid. 9. The distance from internal NHSGGC systems. 10. This is no longer a risk and it is proposed that it is removed. <p>Prof Collins queried what the iMatter survey is and Dr Seaman explained it is the annual NHS Scotland staff satisfaction survey. GCPH usually score reasonably high on this but distance from NHS decision-making and senior management frequently shows as an issue. He will share the last report with Prof Collins. The next iteration should be in late spring 2023.</p> <p>Prof McIntosh was also interested in the iMatter report. She wondered if with the change of leadership it might be time to take stock. The University recently did a Café Culture survey and she is happy to the findings. Prof Moore agreed and said the MRC unit also has ongoing conversations around this.</p> <p>Mr Matthews would add a concern, rather than a risk, that as GCPH becomes less of an arm's length organisation from NHSGGC and is brought more under the organisational umbrella that there is a danger it could just be seen as another NHS department.</p> <p>With regard to the GCPH reputation, Mrs Coyle said she thinks that risk has increased given how our work is used by political and social media and that we could be seen as a political body rather than a neutral independent. Prof Collins said that on the other hand, too much caution could be seen as being too reluctant to go where the evidence takes us. There is experience out there to draw from with balancing this.</p>		<p>To note</p> <p>Dr Seaman</p> <p>Prof McIntosh</p> <p>To note</p> <p>To note</p>
723	<u>MENTAL HEALTH AND WELLBEING IN PRIMARY CARE HUBS</u>		
	<p>Dr Seaman introduced and provided context to this work [GCPHMB/2022/443]. GCPH involvement started when Dr Michael Smith was a Management Board member and the Hubs concept was being developed. GCPH are now supporting development through providing intelligence and supporting the rollout of the pilots through evaluation.</p> <p>Dr Timpson explained the Hubs will eventually be Glasgow wide but at the moment there are three, linked to GP clusters. The progress of these has also been paused while funding issues are</p>		

<p>agreed. At the start of the year they were working on a draft evaluation plan, but due to changes in Hub setup this was put on pause till the end of the year. A needs assessment exercise, in the form of a grey literature summary and a quantitative report were prepared. Dr Garnham spoke to the findings from an analysis of 18 available datasets. Analysis highlighted significant lack of available data on ethnicity and sexuality/gender, which is concerning given the grey literature highlighted the importance of these for mental health. The quantitative report went to steering group last month and there was discussion on the implications for the Hubs.</p> <p>There will be a framework from Scottish Government that will need to be followed, although it is not clear when this will be available.</p> <p>The current proposal is to take a modular approach, with a core evaluation and smaller modules of work/analysis, including synthesis work – grey literature, community conversations, pathways workshops. For the synthesis they are considering what they know, what they don't know, how the system needs to be designed, and what that means for the evaluation. This should be finished in early 2023.</p> <p>Dr Culshaw said the presentation was very helpful. There has been a lot of good work done by GCPH and this was a very good start for the Hub work. It has been very challenging work. Funding challenges have also been an issue and it does look like the project is going to have to be paused for at least a year as the Scottish Government funding stream has been cut and there is not enough in other mental health budgets to support further development. The project is now in a bit of a no-man's land in terms of funding and they are going to have to discuss in the steering group what they can do.</p> <p>Mr Matthews asked if there is anything they can do for funding and Dr Culshaw said he thinks they're going to struggle – he had hoped they would be able to amalgamate it with the neurodiversity pathway but that doesn't look possible. The mental health department is dealing with a huge backlog of ADHD/ASD assessments at the moment. He said the modular approach will be helpful.</p> <p>Prof Moore said this project was new to him and from a research point of view a slow down or delay might be good. It can give space to look at the project properly and think about what the needs are, what intervention or interventions are needed as it may need more than one. You can map the system and work out leverage points. You could also have time to look at the global literature and what has worked in other places.</p> <p>Dr Garnham said that is about where internal conversations have got to with the evaluation group. After some more group discussion it would perhaps be good to have further conversation with Prof Moore. Dr Timpson highlighted looking at the global literature was part of the 'ideas from elsewhere' module and would be good to explore.</p>	<p style="text-align: center;">To note</p> <p style="text-align: center;">Drs Garnham & Timpson/Prof Moore</p>
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	<p>Dr Seaman said it was helpful to get a definitive answer from Dr Culshaw on the funding pause issue. With regard to looking at the wider literature he reported that this was commissioned as a piece of work that unfortunately had to be ended as the commissioned agency was not going in the desired direction. He also cautioned that they have received money specifically for the Hub evaluation and will need to ring fence that for future evaluation when/if that happens.</p> <p>Prof Moore said he was very willing to have further conversations about the work. It was disappointing to hear the wider literature work wasn't fruitful but it's possible this was done a bit early and now they would have a better steer.</p> <p>Ms MacNee said the funding situation is very unfortunate and that sadly the Government has had to make some very tough decisions as to spend. The idea of making very evidence-based recommendations about mental health services is helpful and will be helpful in future.</p> <p>Mr Matthews said this was a very helpful conversation to have. There is an aspect now of playing the ball where it lies even if the ball is not quite where you thought it would be.</p>		
724	<u>AOCB</u>		
	<p>Dr McLean said this would be her last Board meeting as Acting Director and she wanted to note thanks to all the Board members for their help and support. She will of course be continuing to contribute as a GCPH team member.</p> <p>Mr Matthews said Dr McLean has kept the ship steady extremely well and the Board recognised that and noted its thanks to her.</p>		<p>To note</p> <p>To note</p>
725	<u>DATES OF MEETINGS FOR 2023</u>		
	The date of the next Management Board meeting is: March 2023 (tbc).		To note



**Glasgow Centre for Population Health
Management Board
23 March 2023**

Report from the new Director

Setting the context for the future contribution of the Glasgow Centre for Population Health

Introduction

1. In my first report to the Management Board, I would like to share some ‘nuggets’ from three recent documents. These documents help to set the context for what we, the GCPH team, have been doing during my (at time of writing) first nine and a half weeks in post, and for wider discussion about:
 - Development of GCPH strategy, priorities, collaboration, etc.
 - The role of the Management Board and of those representing our main partners on the Management Board, as we move forward.
2. For transparency, an earlier version of this paper was presented at the Executive Management Team meeting on 2nd March and has been used as a basis for discussion with a range of partners in the period since.

Our challenge: Three ‘nuggets’

3. The **first nugget** is from “*Introducing the Glasgow Centre for Population Health*”, May 2022, a document provided as information to prospective applicants for the position of GCPH Director. The following passage seemed to me to be a significant one; it shaped my approach to application and interview and has continued to shape my thinking since.

“Why do we exist and the current context?”

