



Management Board Meeting

Thursday 22nd September 1000 – 1200 hours

Conference Room, Olympia Building

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AGENDA

1. Welcome and apologies

Part 1: Regular Board Business

2. Minutes of last meeting, rolling actions and matters arising
3. General update Paper GCPHMB/2022/434
4. Budget position: 1st April 2022 to 31st August 2022 Paper GCPHMB/2022/435

Part 2: Strategic Development

5. Young people's transitions project Paper GCPHMB/2022/436
6. Glasgow City Food Plan: one year update & review Paper GCPHMB/2022/437
7. AOCB

Date of next meeting: Thursday 8th December, 10am – 12pm



**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 23 June 2022
Virtual meeting**

PRESENT

Mr John Matthews (chair)	Non-executive Board Member, NHS Greater Glasgow and Clyde
Prof Moira Fischbacher-Smith	Vice-Principal Learning & Teaching, University of Glasgow
Ms Susan Manion	Interim Director, Glasgow Centre for Population Health
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Mr Gary Dover	Assistant Chief Officer, Glasgow City HSCP
Prof Nick Watson	Professor of Disability Studies, University of Glasgow
Prof Laurence Moore	Director, MRC/CSO Social & Public Health Sciences Unit, University of Glasgow
Ms Karen MacNee	Interim Deputy Director of Health Improvement Division, Scottish Government
Dr Jennifer McLean	Acting Director, Glasgow Centre for Population Health

IN ATTENDANCE

Ms Rebecca Lenagh-Snow	Administrator, Glasgow Centre for Population Health
Ms Lisa Paterson	Office Manager, Glasgow Centre for Population Health
Mrs Jennie Coyle	Communications Manager, Glasgow Centre for Population Health
Prof Gerry McCartney	Professor of Wellbeing Economy, University of Glasgow
Ms Fiona Buchanan	Corporate Reporting Manager, NHS Greater Glasgow and Clyde

		<u>ACTION BY</u>
698	<u>WELCOME AND APOLOGIES</u>	
	Mr Matthews welcomed everyone to the online meeting.	
	Apologies were recorded from Ms Suzanne Miller, Dr Emilia Crichton, Mr Colin Edgar, and Mr Kevin Rush.	Noted
	Ms Manion highlighted that she retires at the end of June. Dr McLean was interviewed by Dr Emilia Crichton and will be acting as interim Director of GCPH for 6 months.	Noted
699	<u>'RESETTING THE COURSE FOR PUBLIC HEALTH'</u>	
	Prof McCartney was asked to reflect on the launch of the report and animation. The report examines stalling life expectancy, which is one of the most important public health challenges. Prof McCartney highlighted the detailed update on the comms strategy for the launch that Ms Coyle had prepared within the general update paper and the initial media and social media coverage achieved.	

	<p>However, aspects of the launch that went less well were difficulties and changes with partners around publishing the report and the associated press release. Prof McCartney felt it is important to reflect on these.</p> <p>The animation was shown to the Board with the following comments made: Mr Matthews said it was very impactful.</p> <p>Prof Moore asked about plans to take the recommendations further. One suggestion could be that GCPH partners and external bodies have sub-sets of recommendations to take forward. Prof McCartney said this could be challenging given the number of partners involved and able to take ownership of actions. Conversations are planned with GCC leadership initially. Parliamentary enquiries, meetings with MSPs and Prof McCartney's involvement on the minimum income guarantee committee are other ways forward.</p> <p>Prof McCartney added that there are plans to revisit and update the 2016 excess mortality report recommendations.</p> <p>Prof Moore noted that the nervousness around giving public health recommendations is an issue and thought should be put into that.</p> <p>Mr Matthews sits on a Public Health leadership group with Angiolina Foster and they are looking for opportunities to take forward. He will follow-up with Prof McCartney.</p> <p>Mrs Coyle highlighted a briefing with MSPs being organised for July and planning meetings with GCC Leaders Office on how best to brief the local administration and elected members.</p> <p>Mr Dover said it was dispiriting from the HSCP point of view when nothing really works other than giving people money. Nothing makes much of a difference other reducing income inequalities. Prof McCartney recognised that addressing the structural determinants of health inequality and poverty requires policy levers beyond the delivery of services.</p> <p>Ms Manion highlighted the need for more conversations about the actions we can take and can get others to take. Public Health Scotland will be needed in the conversation in future. We have got to start coordinating our position with GCPH partners and external partners.</p> <p>Mr Matthews would appreciate a conversation with Dr McCartney.</p> <p>Prof McCartney thanked all at GCPH for their hard work on the report and animation.</p> <p>In relation to the Health & Sport committee and other areas, Prof Watson commented on the lack of progress moving recommendations forward from previous policy documents and reports. He suggested some thought be given around which recommendations have not been advanced.</p>	<p>Noted</p> <p>Mr Matthews</p> <p>Noted</p> <p>Mr Matthews/ Dr McCartney</p> <p>Noted</p>
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	<p>Prof Fischbacher-Smith offered support for GCPH to bring parties into the room to discuss what they can take forward. She is happy to speak to Prof McCartney about this.</p> <p>Mr Matthews asked how we progress this suggestion. Mrs Coyle said there appears a huge appetite to take it forward and proposed starting with individual partners/parties first in the ways that have been described and considering a collective meeting at a later date. Ms Manion thought we could agree in principle and then take forward a plan.</p> <p>Prof Fischbacher-Smith agreed to go to the University with the report and see who there should be in the conversation and what work is relevant.</p> <p>Ms MacNee: Thinking in terms of influencing, a lot of recommendations need to be taken forward by UK parliament and what is the scope there? Mrs Coyle said Prof McCartney has some links with senior civil servants and colleagues at Public Health England and there are links through the Special Interest Mortality Group and UK wide health intelligence network.</p>		<p>Prof Fischbacher-Smith/Dr McCartney</p> <p>GCPH</p> <p>Prof Fischbacher-Smith</p>
700	<u>MINUTES OF LAST MEETING AND MATTERS ARISING</u>		
	The minutes of the last meeting were ratified with no matters arising not covered under the agenda or rolling actions.		Noted
701	<u>ROLLING ACTIONS</u>		
	<p>The majority of rolling actions are covered under the agenda.</p> <p>One to highlight in particular is around diversity of the Management Board. Ms Manion has met with Jac Ross of the Board Equalities and Human Rights Team to discuss this and other equalities matters.</p>		Noted
702	<u>GENERAL UPDATE</u>		
	<p>Ms Manion and Dr McLean spoke to this paper [GCPHMB/2022/430] and highlighted several points.</p> <p><i>Governance and staffing</i> Applications for the advertised Director post closes tomorrow and there have been several contacts of interest.</p> <p>In the interim of a Director being recruited and coming into post, Dr McLean has accepted the role of Acting Director for six months.</p> <p>As a potential replacement for Dr Michael Smith's expertise on the Board, Ms Manion is planning to contact Dr Martin Culshaw, the new Mental Health & Addictions Director at NHS GGC.</p> <p>There has been a slight stalling of work on the GCPH Equalities Group, as Chris Harkins has been absent, but this will be progressed going forward.</p> <p><i>Developments and partnerships</i> Dr McLean highlighted that the new small grants fund was launched and an update on the organisations funded will be brought to a</p>		<p>Noted</p> <p>Ms Manion</p> <p>Future agenda</p>

	<p>future meeting. GCPH and GCC also have contributed to a recent WHO Health & Climate Change Urban Profile for Glasgow.</p> <p>A new collaborative bid, CommonHealth Catalyst community research consortium, has been submitted to the UKRI for a. The GCPH leads within this bid are Dr McLean, Dr David Walsh and Mohasin Ahmed.</p> <p><i>Communications outputs and activities</i> Mrs Coyle highlighted that two new communications officers have been successfully recruited. She noted that Rebecca Lenagh-Snow, Kelda McLean and the admin team have been of great help in the interim.</p> <p>The recording from the Kezia Dugdale seminar is now available and Mrs Coyle can circulate this.</p> <p>We have the first seminar of series 19 set for 7th September, titled 'How can charity be reimagined to contribute towards a more just society?'</p> <p>Prof Moore asked who the contact for the Economies for Healthier Lives work would be. Petra North and other researchers at MRC would be interested in this. Dr McLean said this was Val McNeice and Gregor Yates and she can share their contact details.</p> <p>Ms Manion highlighted that Lisa Paterson will be leaving her post as Office Manager and thanked her for all her hard work and contributions were noted.</p>		<p>Noted</p> <p>Mrs Coyle</p> <p>Noted</p> <p>Dr McLean</p> <p>Noted</p>
703	<u>END OF YEAR REPORT 2021-22</u>		
	<p>Dr McLean spoke to this paper [GCPHMB/2022/431].</p> <p>The paper provided an overview of progress, update on exceptions to progress noted at mid-year, overview of work programme objectives and communications The appendix provided further detail on the progress of individual work projects within each of the programmes.</p> <p>Ms Buchanan will speak to end of year financial status in item 7.</p> <p>Most exceptions to progress noted at mid-year are now completed. Two had no progress due to staffing issues and one funding bid was unsuccessful.</p> <p>Mr Matthews said it was a very impressive report.</p> <p>With regard to Comms and seminars/events, Mr Dover asked how we find the balance of in person events again against the international speakers and audience numbers which online events enables. Mrs Coyle said we hope to get back to some in person meetings and potentially some hybrid events. We are however continuing to keep some events as webinars, particular the seminar series. The annual PHINS event is being planned as a hybrid event this year, which will have budget implications.</p>		<p>Noted</p> <p>Noted</p>