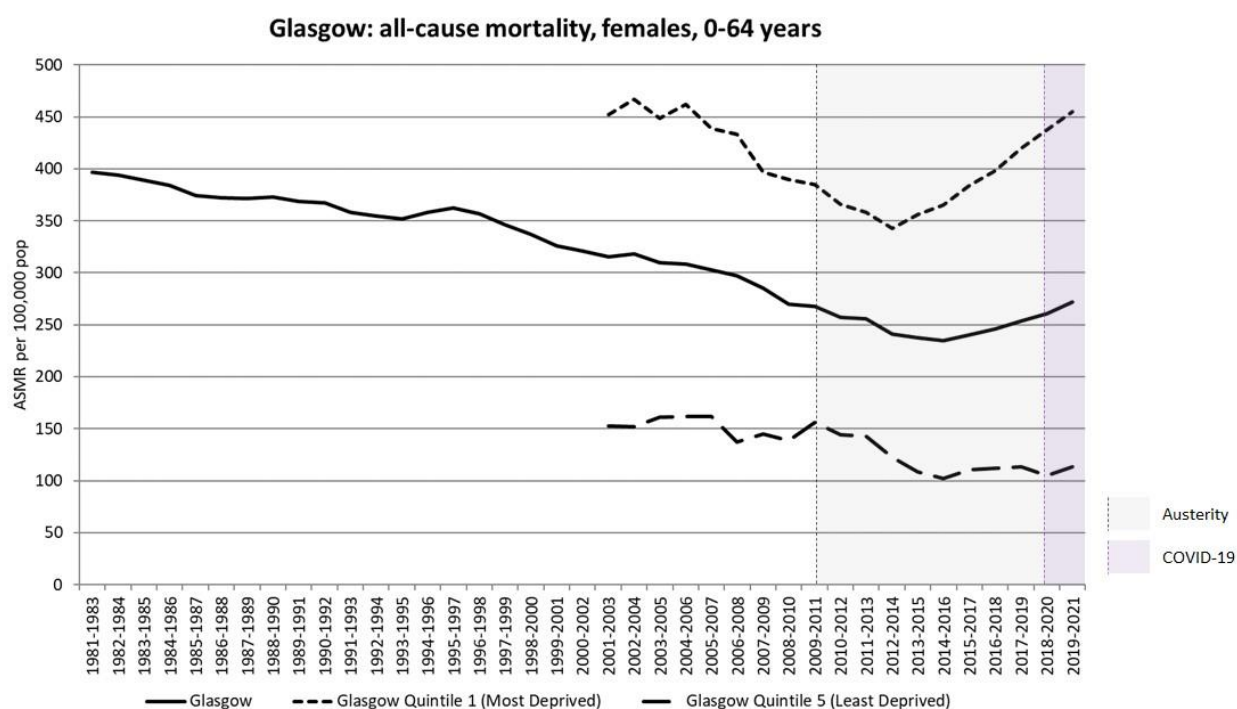
Glasgow’s health issues and inequalities are well recognised, deep-seated and long-standing. Glasgow falls behind the rest of Scotland and the UK in terms of health outcomes. The gap in life expectancy and healthy life expectancy continues to increase between our most and least deprived communities. Scotland’s overall poor health profile compared with the rest of the UK and Western Europe is influenced to a large degree by the high mortality rates seen in and around Glasgow.

We have seen some progress since our establishment – in terms of improvements in some health outcomes for different groups of the population and notably in the now widespread recognition in policymaking that population health improvement will only result from a combined effort across policy domains to tackle the structural determinants of health.

However, in terms of headline outcomes of life expectancy and healthy life expectancy, progress has not matched local and national ambitions for Scotland to be a fairer and healthier nation.”

4. While it was never expected that GCPH could *itself* make Glasgow and Scotland fairer and healthier, it was believed that the organisation could play a key – and indeed special – role, as part of a wider network of organisations and agencies focused on health and equalities, which could achieve that outcome. This has not been achieved.
5. The challenge for the GCPH, then, is to reflect on why outcomes have not matched ambitions (for GCPH and therefore also more widely), and to try to play our part in working with partners going forward to better match ambitions and outcomes. *However, that could have been said to be the challenge some years ago. Since then, things have moved on.*
6. This brings me to the **second nugget**, which comes from a recent GCPH report, by David Walsh and Gerry McCartney, [Changing mortality rates in Scotland and the UK: an updated summary](#), GCPH (February 2023). The nugget is a graph which should be considered a ‘window’ on a larger social and population health disaster. The term disaster seems merited, and as is indicated below, we are by no means the only reputable research organisation speaking in such terms.
7. The disaster has been unfolding for some years – not due to the pandemic or the cost-of-living crisis, *but prior to all of that*, and to a large degree as a consequence of the Government austerity imposed across the UK in the aftermath of the 2008 financial crisis and the ensuing ‘great recession’.

Age-standardised all-cause mortality rates (females, all ages), three-year rolling averages, Scotland 1981-2021



8. The consequences at population level have been *unprecedented* and, as this particular graph shows, the consequences for women living in the most deprived communities (the top, dotted line) have been appalling.
9. The report also finds that *in 2019*, healthy life expectancy in Scotland was *lower than it had been in 2008*. For those living in the 20% most deprived areas, it was lower than in 2004, and, *at just 46.6 years*, that was *five years lower than had been the case in 2009*. By 2019, even the richest 20% were faring less well than in 2008. *And this, at risk of repetition, is before we factor in the pandemic and the current cost-of-living crisis and ongoing cuts to services.*
10. The **third nugget** comes from this January's report from the Resolution Foundation, titled, [The Living Standards Outlook 2023](#). The report concludes that:
- "2022 was indeed a truly horrendous year for household living standards ... But our forecasts show that for households, 2023-24 looks likely to be worse than for 2022-23."*¹
11. As well as the obvious financial consequences for households, all of this, unsurprisingly, *"is causing difficulties for people's mental and physical health"*. The report goes on to forecast:
- *"Longer-term impacts on financial resilience and health"*.
 - Child poverty in 2027-28 *"to be the highest since 1998-99 ... driven entirely by large families"*.
 - Income inequality (a main determinant of health inequalities) *"to ... reach a record high ... in 2027-28"*.
12. Again, this nugget should be considered 'a window' on what is almost certain to prove to be an *intensifying population health disaster* (exacerbating the already well-established disaster prior to the pandemic and current crisis) which is unfolding, and set to continue to unfold, in the months and years ahead.

Grasping and responding to the challenge

13. As indicated above, these nuggets cumulatively are helpful in setting a context for what we have been doing since the 9th of January, and for the wider discussion about our forward strategy, priorities and collaboration, and linked to that, the role of the Management Board and of those representing our main partners on the Management Board.
14. Grasping the challenge: What the nuggets indicate is:
- a. A long-standing challenge to GCPH – trying to find our way to play our part in working with others to match ambitions to health outcomes
 - b. This existing challenge being compounded by more recent developments, which are the accumulating health impacts of:
 - Austerity and the pandemic;
 - The currently developing situation with respect to the cost-of-living crisis (described by Scotland's First Minister last September as *"a humanitarian emergency"*) and continuing cuts to services
 On the current trajectory, these will leave a very problematic legacy of impacts in terms of health and health inequalities.

¹ The first line of the Executive Summary describes 2022 as a "disaster for UK living standards".