704	<u>END OF YEAR FINANCE REPORT 2021-22</u>		
	<p>Ms Buchanan spoke to this paper [GCPHMB/2022/432].</p> <p>She reported that the year finished closer to budget than expected but underspends were generated under Staffing and Comms, ending with an overall underspend of £309k. This did go through audit and were happy to agree to roll this forward into the 2022-23 year.</p> <p>The end of year financial position and underspend roll forward were noted and accepted.</p>		<p>Noted</p> <p>Noted</p>
705	<u>BUDGET PLAN 2022-23</u>		
	<p>Ms Buchanan reported that she met with Dr McLean, Ms Paterson and Ms Manion to draft the 2022-23 budget [GCPHMB/2022/433]. They costed staffing predictions and potential external income.</p> <p>Possible uplift in salaries has not been included. Potential increase in accommodation and energy costs have been included, plus tech costs.</p> <p>The planned programme spend is outlined, with roughly 5% allowance to support emerging work.</p> <p>Dr McLean highlighted a couple of staffing items. A healthy amount has been allocated to support staff training and development as we can now hopefully attend conferences and training again.</p> <p>Programme budgets are allocated to known pieces of work, along with a developmental budget allocation to support in year emerging work.</p> <p>The Centre will continue to liaise with Fiona and update the Board as the year goes on.</p> <p>Mr Matthews said presumably the staff have felt some uncertainty lately with the director post empty, Dr Seaman being off etc, but the team has worked very hard to keep the Centre going and steady.</p> <p>Dr McLean agreed that the team have worked hard to progress and deliver against the workplan. They welcome the new director and the opportunities this will bring for the future. Mrs Coyle agreed it has been an uncertain time but the interim management arrangements and appointment of a new Director were being viewed positively by the team.</p> <p>Mr Matthews conveyed thanks to all the GCPH staff, and the Board agreed.</p> <p>Prof Moore queried the Sustainable Inclusive Places programme, which was quite underspent last year but showed an increase in budget this year? Dr McLean reported that there were a number of projects in that programme which didn't progress last year but which are being taken forward this year.</p>		<p>Noted</p> <p>Noted</p>

706	<u>AOCB</u>		
	Mr Matthews noted his thanks and appreciation to Ms Manion for her support to GCPH over the last nine months and to the NHS during a difficult period. On behalf of the Board and the Centre he wished her well and best wishes in her retirement.		Noted
707	<u>DATES OF MEETINGS FOR 2022</u>		
	The date of the next Management Board meeting is: Thursday 22 nd September, 10am.		To note



**Glasgow Centre for Population Health
Management Board
22 September 2022**

General Update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last Board meeting on 23rd June 2022.
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance and Staffing

1. Following the retirement of Susan Manion at the end of June, Dr Jennifer McLean was successful in being appointed to the role of acting interim GCPH Director for a period of six months to allow the appointment of a permanent Director.
2. The interviews for the position of GCPH Director were held on the 27th July, with four candidates being interviewed. Following successful interview and HR checks, we are delighted to announce that Prof Charles (Chik) Collins will take up post on the 9th January 2023. Prof Collins comes to the GCPH from the University of the Faroe Islands, where he held the post of Rector.
3. Following consideration of the position of GCPH within NHS GGC and in the preparation of the job description of the new GCPH Director post, direct line management accountability of the post now sits with the Director of Public Health within the Public Health Directorate, and with accountability to the Chair of the GCPH Management Board in ensuring the overall governance of the Centre and its activities. The Acting Director is also a member of the Public Health Senior Management Team alongside other Public Health Heads of Service (Health Services & Equalities, Health Improvement, Health Protection) which meets monthly. The team is also supported by HR, OD and Finance colleagues.
4. *Staffing.* At the start of August we welcomed two new Communications Officers to the team. Hannah Black joins us as Digital Communications Officer and Berengere Chabanis as Communications Editor/Publisher. Our colleague Lisa Paterson, GCPH Office and Administration Manager, left in mid-August to take up a post within at the Golden Jubilee.

We thank Lisa for her contribution and support to the team and wish her success in her new post. Following a period of sickness absence, we are delighted to welcome back Dr Pete Seaman, Associate Director. Our colleague Monique Campbell, Community Engagement Officer, will leave us at the end of September to take up a new post at the Scottish Association for Mental Health (SAMH) where she will lead the See Me campaign. Monique held a joint post between the GCPH and the College of Social Sciences, University of Glasgow. This partnership post is being now being core funded by the University and discussions are ongoing to ensure continued partnership working across the organisations once the new post is filled.