15. Beyond their obvious human consequences, these outcomes threaten to be hugely costly as well as further debilitating for future economic and social development in Glasgow, the wider Glasgow City region, Scotland and the UK.
16. *However, it is conceivable that at this stage a further switch to focused action amongst relevant organisations and agencies can at least limit the worst of the harm – and also conceivably provide a context for collaborative learning about how better to align ambitions with outcomes over the longer term.*
17. I should be clear that these are all challenges which I have been learning about – and coming to understand more fully – during my first weeks in post, but they are things I already had a fairly good sense of when applying for the position of Director last summer. As Board members will remember, I also visited the Centre over three days in December – prior to taking up the position – to meet the team, to start discussions, and to attend a Management Board meeting. Having previously collaborated with the Centre I also had familiarity with some members of the team and the work done over the years. These factors have shaped my thinking about how we should be trying to respond to the challenge.
18. Responding to the challenge: The task, as I have understood it, from all that has been presented to me during the application and appointment process and since, has been to lead a collaborative process of renewal and reinvigoration of the GCPH. The Centre has had (by all accounts and in no way due to any of the individuals involved, who have worked hard to make the best of a challenging situation), sub-optimal leadership and management arrangements for some years (due to secondments, various interim arrangements, etc).
19. A degree of drift has, unsurprisingly, ensued – across a range of aspects, including connection to mission and purpose, strategic focus, organisational cohesion and culture, aspects of connection to external organisations and wider real-world developments, and so on. This has been manifested in various ways – including in the results of the annual staff survey (iMatter). These results, which ‘look okay’ within the reporting framework of NHS GGC, are some way off where we would need them to be if they are reflecting the kind of team and organisation we need to be to make the contribution we aspire to make.
20. *It is very important that these comments are not misunderstood.* There is very much that is good – and indeed things which are *excellent* – at the GCPH. Those who have led the organisation in the period since the start of the pandemic have done tremendously well in often very challenging circumstances to keep ‘the show on the road’ and more besides, and I am grateful for that. I am also very happy indeed to be able to draw on the support, skills and expertise of these colleagues as we now take the Centre forward together.
21. So, there is a lot to work with and build upon, but there *are* significant challenges too. *Crucially, these challenges have been described and highlighted for action by colleagues themselves in the various conversations we have been having internally – so there is a significant collective desire to implement the necessary changes, though, of course, working collaboratively to achieve them will inevitably present challenges.*
22. Over the past weeks we have been working in a concerted way to engage with all of this in a focused and transparent way, with a high degree of communication and staff engagement. *The overall purpose has been to ensure that GCPH is a very well-functioning research community and engagement organisation, which fully grasps and responds to the challenge it must face, and is able to work with partners in a strategically*

prioritised way to fulfil the role for which it was originally created, but in the circumstances of the mid-2020s.

23. Main initiatives at this stage have included:

- As highlighted in the General Update provided under Item 6 on the agenda for this Board meeting, we have taken steps towards creating a new, three person Centre Leadership Team (CLT), based on a written proposal currently being taken forward as part of a wider reorganisation under the leadership of the Interim Director of Public Health at NHS GGC. This new Team is described in that paper as being “of a kind which it is believed will be required to support the future work and development of the GCPH”. The proposal entails GCPH deploying only the same WTE staff in leadership and management positions as was the case in 2015-16 (approx. 2.0 FTE). Staff have been fully informed and are being kept abreast as the proposal and plans develop. Feedback has been highly supportive of the plan, and the Team itself is working very well indeed.
- 1:1 ‘induction’ meetings between myself and all GCPH team members to ‘get to know’ one another and establish mutual understandings and expectations.
- With broad support and agreement from staff, limiting the proportion of working time colleagues are able to work from home to a maximum of 40%, and designating (as far as is possible) Wednesdays as a day on which all staff should work from Olympia Building (Wednesday morning for those who work part time).
- Designating Wednesday mornings as time to be protected for weekly team meetings (beyond the monthly team meeting which was already in place) where we work collaboratively, in a ‘bottom-up meets top-down’ way, to elaborate what we need to do as an organisation to meet our challenge in terms of:
 - ‘Refreshing’ our understanding of:
 - Who we are and what we are expected to do
 - What we have learned from the past 20 years
 - What we need to continue to do and what we need to change to orientate ourselves to the challenge (for example, in relation to our ‘six characteristic ways of working’ and our ‘programme architecture’).
 - Linked to the above, also having wider (beyond working from home guidance) conversations about our internal organisation and expectations about engagement, contribution, team working, cohesion, coherence, communication, working environment and culture, etc.
 - In all of this, it is very clear that these conversations are intended to produce outcomes that will enable us to function even better as the modern, professional organisation that we need to be to perform our role – a vibrant, research and engagement community, with a broadly shared vision and purpose, motivated by values of health and wellbeing (salutogenesis), equality and fairness, and of course being a really good place to work.
- Mid-year performance review conversations between myself, as Director, current CLT members (Pete and Jen), Jennie (as Comms Lead) and all (other) Programme Managers (7 in total), to deepen the working relationship and to enhance my understanding of the work of colleagues and the contribution of the Centre as a whole.

Early progress

24. Writing now, having been in post for nine and a half weeks, I believe that the work is generally progressing well, and in key respects probably better than might reasonably have been expected. This has required a fairly high degree of energy and commitment, not just from myself, but also from CLT colleagues (Pete and Jen), Jennie and others – who have been very supportive.
25. We have been very explicit with the wider team about all of this, and the indications have been generally of a positive response, though not, of course, without challenges being ‘surfaced’ – including challenges around communication, relationships and organisational culture, which we have been focusing on recently. GCPH colleagues will be able to say something about their perspective on all of this at our meeting, and, as always, I will encourage them to be open and clear – and to say what we need to know rather than what anyone (least of all myself) might want to hear.
26. In addition to the above, I have been having (numerous) ‘induction’ meetings with various Board and GCPH EMT members and other external partners (including the Chair of NHS GGC and senior figures in Scottish Government and Glasgow City Council), and also participating in meetings relevant to the positioning of GCPH within the Public Health Directorate of NHS Greater Glasgow and Clyde (Senior Management Team, Population Health and Wellbeing Committee, Public Health Directorate Forum, and others).
27. These meetings are also progressing well – providing an opportunity for those I have been meeting with to share with me their past experience and future hopes and expectations for GCPH, and an opportunity for me to introduce myself and share my perspectives and developing thoughts and plans. As is made clear in the job description for the position of Director, one of the most challenging parts of the job is, *“establishing and sustaining the complex, high-level relationships needed to ensure that the Centre delivers on its ambitious aims and vision”*, and I am approaching these meetings very much in that light.
28. Discussion at the GCPH EMT on 2nd March focused in part on engaging with the current crisis – or *“humanitarian emergency”*, as the First Minister called it last September – when partners feel in many ways ‘embattled’ by cuts and by the scale of the health and wider social challenges being presented (which are very apparent in the media and in the public consciousness). That is a discussion we are having as part of our team process, and it is a discussion we welcome with our Board partners and the wider range of organisations with whom we work. It is not, by any means, that simple solutions present themselves, but it is the role of GCPH, as outlined in *“Introducing the Glasgow Centre for Population Health”* and in other documents, to be *“displaying leadership in considering new and emergent issues”*.
29. There have been very good, positive responses from key colleagues who have seen the version of this paper which went to EMT on 2nd March – including Scottish Government, Glasgow City Council, Glasgow HSCP, and others.
30. In doing all that has been outlined above, myself, Centre Leadership Team colleagues, and the wider GCPH team are broadly following the lines of action which, at the point of applying for the position of Director, I had anticipated would be pursued during the first six months of this year. These were laid out in a two-page Briefing Paper which I was required to submit to the interview panel prior to my interview last July (see Appendix 1 Interview briefing paper excerpt). Reviewing these recently, I have been struck by how closely the approach envisaged has been to the approach we have been following these

past weeks. All of the work has, moreover, been undertaken in close dialogue with, and with the full support of, the Interim Director of Public Health at NHS GGC, who is my line manager.

31. Finally, in terms of more widely signalling the challenge as we see it, we were able to obtain excellent coverage for our recent report, mentioned earlier, in the lead article in *The Herald* on Tuesday 21st February. The key messages are also reflected in a [blog](#), co-authored by myself and David Walsh, which is on our website and which has been included in a mailing to our network subscribers, tweeted and retweeted, and has, according to our Comms Team, seen good engagement (our Communications Manager will speak about this during the Board Meeting).

By way of conclusion

32. I hope Management Board colleagues will have found this paper useful in setting a context for what we have been doing in the past nine and a half weeks or so, and for the wider discussion about forward strategy, priorities, collaboration, and, linked to that, the role of the Board and of those representing our main partners on the Management Board. I look forward to beginning to have those discussions at our meeting on the 23rd March and to continuing them at subsequent meetings.
33. These are early days, and there is a long way to go for us to achieve what we want to achieve. But I am pleased to be able to report what seems to have been a good beginning, including surfacing key challenges which we need to meet as an organisation.