5. To ensure continuity for the team and to allow time for a review of the Centre's Office Management and Administrative function and associated job descriptions to be undertaken, an acting up developmental opportunity into the role of Office Manager from the existing team has been offered in line with HR guidance. Ricky Fleming was successful in securing the post which commenced on Wednesday 24th August. To further ensure capacity of the admin team meets the demands of Centre running and the availability of support to the staff team, Rebecca Lenagh-Snow, our Team Secretary, has been promoted to the temporary post of Acting Programme Administrator. Rebecca took up post on Wednesday 14th September.
6. *GCPH Management Board membership.* Following the retiral of Prof Michael Smith we are pleased to announce that Dr Martin Culshaw, Deputy Medical Director: Mental Health and Addiction Services, NHS Greater Glasgow and Clyde has joined the Board. We are also delighted to announce that Councillor Ann McTaggart and Councillor Greg Hepburn have also joined the Board as our Glasgow City Council elected member representatives. An induction meeting with the elected representatives is being arranged.
7. Following the death of Her Majesty the Queen on Thursday 8th September, and in line with the national protocol it is a requirement that GCPH and all public bodies comply with the official national period of mourning. In line with the protocol, all proactive external communications must be paused unless they are deemed to be essential/business critical such as urgent public health messages or messaging about vital services. For GCPH this includes the postponement of planned events, publications, use of our websites or socials or any other external communications.
8. *Cost of Living Crisis.* An internal group has convened to explore and formalise GCPH's contribution to the Cost of Living Crisis. This will enable us to proactively describe the contribution our work has made and continues to make in understanding the causes of poverty and actions to ameliorate its impact. Initial discussion has focussed on the need to legitimatise the continuing long-term and structural focus on the underlying determinants of poverty at a time where there will be pressure for policymakers to address the Cost of Living through short-term actions. The Centre has a strong catalogue of existing and continuing research that specifies actions policymakers can implement to both bring about fundamental, structural change and actions that work in amelioration in the short-term. The way we work will also be in focus (necessitating investment in networks of co-creation and knowledge exchange) and an example of GCPH's contribution to the provision of welfare advice in health settings through a model of knowledge exchange is included as an Appendix. We would welcome an opportunity to

discuss with the Board how the Centre's long-standing focus on health inequalities can be best positioned in light of the current focus on the cost of living.

9. *GCPH equalities work and taking forward GCPH as an anti-racist organisation.* In response to recommendations made by this Board (September 2021) we are working with the NHS GGC Equality and Human Rights Team (EHRT) to build team capacity in relation equalities. A training session on the origins of equality legislation, the Equality Act (2010) and the Public Sector Equality Duty and Equality Impact Assessment (EQIA) will take place on the morning of Thursday 3rd November. Following the training, the team will work in partnership with EHRT to undertake an EQIA of the GCPH workplan in line with equality guidelines. Considering previous Board recommendations would welcome discussion on how Board members might engage with this process.

Developments and partnerships

10. *Glasgow City Food Plan annual review* The Glasgow City Food Plan (GCFP) was launched in June 2021 after a period of collaborative development with a wide range of stakeholders. Led by the Glasgow Food Policy Partnership (GFPP), an informal, multisectoral partnership group, the GCPF is a 10-year plan which recognises that across sectors and policy domains we have the shared ambition of a better food system that supports improved health, reduced food insecurity, increased biodiversity, reduced carbon emissions, and a more resilient and flourishing local economy, and that we will make faster progress towards this by working together. It seeks to improve collaboration, coordination, and coherence in our collective work to improve Glasgow's food system. An annual review of progress is underway and will report in late September 2022. Early emerging themes and learning from the review will be shared at this Board meeting (paper GCPHMB 437)
11. *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. The GCPH has completed the collection and analysis of the evaluation data collected from partners, stakeholders, and tenants themselves. The GCPH team are in the process of completing a draft final report to share with a small advisory group, which will support the subsequent final publication and planned dissemination activities, planned to take place in late Autumn 2022. It is envisaged that the key partners supporting dissemination will include: the Glasgow Alliance to End Homelessness, a partnership established to improve outcomes and experiences for people at risk of or experiencing homelessness, and the GCC partners leading on the Rapid Rehousing Transition Plan (RRTP), a housing led approach to tackle and ending homelessness in Glasgow.
12. *Economies for Healthier Lives programme.* The Glasgow City Region's [Economies for Healthier Lives project](#) continues to make good progress, led by the Glasgow City Region Programme Management Office (GCR PMO). 'Maximising the health, wellbeing and economic benefits generated by Glasgow City Region's Capital Investment Programme' is one of four projects funded by the Health Foundation as part of the Economies for Healthier Lives programme (2021-24). As GCPH are 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 is on track, based on a co-produced evaluation plan. Documentary analysis, a survey, focus group and series of interviews have generated rich data that will be analysed and reported on at the end of year-one (November 2022).