Professor Chik Collins
GCPH
March 2023

Appendix 1. Interview briefing paper excerpt

I was asked to indicate what, based on the job description provided, I would foresee as being the main challenges in the role of Director in the first six, twelve and eighteen months, and to indicate what would be my approach to addressing them. For transparency, my response is below.

Foreseeing and addressing challenges in the role

Two caveats: 1. A lot may depend on things I don't yet know. 2. I have been away from Scotland for almost three years – but will catch up quickly. Broad indications as to likely intent are below.

Months: Principal Challenges	Approach/Solutions
1-6: <i>Establishing</i> personal credibility as the basis for the necessary strong working relationships with staff and with key strategic stakeholders; <i>Galvanizing</i> staff and others around renewal of mission and purpose; <i>Evaluating</i> current operations and workplan ahead of plan for 2023- 24; <i>Taking account</i> of emergent issues; Freshening things up.	<i>Investing time</i> in meetings and discussions (listening), including those highlighted under i) above**; <i>Reviewing</i> relevant data on operations and workplan; <i>Introducing</i> a critical focus on the change problematic; <i>Establishing a motivating presence</i> and a 'great to work here' feeling at GCPH.
7-12: <i>Sustaining</i> the necessary complex, high-level relationships as the critical focus for change is renewed; <i>Strengthening</i> community engagement; <i>Evaluating</i> efficacy of messaging; <i>Assessing and managing</i> staff contribution and match of knowledge/skills to current and emergent challenges; <i>Judging</i> , in discussion with the Board, which risks may be 'intelligent' in the pursuit of change; <i>Keeping</i> things fresh. <i>Taking account</i> of emergent issues.	<i>Leading</i> the case for change; <i>Investing</i> in relationship development at relevant levels, including community level; <i>Strengthening</i> the focus on 'contribution development' across the organisation; <i>Discussing</i> with partners the strategy, form and focus of messaging; <i>Maintaining</i> motivating presence; Further <i>building</i> positive organizational culture.
13-18: <i>Evidencing</i> heightening value, including translation of knowledge into meaningful resource/catalyst for impact on policy and practice; <i>Developing</i> strategic relationships for change; <i>Strengthening</i> approach to messaging; <i>Reflecting</i> key developments and ambitions in the workplan for 2024-2025; <i>Keeping things fresh</i> and <i>maintaining</i> organizational motivation. <i>Taking account</i> of emergent issues.	<i>Exploring</i> evidencing options – including a concise report on the previous 12-15 months; <i>Maintaining and developing</i> relationships with key partners and others; <i>Ensuring</i> all aspects of workplan are meaningfully likely to contribute to overall purpose.

** This is referring to a description of meetings I envisaged having with various stakeholders, in order to, in the words of the guidance provided to applicants, "get a grip of the role of GCPH in translating evidence into messages that impact on policy/practice".



**Glasgow Centre for Population Health
Management Board
23 March 2023**

General Update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last Management Board meeting on Thursday 8 December 2022.
- Identify any developments and priorities in their own organisational contexts that are of potential significance for the Centre.
- Linked to the above, participate in a discussion about the current social context and how GCPH, now with a new Director in place, should be seeking to perform its role.

Governance and Staffing

1. Prof Chik Collins took up post as the new GCPH Director on the 9th January 2023. Alongside meeting with all GCPH team members, Prof Collins has been meeting with Management Board and EMT members and other, key organisational partners/contacts. Chik has, with the support of key Board members, taken steps towards creating a new Centre Leadership Team, currently involving both Pete Seaman, Associate Director, and Jennifer McLean, Public Health Programme Manager, and Acting Director prior to Chik's arrival, supported by Ricky Fleming, Office and Admin Manager. A formal proposal has been submitted to NHS GGC to take such a leadership arrangement forward on a formalised basis in the longer term. The proposal is being taken forward within the wider context of a structural review of the Public Health Directorate, of which GCPH is a part, led by Dr Emilia Crighton, Director of Public Health.

The current CLT has been meeting weekly with a formal agenda and note of actions and is working well. A key focus of activity has been to increase the proportion of working time staff are spending in the Olympia Building, and to bring the team together in regular, structured discussions focused on renewal of mission and purpose, as well as strategy and priorities most relevant to prevailing and emerging challenges in health and health inequalities. These discussions have been both challenging and increasingly productive. Chik will provide further detail and some reflections on these developments and progress under Agenda item 4 and will seek conversation with Board members about the role of Management Board and the engagement/contribution of members.

2. iMatter is the annual NHS Scotland Staff Experience continuous improvement tool, developed nationally, and used within all NHS Scotland Boards. iMatter is designed to help individuals, teams, Directorates, Health and Social Care Partnerships (HSCPs) and Boards, understand and improve staff experience. The last iMatter survey for the team reported in August 2022. Key areas for improvement were identified as: confidence that performance is managed well within the organisation (score 63/100); visibility of Board members in my organisation (53/100) and involvement in decision making about my organisation (54/100). However, more broadly, the view of the new Director is that the survey results are short of where we need them to be if we are working as a team of the kind we need to be. These findings have been discussed at a recent Team meeting and we believe that some of the recent developments (including a strengthening focus on 'performance management' and engagement with staff around mission, strategy and priorities) are already making a difference, though, of course, there are challenges. The survey is due to be issued again in May 2023 and we will be looking to ensure good understanding of the importance of the survey (the response rate last time was low) and how the level of each question should be understood (i.e., GCPH team, PH Directorate, NHS GGC). A report on actions will be submitted to the iMatter team ahead of the new survey in May.
3. Lisa Garnham (0.6 FTE) took up a part-time secondment to Strathclyde University at the start of February, as a Research Associate (0.4FTE) with the Systems Science in Public Health and Health Economics Research (SIPHER) Consortium. Under the direction of Prof Kat Smith, Lisa's work will focus on understanding policy processes and evidence needs, with particular emphasis on the role of housing policy in generating improvements in public health and health inequalities. Lisa will continue to work with GCPH one day a week. We wish Lisa success in her secondment and look forward to building links with the SIPHER team.
4. Lynn Naven, Public Health Research Specialist, will retire on the 24th March. Lynn has been at the Centre for 12 years and has now started her phased retiral. During her time at GCPH, Lynn has shown a commitment to working alongside partners to tackle inequalities and poverty. She played a key role in taking forward Healthier, Wealthier Children, a partnership project set up in 2010 to address child poverty across NHS GGC, and led on producing peer-reviewed articles highlighting the value of health and education partnerships to address child poverty. Lynn also project managed the Right Here Right Now project, a complex partnership project testing new ways of generating 'near real-time' evidence on the social determinants of health to respond more quickly to the needs of policymakers. More recently Lynn led on a pilot study exploring the experiences of young people as they transition to an independent adult life and is a co-author of a new GCPH report testing new approaches to supporting people experiencing homelessness. The team wishes Lynn much happiness in her retirement and thank her for her contribution to GCPH over the years.
5. *GCPH EMT meeting was held on the 2nd March 2023.* Alongside standing EMT items and discussion of items highlighted in the General Update paper, the new GCPH Director spoke to a paper which provided reflections and an update on action during his first seven weeks in post, with thought to the wider operating context and drawing on recent relevant reports and evidence. EMT members responded with their feedback and views on the paper and GCPH direction going forward from their professional perspectives. This feedback has been incorporated into the Board paper (GCPHMB444) for discussion under Agenda item 4.

6. *Cost of Living Crisis.* Following the convening of an internal group to describe and formalise GCPH's contribution to the cost of living (CoL) crisis, a series of blogs was proposed to 1) outline GCPH's position on the CoL crisis in the face of continuing and historical vulnerability and 2) to frame evidence-based actions which we can recommend in responding to the crisis (see Paragraph 48). The first blog "A cost of Living Crisis; for whom", written by Pete Seaman, reflected on the unequal impact of the crisis and insights our work offers in responding in the short and long-term to address underlying inequalities. A second blog, by James Egan, highlighted the damaging effects of falling incomes on people's pockets and existing opportunities to boost income. The next two blogs in the series will focus on maximising uptake of food-related support, and community wealth building as a short and long-term response to the CoL crisis. On the back of the blog series, Pete has been invited to speak at the CHEX National Conference on 21st March 2023.
7. *GCPH equalities work and taking forward GCPH as an anti-racist organisation.* Following the team training session with the NHS GGC Equality and Human Rights Team (EHRT) in November, we are continuing our discussions with EHRT about undertaking an informal Equalities Impact Assessment (EQIA) of specific projects within the GCPH workplan, with a view to developing guidance to support the assessment of risk for future projects. Following the sharing of a list of five areas of work that capture the breadth of the Centres' different ways of working with the EHRT and meeting to discuss, three initial areas of work will now progress with an informal EQIA. These include the small grants project (see Paragraph 20), the evaluation of the Go Cycle fund (see Paragraph 13) and evaluation of a housing intervention for vulnerable tenants on Universal Credit (see Paragraph 27).

Developments and partnerships

8. We received a request and met with Paul Sweeney, MSP, in relation to his new role as Labour Shadow Minister for Mental Health, Health Inequalities and Sport. His office expressed an awareness of and interest in our work and wish to explore how it may overlap with the health inequalities aspect of his new role. The meeting took place on the 13th March and we provided short inputs on the role and priorities of GCPH, health into planning and changing life expectancy in Scotland. An engaging discussion took place with Paul and his colleagues, following which we have exchanged several emails and will further explore opportunities in time.
9. We have been invited to support the presentation of the NHS GGC Director of Public Health to the next quarterly meeting of the UK Chief Medical Officers and Deputy Chief Medical Officers, which will be held in Glasgow on 30th March. Presentation slides on Glasgow's excess mortality and changing life expectancy have been developed and a series of new infographics on Glasgow demographics, population health trends and poverty are in preparation.
10. *Primary care mental health and wellbeing hubs.* Following the submission of needs assessment work by the GCPH team, the decision of Scottish Government not to fund Mental Health and Wellbeing Hubs in the next financial year has seen a shift in the GCPH contribution. A synthesis of existing work to support the development of principles and practices in mental health service delivery is being produced to be taken to the Primary Care and Mental Health Steering Group meeting in April 2023. We also plan to publish on the GCPH website the synthesis and learning from the grey literature

to answer the question of “what ‘good’ looks like” in mental health service provision, (carried out by GCPH in summer 2022); Community Conversations on preferences for mental health provision conducted by Health Improvement teams; analysis of the discussions with professionals who work in mental health and wellbeing around the needs of those not currently well served by services and; The Community Link Worker Programme Mental Health and Wellbeing Deep Dive Report.

11. *Economies for Healthier Lives programme.* The Glasgow City Region’s [Economies for Healthier Lives project](#) has entered its second year of a three-year funded period. Led by the Glasgow City Region Programme Management Office (GCR PMO), the project is entitled: ‘Maximising the health, wellbeing and economic benefits generated by Glasgow City Region’s Capital Investment Programme’. It is one of four projects funded by the Health Foundation as part of the Economies for Healthier Lives programme (2021-24) – the only one in Scotland with the other three being based in Liverpool, Leeds and Havant. As GCPH is the evaluation partner, two members of the GCPH team are leading on the evaluative elements. Close working with the Health Foundation and the Programme’s evaluation support provider, Renaisi, is ensuring that the learning from the Glasgow City Region project feeds into the broader programme evaluation. The year-one evaluation work has concluded and reported, based on a co-produced evaluation plan, with learning feeding into the year two work which is now underway. The year two evaluation, again involving documentary analysis, survey work, focus groups and a series of interviews, moves on from the earlier baseline work to focus on how the project is progressing – and whether it is on track towards the planned outputs and outcomes. It is hoped that the work will again generate rich data that informs the project as it progresses. An evaluation report will be published towards the end of the calendar year.
12. *Community wealth building in Glasgow City Region.* Regional community wealth building work continues to make good progress, focusing largely on the three of the five pillars:
 - progressive procurement of goods and services (also known as 'spending');
 - socially productive use of land and property (also known, more simply, as 'land and property'); and
 - fair work and just labour markets (also known as 'workforce').

The GCPH Programme Manager, Health and Inclusive Economy, Val McNeice, leads this work and is currently based (on secondment) with the Glasgow City Region Programme Management Office. Having explored the benefits, requirements and barriers to the Glasgow City Region becoming accredited as a Living Wage Place, approval has recently been secured to take this work forward. Discussions with Living Wage Scotland on how to achieve Living Wage Place status are underway. The Programme Manager is in the early stages of drawing together an ‘action group’ to drive this work forwards. Glasgow City Council is working towards Living Wage Employer status, superseding the existing in-house ‘Glasgow Living Wage’ scheme. This means the organisation will pay the rate of the Real Living Wage or above to all staff directly employed by the organisation and ensure that contracted staff that work on the organisation’s premises/land must also be paid the Real Living Wage. Colleagues from economic development, procurement and human resources are involved in this process, again working alongside Living Wage Scotland.

A business case for a regional approach to tackling vacant and derelict land is in development, led by the Regional Economics Projects Manager, working with Clydeplan. Further, the GCPH Programme Manager, Health and Inclusive Economy, sits on

Scottish Government's Community Wealth Building Bill Steering Group and has contributed to the development of a consultation focused on legislative ideas to support community wealth building across Scotland. The Consultation is live with a closing date of 25th April and a response will be submitted from Glasgow City Region as well as from the GCPH.

Approval has also been granted to establish a regional 'Anchor Network'. The Network will meet for the first time in early April for an 'Anchor Accelerator Summit'. The Network will be a mission-based group of Chief Executive or Director level members from across a broad range of 'anchor' organisations within the Region. Collectively, these organisations have a huge economic footprint through their roles as employers, procurers, investors, and owners of land and property. The Network will seek to bring cohesion, cooperation, and collaboration, so that their combined endeavours to involve people in the economy, and ensure they have a fair share in the wealth available in the Region, is maximised and greater than the sum of the individual parts.

13. *Go Cycle*. GCPH has been contracted by Glasgow Life to conduct an evaluation of the impact of the Go Cycle Glasgow fund. This fund has been created to support community groups across Glasgow to develop sustainable cycling projects before, during and after the 2023 UCI Cycling World Championships. The programme is underpinned by values of inclusion and diversity, openness and learning, collaboration, transparency and a participatory culture. Our work will focus on describing and evaluating five main components of the initiative:
 - *Delivery* (what did the various funded projects do with the money they received?)
 - *Reach* (e.g., number of participants, gender, age, ethnicity, disability, postcode, first time cyclists, etc...)
 - *Individual and community impacts* (e.g., impact on health and wellbeing, confidence, cycling behaviour, whether expectations were met, what have participants done next, impact on community...)
 - *Organisational impacts and legacy* (e.g., have staff benefited, how will it shape future work, has it encouraged partnership working or led to new projects?)
 - *Delivery of fund's 5 key priorities* (to what extent have these been met through individual projects and collectively)

The evaluation work will begin in March 2023 and be completed by the end of the year.