13. Through its [CIVIS Open Labs Initiative](#), the University of Glasgow, a member of the CIVIS European Universities Alliance, joins GCPH to provide a fund, launched on 23rd May 2022, to support creative, community-led, sustainability projects. Through this fund, we hope to understand and support projects that address sustainability priorities that are identified by, and of importance to, community members, groups, and organisations in Greater Glasgow. In providing these grants, we also hope to build new connections and strengthen existing relationships between community organisations, GCPH and the University of Glasgow. Ten projects were successful in securing funding of £2,000 each. Project activities are creative and adopt a wide-ranging approach to sustainability. They include (but are not limited to) community food growing, woodworking, a repair café, recycling plastics and encouraging cycling and the use of public transport. [A news article announcing the successful applicants and a summary of their project has been published on the GCPH website](#). A learning event is scheduled for the 29th September as part of the ARCADIA festival where funded organisations will have an opportunity to meet each other, as well as staff, researchers, and students from GCPH and the University of Glasgow.
14. The COVID-19 micro briefings, led by Chris Harkins, and developed in collaboration with Policy Scotland, will also feature at the ARCADIA festival in September through a series of 'Postcards from the Pandemic' that we were invited to submit. These will be displayed in a public exhibition on 28th September and digitally archived and published on the University of Glasgow website after.
15. A synthesis report bringing together past GCPH learning on climate change and public health is in preparation but delayed due to capacity. The paper will draw on past learning from the Sustainable Inclusive Places programme of work to highlight the links between these areas of work and climate change. The paper will apply a public health lens to the key climate issues for Glasgow, by exploring how the city can become carbon neutral by 2030 in a way that supports climate justice and positive mental health across all population groups. An update on progress will be shared at the next Board meeting.
16. Funding bids.
 - *CommonHealth Catalyst – Developing a Community Research Consortium to Address Health Disparities* in response to the UKRI call for bids to Build community research consortia to address health disparities. This is being led by Prof Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University with Dr Jennifer McLean, Dr David Walsh, and Miss Mohasin Ahmed of GCPH, and a multidisciplinary research team drawn from across the arts and humanities, social sciences, the public sector and third sector across Lanarkshire. This proposed research will build on learning and experience drawn from relevant major research projects on the role of community assets in addressing health disparities. *CommonHealth Fusion* will catalyse a 'community research consortium'

focused on Lanarkshire in Scotland. The team will draw on best practice in asset-based community development, working alongside health economists, mapping the terrain of the care system(s) in Lanarkshire, with a view, for such knowledge to feed into developing and testing new scalable models for care that will build on community assets; and learn from the past to shape solutions for the future. We will create a space designed to enable dialogue between community representatives, practitioners, and policymakers, with a view to improving understanding of the drivers of deprivation in our communities and building new narratives and commitments for change. Favourable and constructive reviewer feedback has been received, especially in relation to the team and Patient and Public Involvement (PPI) strand. A response to the reviewer comments is to be submitted by Monday 29th August.

- *Intervening in Evictions*. Lead by Prof Steve Rolfe, University of Stirling, this collaborative proposal involves Dr Lisa Garnham, GCPH, GCU and Sheffield Hallam University. If successful, we will undertake a realist evaluation of the interventions used by social housing providers to support tenants who may be at risk of eviction, including approaches such as income maximisation, debt advice and mediation. Some studies have shown that such interventions can help to prevent evictions, but there is surprisingly little research evidence to give us a clear picture of what works most effectively for different tenants in diverse circumstances. There is also very little evidence about the impacts of these interventions on the health and wellbeing of tenants. This study proposes to track the outcomes of tenants at risk of eviction over time, including their health and wellbeing. A cost-benefit analysis will be undertaken by GCU. GCPH are the Patient and Public Involvement (PPI) lead for this bid and will be responsible for working with housing organisations to translate findings from this research into practice. We will also be working with a number of tenants' organisations and policymakers to embed research findings in housing policy. This is a £1.2m bid being submitted to the NIHR's researcher-led call by the end of November 2022. The partnership builds on GCPH's continuing relationship with the GCU team developed through the NIHR funded CommonHealth Assets project. If funded, the research will begin in Spring 2023 and run for three years. There is a substantial dissemination and embedding phase towards the end of the project, which will fall over winter 2025/26.

Communications outputs and activities

17. This section summarises the Centre's communication-related outputs and activities since the last meeting in June in line with the agreed approach to communications monitoring and reporting.

Events and seminars

18. Our first webinar of Seminar Series 19 took place on 7th September entitled *How can charity be reimagined to contribute towards a more just society?* This was led by Cameron Parsell, Professor of Social Sciences at The University of Queensland and Andrew Clarke, Lecturer in Sociology and Social Policy at The University of New South Wales, Australia. They are co-authors of the book *Poverty in Advanced Welfare States* which this seminar

drew upon. They posed critical questions about the value and role of charity in contemporary society. They outlined how charity, in the form of voluntarily giving one's time and resources, is unambiguously seen as an individual virtue and sign of a flourishing and caring society. They argued however that the work of charities can let governments off the hook and divert attention and momentum from the structural change required to prevent poverty. In the seminar they sought to identify the limitations of charity to people living in poverty and outline how it can be a source of significant social good through facilitating systematic transformation. The presentation was followed by a lively panel response and discussion chaired by Prof Morag Treanor, Heriot-Watt University and audience Q&A. The panel consisted of Tressa Burke, Glasgow Disability Alliance; Peter Kelly, The Poverty Alliance; Debbie King, Shelter; and Anna Fowlie, SCVO.