14. '*Knowledge is Power*' peer research. Lead by Dr Lisa Garnham, this project works with a group of New Scots women to evaluate the 'Our Rights, Our Communities' advocacy project (led by Govanhill Baths Community Trust: Community Action) using a peer research approach. The peer research team, who are all asylum seekers or refugees, were guided, mentored and supported to design, carry out, write-up and disseminate their evaluation. Outputs to date include a written evaluation report, posters, an animation (with voiceovers in multiple languages) and blogs on the GCPH website. The team is now working to produce a short film that documents their empowering experiences as peer researchers, supported by Lisa and the GCPH Communications Team, alongside an independent filmmaker (who is also a New Scots woman). The film will be completed and publicly screened in April 2022.
15. *NIHR research finding call, Health Determinants Research Collaboration*. We have been in discussion with colleagues from MRC Social and Public Health Sciences Unit at

Glasgow University and others at Glasgow City Council around the possibility of GCPH supporting a Glasgow bid. The programme of funding looks to create cultures of research and evidence-use within local authority policy and planning. This follows an unsuccessful bid in November 2021 (involving the University and GCC, with input from GCPH). We are seeking to contribute to the formulation of an approach, building on feedback from NIHR on the outcomes of the last HDRC funding call.

16. Funding bids/funded projects

- *CommonHealth Catalyst – Developing a Community Research Consortium to Address Health Disparities* funded by the AHRC (November 2022 to July 2023). Dr Jennifer McLean, Dr David Walsh, and Mohasin Ahmed. Led by Prof Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University, the project will catalyse a ‘community research consortium’ focused on Lanarkshire in Scotland. David Walsh is contributing to Theme 1: Learning from the past to shape future solutions, specifically leading on the historical epidemiology and health profile over time aspects. Jennifer McLean is contributing to Theme 2: Mapping the health and wellbeing ecosystem and leading the community asset mapping component. Workshops with community-based organisations are currently being set up across Lanarkshire with the support of SCDC. Mohasin Ahmed is leading the Patient and Public Involvement and Engagement strand and is establishing a Lived Experience and Advisory Panel (LEAP) to ensure the project is informed by community voice and perspective. The first meeting of the LEAP took place on the 9th March. The project is underway and progressing well.
- *Intervening to sustain tenancies*. Lead by Dr Steve Rolfe, University of Stirling, this NIHR collaborative proposal involves Dr Lisa Garnham, GCPH, together with Glasgow Caledonian University and Sheffield Hallam University. A realist evaluation of the interventions used by social housing providers to support tenants who may be at risk of eviction or tenancy abandonment will be undertaken, including approaches such as income maximisation, debt advice and mediation. This study proposes to track the outcomes of tenants at risk of eviction or abandonment over time, including their health and wellbeing. A cost-benefit analysis will be undertaken by GCU. GCPH is leading on the Patient and Public Involvement (PPI) aspect for this bid. This £1.2m bid was submitted to an NIHR researcher-led call on the 28th November. Feedback received in early March stated that the bid was unsuccessful in progressing past Stage 1. Further funding opportunities for this work are now being explored by the team.

Communications outputs and activities

17. This section summarises the Centre’s communication-related outputs and activities since the last meeting in December in line with the agreed approach to communications monitoring and reporting.
18. Active communication of the changing mortality body of research continues via a range of fora. Following the briefing by Dr David Walsh and Professor Gerry McCartney to the Glasgow City Council Cabinet on 7th November, reported at the last Board, a motion on the research was taken to the December Full Council Meeting. At a national level a briefing for MSPs was delivered on 1st December at the Scottish Parliament. This was organised by Kaukab Stewart’s office, which has requested ongoing communication as new evidence emerges with a view to holding a parliamentary debate. At UK level, a

debate on the findings was held in the House of Lords on 12th January, brought by the Labour peer, Lord Prem Sikka. The new changing mortality summary paper detailed in Paragraph 26 provides an update on the research with the newest data and aims to ensure continued attention to the trends.

Events and seminars

19. The second webinar in Seminar Series 19 took place on 14th December entitled '*Community wealth building as health building: how a local democratic economy can create healthy, thriving communities*'. This was led by Sarah McKinlay, Director of Community Wealth Building Programs at The Democracy Collaborative, USA. Sarah presented community wealth building as a means to democratise local economies in pursuit of wellbeing and health outcomes. Community wealth building action is already happening in communities across the world and Sarah presented examples of community wealth building that centre on democratic ownership and control of local assets, setting self-and-collective determination into our local economies so that they better meet the needs of people and place while producing greater wellbeing. The presentation was followed by a panel response and discussion, chaired by Kevin Rush, Glasgow City Region, and by audience Q&A. The panellists were Martin Avila, Community Enterprise in Scotland and Christine Johnstone, Scottish Government. The event was attended by 127 delegates. [The recording and presentation slides can be accessed here.](#)
20. [Global Challenge, Local Solutions – A Showcase of Community Creativity](#), 8th March. Taking place in the ARC building at University of Glasgow, this event showcased the creative outputs from Round 3 of the small grants project. Following round 1 and 2 of the grants which supported a range of organisations to explore children's and young people's views on the relationship between climate change and health and wellbeing, this year, we joined up with the University of Glasgow through its [CIVIS Open Labs Initiative](#). The ten organisations awarded funding were able to demonstrate a commitment to addressing sustainability priorities identified by, and of importance to, community members, groups, and organisations in Greater Glasgow. The event also discussed how we can use this experience to build new connections and strengthen existing relationships between community organisations, GCPH and the University of Glasgow.
21. Speakers and topics for the remainder of the current and next Seminar Series – which will be our 20th – are under review. We are delighted that Prof Kevin Fenton has accepted our invitation to deliver a seminar which will be held on Monday 12th June. Prof Fenton has occupied a number of high-profile roles within Public Health in England and is currently London Regional Director at the Office for Health Improvement and Disparities, Health Advisor to the Mayor of London, and President of the UK Faculty of Public Health. He speaks to the issue of racism as a fundamental determinant of health inequalities and particularly on the epidemiology of COVID-19 in relation to racialised differences. The seminar is being organised jointly with the Scottish Faculty of Public Health. This will build on our work to bring issues of racialised inequalities to greater prominence in public health priority setting in Scotland. Locally, this work is given impetus by the demographic projections for Glasgow which indicate the city's population will become increasingly diverse over the next decade. Also, the report from the Expert Reference Group on COVID-19 and Ethnicity, in which Scottish Government have committed to addressing two broad areas of recommendation related to data and evidence; and systemic issues.