19. An event to launch and discuss the findings report on the *Young People's Transitions research project* planned for 14th September was postponed due to the National Period of Mourning. This has been rescheduled for the 25th October. The main aim of the research was to explore the factors that support or hinder young peoples' transitions into adulthood. The learning and evidence gathered will form the basis for discussion at the event with a focus on implications and future action. Further detail of the research is provided in Paragraph 24 (paper GCPHMB 436).
20. Speakers and topics for the rest of this Seminar Series are under review and we have started to consider the twentieth Seminar Series next year. As always speaker and topic suggestions are welcome from Board members for the Seminar Series and our other events.
21. The annual *Public Health Information Network for Scotland (PHINS) seminar* will be held as a hybrid event this year at the Royal Concert Hall on 15th November. There are two main themes for the day. The first will focus on the 'Current crisis and responses' with presentations on 'Understanding the health of people with overlapping experiences of homelessness, justice involvement, problem drug use, and psychosis: lessons from administrative data'; 'Why do we need action on 'missingness' in health care?'; and 'The cost of living crisis and food insecurity'. The second will focus on 'Addressing climate change' with presentations on 'Climate Resilience - a GALLANT approach'; 'Fairly reducing car use in Scottish cities: a just transition for transport for low-income households'; and 'Addressing Climate Change – The Case of Public Food in Scotland'. Event registration will open in early October. This is our first hybrid event.

Publications

22. [*Resetting the course for population health: evidence and recommendations to address stalled mortality improvements in Scotland and the rest of the UK*](#) (David Walsh, Gerry McCartney, Lynda Fenton, Rebecca Devine) was published at the end of May and a detailed update was provided at the last Board meeting on initial reach and influence. A separate Supplementary paper updates on the continuing communication and dissemination activities.
23. [*Evaluation of Glasgow City Council Parks and Greenspace: 'Wee Green Grants' Participatory Budgeting processes 2019-2020*](#) (Chris Harkins). Published in July, this

report details the key learning points from an evaluation of PB processes led by GCC Parks and Greenspace department. The focus of this latest iteration of PB within Glasgow was on community access to, use and development of parks and greenspace and related initiatives within the City.

Forthcoming publications

24. *Getting Scotland Walking: The Case for Action (September 2022)*. This joint briefing with Living Streets, based on a rapid review of policy and evidence, describes walking trends in Scotland, the health and societal benefits of walking, the relevant policy context, issues which discourage walking and the impacts of the pandemic on walking. In a concluding section, recommendations are made about how to increase walking levels in Scotland and areas where further research, data and evidence are needed are highlighted. An accompanying infographic and short film have been developed by GCPH to aid dissemination. The briefing will be published on 22nd September to coincide with National No Car Day and the Walk 21 conference taking place in Dublin.
25. *Young People's Transitions to Adulthood (September 2022)*. This commissioned report by The Lines Between is the product of a pilot study into young people's transitions to adulthood. The study was undertaken in the context of continued contraction of services and supports for young people over time because of cuts to public spending, and the ongoing impacts of post-2008 austerity measures and welfare reforms. GCPH recognised a lack of evidence about the lived experiences of young people as they transition from childhood to an independent adult life amid this challenging economic climate. Research was commissioned to gather evidence on perceptions and experiences of transitioning to adulthood; factors that support or hinder progression to independent adult life; factors that affect young peoples' decision-making processes; and what support young people need to successfully transition to adulthood. Accompanying infographics and a short film have been developed by GCPH to aid dissemination. An overview of the key emerging themes, learning and recommendations from the research will be presented at this Board meeting (paper GCPHMB 436).
26. *Statistical analysis of educational outcomes among Big Noise Raploch participant (late Sept/Oct)*. Written by Chris Harkins, this is the first output from phase 2 of our evaluation of Sistema Scotland's Big Noise Programme. This phase uses quantitative analysis of life-course outcomes to assess the long-term impact of the Big Noise programme. This report details the first analysis from Phase 2, focussing on the educational outcomes of Big Noise participants of school leaving age. The educational outcomes observed were post-school destination and 'cumulative insight tariff scores' (a numeric score which corresponds to the level of examination results obtained at school).
27. *Mental Health and Wellbeing in Primary Care Hubs* – three outputs from this work have been developed and publication options are currently being considered. This includes a commissioned literature review on pathways between primary care and specialist mental health services; and a two-part needs assessment – a *qualitative literature summary* of grey literature focused on mental wellbeing services for a range of population groups and

a *quantitative data report* examining 18 sets of population and service-use data covering demographics, known mental health stressors, and expressed mental health needs.