Publications

22. [Findings from a Place Standard in Netherholm](#) (November 2022). The Place Standard is a widely used resource for discussing community issues and priorities. It encourages users to consider the quality of their neighbourhood by assessing 14 themes. This report summarises findings from a Place Standard event and a community survey in Netherholm, Glasgow. The event took place in May 2022 and was attended by 14 community members, while the survey was completed by 12 Netherholm residents. Findings showed that Netherholm faces a number of challenges that could be alleviated through investment and collective action, with the lack of good quality public transport, care and maintenance being the main issues. The important role played by the local community centre was also clear and the findings help provide further justification for the existing plans to develop a community space to be progressed.
23. [Thrive Under 5: Year one evaluation](#) (December 2022). Thrive Under 5 (TU5) is a two-year pilot project funded by the Scottish Government. Through a whole systems approach to tackling child poverty, the early intervention programme aims to enable a healthy weight in children under the age of five. Three neighbourhoods across Glasgow received funding in 2020 to deliver the project, with a further site in Inverclyde being added to the project in 2021. Neighbourhoods were selected based on their high rates of poverty and poor health outcomes for children in this age group. Partners involved recognise the need to take a comprehensive, collective and long-term approach to change, which includes – but goes beyond – tackling the issue of food insecurity, and which provides families with the resources and knowledge to make healthier choices. GCPH has provided evaluation support to the project since it received funding in 2021. The year one evaluation summarises the breadth of work undertaken during this period, as well as progress towards the project's intended outcomes.
24. *Common Health Assets Lived Experience Panel [evaluation plan](#) and [baseline evaluation report](#)* (January 2023). The evaluation plan outlines the approach for the Lived Experience Panel component of the Common Health Assets Project, including the evaluation vision, ethos, aims, objectives, methodological principles, and guidance and evidence relevant in shaping the development of the evaluation framework. The baseline evaluation report highlights the initial learning from evaluating the recruitment and first meetings of the Lived Experience Panel.
25. [Economies for Healthier Lives: Glasgow Year One evaluation](#) (February 2023). Economies for Healthier Lives is a three-year (2021-24) programme managed and delivered by the Health Foundation. Funding has been allocated to four local partnerships across the UK to promote health and reduce inequalities through economic development strategies. GCPH is providing ongoing evaluation support to the Glasgow City Region partnership. This report provides a baseline assessment of the expectations and priorities of the various interests involved in the Glasgow City Region project, gathered at the end of year one of the work. This work involves the development, socialisation, and adoption of a Capital Investment Health Inequalities Impact Assessment Tool. (Also see Paragraph 11).
26. [Changing mortality rates in Scotland and the UK: an updated summary](#) (February 2023). This updated summary builds on the extensive evidence already published on the changing mortality trends observed in Scotland and across the UK. It updates the previous work by i) briefly summarising the findings of the most recent academic literature; and ii) presenting updates of the previously published mortality analyses to

cover (a) the period prior to the COVID-19 pandemic (i.e. up to the end of 2019); and (b) the two years of the pandemic (i.e. up to the end of 2021). It indicates: a further widening of all-cause and cause-specific mortality inequalities; a dramatic reversal of previously declining mortality rates among socioeconomically deprived populations; an unprecedented decline in healthy life expectancy; worsening trends in poor mental health; and the (much smaller) contribution of obesity to stalled national mortality trends. This was featured as an exclusive by *The Herald* and was later covered by *The Times* and *Metro* (see Paragraph 41 for detail). It has also been widely disseminated via social media, targeted emails and a special issue of our e-newsletter.

Forthcoming publications

27. *Evaluation of Glasgow City Council and Registered Social Landlords (RSLs) project to prevent homelessness*. This pilot between GCC and four RSLs was undertaken to test a method of fast-tracking people from temporary accommodation into secure tenancies. It was proposed that fast-tracking support measures could reduce rent arrears accrued when awaiting entry into a new tenancy, which in theory could improve RSL-tenant relationships and increase the likelihood of tenancy sustainment. Publication early 2023.
28. *Trends in use of Glasgow's bikeshare scheme: an analysis of scheme usage between July 2014 and July 2022*. This report provides an analysis of bicycle hires made by users of the Glasgow bikeshare scheme over an eight-year period, from scheme inception in July 2014 to the end of July 2022. The report provides an insight into how the scheme has developed and how it is used. It also provides a focus on the potential health and environmental benefits of the scheme and how it may impact on transport inequalities in the city. Publication April 2023.
29. *Active travel case studies report & webinar*. This report, led by the Bruce Whyte, is the product of a collaboration between the University of Strathclyde, University of Glasgow, City of Glasgow College, Glasgow City Council, and the Scottish Parliament, and focusses on the progress these five organisations are making in achieving a shift to more active and sustainable travel among staff and students. The information gathered, via a desktop exercise, describes the context of each organisation, staff travel trends, the impacts of COVID-19 on travel, and active and sustainable travel policies and schemes to promote more sustainable travel. A workshop to discuss the findings and develop some perspectives for future engagement is being held on 28th March.

Consultation responses/contribution to external publications

30. At a recent team meeting we considered the findings of two recent external reports on health inequalities in Scotland – one from the Health Foundation and the other from Our Scottish Future. Both of these, it was felt, insufficiently recognised already existing knowledge about the need for policies which specifically address the fundamental inequalities in income, wealth and power which underlie and cause health inequalities. Our response was expressed in the context of a wider blog which highlighted and contextualised some of the latest data from the updated changing mortality trends summary referred to in Paragraph 26. The blog 'Health inequalities in Scotland: leaving no one behind', co-authored by Chik Collins and David Walsh, with support from the GCPH Team, [can be viewed here](#).
31. We recently endorsed a letter to the Deputy First Minister, John Swinney, on the increasing level of public death for those on the lowest incomes. Co-ordinated by

Aberlour, and signed by over 50 other signatories, it called on the Scottish Government to use the upcoming Budget (Scotland) Bill to address the issue of debt owed by poor households to public sector bodies. A response has been received which indicated there is work underway with Scottish Government to look at the issue. [The letter can be accessed here.](#) Subsequently a slightly amended letter was also sent to the UK Chancellor, Jeremy Hunt, ahead of the UK Government spring budget statement on 15th March, to call on the UK Government to use their powers to pause public debt recovery for low income households across the UK. We also co-signed this letter [which can be viewed here.](#)

32. We also endorsed an open letter to the three SNP leadership candidates, co-ordinated by CPAG in Scotland, asking them to commit to building on the progress toward ending child poverty that has been made under the current First Minister, for this to be at the heart of the leadership campaign, and at the top of the Scottish Government's priorities, whoever becomes the next First Minister. [The letter can be viewed here.](#)
33. David Walsh, Gerry McCartney (University of Glasgow) and Margaret Douglas (Public Health Scotland) have been invited to submit a chapter on health inequalities in Scotland for the Scottish CMO's annual report.
34. A small internal working group has been established to develop a response to Glasgow's [draft Local Housing Strategy](#) 2023 to 2028. The group will meet soon with Matthew McNulty, Principal Officer at GCC, before developing a response. (End date: 2 April 2023).

Journal articles

35. Augustin J, Andrees V, Walsh D, Reintjes R, Koller, D. [Spatial aspects of health: developing a conceptual framework.](#) *International Journal of Environmental Research and Public Health* 2023; 20: 1817.
36. Walsh D, Tod E, McCartney G, Levin KA. [How much of the stalled mortality trends in Scotland and England can be attributed to obesity?](#) *BMJ Open* 2022;12:e067310. doi:10.1136/bmjopen-2022-067310
37. McCartney G, Hoggett R, Walsh D, Lee D. [How well do area-based deprivation indices identify income and employment deprived individuals across Great Britain today?](#) *Public Health* 2023; 217: 22-25
38. Zhang A, Gagne T, Walsh D, Ciancio A, Proto E, McCartney G. Trends in psychological distress in Great Britain, 1991-2019: evidence from three representative surveys. *Journal of Epidemiology & Community Health* 2023 (in press).
39. Baker RM, Ahmed M, Bertotti M et al. Common health assets protocol: a mixed-methods, realist evaluation and economic appraisal of how community led organisations (CLOs) impact on the health and well-being of people living in deprived areas. *BMJ Open* <http://dx.doi.org/10.1136/bmjopen-2022-069979>.
40. Gerry McCartney and David Walsh submitted a letter to the Editor of the *BMJ* in response to an article by the CMO's of the UK entitled 'Restoring and extending secondary prevention'. [This was subsequently published and can be viewed here.](#) The CMO article focussed on the contribution of lower-than-expected uptake of

cardiovascular interventions to stalling mortality trends. The letter points to the evidence that the causes of the stalled trends are economic in nature, in particular the austerity policies implemented since 2010. It also highlights the importance of acknowledging and considering the potential contribution from the impacts of inflation and unmet healthcare needs.