28. Other forthcoming publications detailed earlier in this paper include the report on the evaluation of a GCC and RSLs project to prevent homelessness (see Paragraph 11), the Economies for Healthier Lives project year-one report (see Paragraph 12); and the Child Healthy Weight year-one report for Scottish Government and NHS GGC.

Consultation responses

29. We have submitted or are developing responses to the following consultations/calls for evidence.
- Scottish Government consultation on Mandatory Calorie Labelling in the Out of Home Sector in Scotland (July 2022)
 - Scottish Government consultation on Equality Evidence Strategy 2023-2025 (September 2022).
 - [Glasgow City Council consultation on the Glasgow City Centre Transformation Plan](#) (September 2022).
 - Response to Scottish Health Survey Content Review (end of September 2022 submission)

Journal articles

30. Walsh D, Dundas R, McCartney G, Gibson M, Seaman, R. Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? *Journal of Epidemiology & Community Health* 2022 (in press). Embargoed until early October, this paper quantifies the scale of excess deaths observed in Scotland, England and Wales since 2012. It estimates that in comparison to what was predicted (based on previous trends), approximately 335,000 additional deaths occurred between 2012 and 2019. It also reports some evidence that among more deprived communities, female mortality rates may have worsened to a greater degree. Media coverage of this research, linked to the previous coverage of the changing life expectancy report and animation, will be sought.

Digital

31. We recently produced and recorded a podcast on the Understanding Glasgow website for SubCity Radio for Fresher's Week. This is in the style of an interview by Hannah Black, our new Digital Communications Officer, with Bruce Whyte and Katharine Timpson. It will be broadcast on 17th September. We will also use the recording on the Understanding Glasgow website in due course.
32. The circulation of our September e-update has been put on pause until the national period of mourning has passed. It will be issued later in September.

33. *Challenge Poverty Week 2022* will take place from 3rd to 9th October. We will support this over the course of the week sharing current and past work to highlight the extent and challenge of poverty in the city and recommendations to address it.
34. The significant procurement delays in tendering for a new Content Management System (CMS) for the GCPH and Understanding Glasgow websites continue. The invitation to tender for the GCPH migration is complete and we hope will be progressed by procurement in the near future. As we are now halfway through this financial year, the migration of the Understanding Glasgow website (which will follow the main GCPH migration project) is unlikely to be commissioned until the next financial year. However, we are undertaking a content review of both websites in terms of navigation, functionality, visuals, accessibility, and overall content ahead of work commencing and will action any limited improvements that are possible within the current CMSs.
35. A new blog by Mohasin Ahmed was published this month on [Common Health Assets: The Lived Experience Panel - initial reflections and tips for PPIE in research](#).

GCPH
September 2022

APPENDIX

The contributions of past work on the roll out of the Welfare Advice and Health Partnership Programme

Recommendations

Board members are asked to:

- Note and discuss how past GCPH work and shared outputs have contributed to the continuing roll out of the Scottish Government funded Welfare Advice and Health Partnerships (WAHP) announced in March 2021
 - Identify any opportunities to consider how the learning described in this paper can support others' ongoing efforts to respond to the cost of living crisis.
1. Public health researchers can face a set of important challenges when defining the policy impact of research.ⁱ They include the risks of adopting a narrow focus on easily measured research impacts that overlook those which are harder to measure, and avoiding the complex, nonlinear and unpredictable nature of impacts. Different definitions of research impacts can lead to concepts that are subject to interpretation and tactical use. A helpful wider definition of the direct and indirect contributions of research processes or outputs that inform or lead to new policy and practices, or revisions of existing ones, at various levels (e.g., national, local, organisational) is put forward below.
 2. Recognising the challenges, this paper will use a knowledge exchange model to explore the impacts of past GCPH research activities and shared outputs. The model framework comprises:
 - 1) early involvement with partners to establish a research agenda
 - 2) building collaborative opportunities to share knowledge and learning
 - 3) ensuring evidence is fit for purpose by localising and tailoring it to take account of contextual pressures in policy and practice, and
 - 4) encouraging uptake and implementation of evidence through long-term relationships to co-create evidence, build capacity, and change practice and policy.ⁱⁱ
 3. Understanding the wider impacts of programme work requires moving from an exclusive focus on individual research projects to recognise a coherent range of activities that are essential to create or enhance the conditions that support knowledge exchange, as well as creating knowledge per se. Therefore, the main body of this paper will describe past GCPH research activities and shared outputs that contributed to the roll out of the Scottish Government funded Welfare Advice and Health Partnerships (WAHP) announced in March 2021. The initial roll out will involve 150 GP Practices across Scotland and allow staff to refer patients directly to an in-house welfare rights officer for advice on income, debts, social security housing and employment issues.