Media

41. Exclusive coverage of new changing mortality summary report (see Paragraph 26) in *The Herald* with front page of printed version and extended coverage in online version [Glasgow and Dundee death rates higher than 20 years ago](#) (21 Feb). This was followed the next day by coverage in the print and online versions of *The Times* [‘Early deaths among women living in poverty exceed rates seen 20 years ago’](#) and *The Metro* ‘More women dying early in deprived areas than 20 years ago.
42. Aberlour letter to DFM we co-signed (Paragraph 31) was covered in *The Sunday Post* [‘Give respite to the poorest on paying back debt to public bodies, say charities](#) (21 Feb)
43. David and GCPH quoted in *The Guardian* article on drug-related deaths [‘Scotland’s drug death epidemic may have peaked, data suggests’](#) on 22 February.
44. GCPH evaluation of Sistema Scotland highlighted in article in *Third Force News* [‘Council urged to support Aberdeen Big Noise social intervention programme’](#) (22 Feb). Decision to end the funding covered by *BBC Scotland* [‘Dundee City Council axes funding for Sistema Children’s Orchestra’](#) (24 Feb)
45. An article in *The Economist* on changing life expectancy quoted David and GCPH [‘Why did 250,000 Britons die sooner than expected’](#) (9 March).
46. A one-day media training workshop was held for six members of staff on 26th January, delivered by Word Up Communications. Similar media training is being arranged for members of the new Centre Leadership Team, Programme Managers and senior researchers in May.

Digital

47. The [February e-update](#) was circulated to our almost 3,000 network subscribers at the start of the month. This had a 37% open rate. As indicated under Paragraph 26, a special issue of the e-update was also issued on 24th February to highlight the new Changing Mortality trends updated summary and accompanying blog.
48. The Invitation to Tender for a new Content Management System (CMS) for the GCPH and Understanding Glasgow websites was issued by NHS GGC IT procurement on 20th February. The closing date for receiving bids was 10th March. Evaluation will take place week commencing 13th March by four independent evaluators (GCPH Comms Manager, GCPH Digital Comms Officer, NHS GGC Corporate Communications Web/Multimedia Lead; and NHS GGC eHealth Senior Procurement & Contracts Manager). Contract will be awarded on 24th March.
49. Four new blogs have been published since the last meeting:
 - [Common Health Assets: The Lived Experience Panel – creating the conditions for successful PPI engagement](#) (Mohasin Ahmed)

- [A cost-of-living crisis - for whom?](#) (Pete Seaman)
- [Cost-of-living crisis: Working together is right on the money](#) (James Egan)
- [Health inequalities in Scotland: leaving no one behind](#) (Chik Collins and David Walsh)

GCPH
March 2023



**Glasgow Centre for Population Health
Management Board Meeting
23 March 2023**

Budget position: 1st April 2022 to 28th February 2023

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2022 to February 2023 detailing expenditure of £1,118,764 against a full year budget of £1,694,967.
- The planned budget is comprised of the following streams of funding:

	£
• Annual SG allocation	1,250,000
• External income from partners and others	135,349
• Brought forward from prior year	309,618
- Note the contents of the report.

Commentary on Table 1

1. The staffing budget has seen a number of changes and under normal circumstances we would have expected to be reporting a small underspend at this point in the year however, a greater than budgeted for NHS Scotland pay settlement has now been processed – average 7.4% uplift versus 3% budgeted – this has effectively negated any underspends. Fortuitously the budget looks now to be on track for a break even position.

Arrangements for cover for the Office Manager post are now in place and working well. The planned review of the administration function is still to be progressed internally.

As highlighted in the Management Board General Update paper (GCPHMB) paragraphs 3 and 4, Lynn Naven will retire at the end of March 2023 after 12 years with GCPH, and Dr Lisa Garnham started a part-time secondment to Strathclyde University (2 days a week) at the start of February. Further staffing changes are expected and will be reported to the GCPH Board at the next meeting following completion of contract paperwork and HR processes.

2. Funding from the Scottish Government was transferred via NHS GGC Board allocation letter in November 2022 (for 2022/23). It is pleasing to note the increased level of funding at £1,300,000 (a £50k uplift). It is hoped this amount can be consolidated and that GCPH will secure an inflationary uplift regularly going forward. This will assist in continuing to meet the fixed costs of the staffing establishment and premises.

3. External income continues to flow in and it is expected the budgeted income target will be met.
4. Project spend is underway however it is now looking likely that some of the project budgets will underspend with planned work continuing into 2023/24 (lines E1- E5). Specifically there have been difficulties advancing the Mental Health work and funds are required to be carried forward to 23/24.
5. The learning and development budget (line E6) has seen little by way of spend due to the wealth of resources that continue to be available online at no or minimal cost despite a focus on team learning and professional development. A second round of in-house media training for staff is planned and will be delivered by an external agency in May.
6. The plan to facilitate the upgrade and migration of both the GCPH and Understanding Glasgow websites is now underway and will be awarded within the current financial year following a tendering process. As presented in the General Update paper (paragraph 47), the Invitation to Tender for the new Content Management Systems (CMS) was issued by NHS GGC IT procurement on 20th February. The closing date for receiving bids was 10th March, with evaluation taking place week commencing 13th March by four independent evaluators. The contract will be awarded on 24th March.
7. Accommodation costs are now lagging a little behind budget. A full analysis will be completed prior to the year-end but it is expected that a near breakeven position will be achieved.
8. In summary, the welcome addition of an increased SG allocation, the reserve allocation of £85,842, the potential underspends on project lines and the need to ring-fence the mental health allocation for 2023/24 are likely to result in the need for a carry forward allocation around £250,000-£300,000 which is in line with previous years.

Fiona Buchanan
March 2023

		Planned 2022/23	Actual to Feb	Forecast Out-	Forecast
	Income	£	£	turn	Variation from
				£	Budget
					£
I 1	Annual SG Allocation	1,250,000	1,300,000	1,300,000	50,000
I 3	Other Income	135,349	126,409	135,349	-
	Total Income 22/23	1,385,349	1,426,409	1,435,349	50,000
I 4	Carry Forward from previous years	309,618	309,618	309,618	-
	Total Available 22/23	1,694,967	1,736,027	1,744,967	50,000
	Expenditure				
	Research:				
E 1	Action on Inequality	25,000	8,255	25,000	-
E 2	Understanding Health Inequalities	30,000	5,500	30,000	-
E 3	Sustainable Inclusive Places	60,000	22,384	60,000	-
E 4	Innovative Approaches to Improving Outcomes	6,000	9,028	9,028	(3,028)
E 5	New Project Developments - Mental Health	50,000	16,667	16,667	33,333
E 6	Training & Development	15,000	43	15,000	-
E 7	Allocation to Networks	5,000		5,000	-
	Total Research	191,000	61,877	160,695	30,305
	Communications:				
E 8	Communications (including website project costs)	110,000	47,868	110,000	-
	Total	110,000	47,868	110,000	-
	Management and Administration				
E 9	Centre Management, Admin & Running Costs	25,000	13,991	20,000	5,000
E 10	Accommodation Costs	130,000	72,053	130,000	-
E 11	Core Staffing	1,153,125	1,032,720	1,153,125	-
	Total Management & Admin	1,308,125	1,118,764	1,303,125	5,000
	Total Expenditure	1,609,125	1,228,509	1,573,820	35,305
	Balance	85,842			

Table 1. GCPH financial position to the end of February.