Welfare Advice and Health Partnership programme: identifying impacts

4. **Creating early partnerships to establish an agenda:** Between 2012 and 2013, the GPs at the Deep End project published two welfare-related reports. The first report looked at the impact of austerity on patients and general practices.ⁱⁱⁱ The second report focussed on the GP experience of welfare reforms^{iv}. At the same time, the GCPH had recently

completed two evaluation reports on Healthier, Wealthier Children (HWC), a child poverty project that included midwives, health visitors and welfare advice staff working together to support pregnant women and families with young children. Both the Deep End and GCPH areas of work served as a catalyst for a meeting held at the GCPH in late 2012 attended by Deep End GP representatives, the NHS GGC Director of Public Health and GCPH staff, including those involved in the HWC project. The initial meeting was the foundation for two collaborative events held in 2014 and 2015. The overarching aim was to explore how joint working with general practice in Glasgow could be improved to help those seeking welfare advice and support.

5. ***Building opportunities to share knowledge and learning:*** Over 50 colleagues from general practice, housing/homeless, addiction, citizens' advice, the Alliance, Glasgow City Council, NHS GGC, the GCPH and the University of Glasgow attended the first event in 2014. A follow up event was held in 2015 to review the progress achieved in joint working between general practice, the Glasgow City Financial Inclusion Partnership, NHS GGC, the Wheatley Housing Group, Third Sector partners and the GCPH. The knowledge and learning that emerged from the events was described in two Deep End reports.^{v.vi} This joint work led to local health and housing partners funding a welfare advisor to work in two Deep End GP practices in northeast Glasgow. A subsequent GCPH evaluation report in 2017 identified a set of positive outcomes to emerge from this new partnership. They included valuable welfare benefit and debt management outcomes for a largely 'hidden' group of patients reporting no past contact with local welfare advice services.^{vii}
6. ***Localising evidence to take account of contextual pressures:*** This new GP partnership work touched on important policy and delivery pressures. Across NHS GGC, tackling child poverty via the HWC project remained important policy and delivery priorities. Furthermore, in contrast to the HWC approach, during the 2015 collaborative event an invited speaker described the Lothian model: over the past 14 years welfare advice staff were embedded in 22 GP practices across Lothian, funded by the NHS and local authority. However, 80 of the 100 Deep End general practices serving the most deprived populations in Scotland were located in Glasgow, and apart from the two north east GP practices, the Lothian approach had never been fully tested in Glasgow.

The GP model was extended across nine Deep End practices in northeast Glasgow when other funding, included support from Clyde Gateway, was secured. This led to another GCPH evaluation report in 2019 which also identified impressive welfare outcomes among low-income households with no past contact with advice services.^{viii} This second report emerged at an important juncture: when discussing the implications of the GP model in Glasgow, it was important to convey sensitivity towards partners' worldviews and the contexts that had shaped the different approaches in Glasgow and Lothian. This included avoiding a binary discussion of the established HWC model and the developing GP model. Instead, exploring how a life course approach (early years, adult, older people) which integrated all referral pathways could lead to all healthcare professionals tackling Glasgow's poverty levels and persistent health inequalities.

The GCPH 2019 report supported a decision to provide further funding to 16 GP practices across Glasgow, including the nine that took part in the study. The Local Medical Committee supported the development with recognition that any longer-term funding for advice services would need to be aligned with the city's Primary Care Improvement Plan.

7. ***Long-term relationships to co-create evidence, build capacity, and change practice and policy:*** The important learning gained throughout the HWC project reinforced the value of developing and maintaining relationships at various levels as this new GP work progressed. To ensure lasting impact beyond dissemination of the latest research report,

ongoing attendance at relevant planning groups (local, regional, national) was important,¹ alongside the GCPH having to adopt a brokering role. A changing role that could at times involve acting as a knowledge manager, linking agent, critical friend, and relationship broker.

Important alliances were created with Deep End and HWC colleagues and the public health colleague who spoke in 2015 about the GP delivery approach in Lothian. These alliances, and others not described here, contributed to building the capacity of the model emerging in Glasgow, influencing practice and policy, and ensuring uptake of the evidence beyond dissemination events.

National roll out of the Welfare Advice and Health Partnership Programme

8. In November 2021, an NHS GGC Primary Care Board strategic paper outlined the two-year £3.17 million Scottish Government funding to deliver the Welfare Advice Health Partnerships (WAHPs) Programme across 150 GP Practices serving deprived communities across Scotland. The strategic paper noted that the Poverty and Inequality Commission, the Royal College of General Practitioners, the British Medical Association and Deep End GPs support the approach. A total of 105 practices across NHSGGC were invited to participate in WAHP with another 45 across Scotland (see Table 1).

Table 1: Invited GP practices to participate in WAHP

NHS GGC: HSCP areas	Eligible Practices	WAHP	WAHP Funding over 2 years
Glasgow (Inc. 2 East Renfrewshire)	89		£1,557,500
Inverclyde	9		£157,500
Renfrewshire	4		£70,000
West Dunbartonshire	3		£52,500
Total	105		£1,837,500
Other NHS board/HSCP areas	Eligible Practices	WAHP	WAHP Funding over 2 years
Dundee	10		£175,000
North Ayrshire	8		£140,000
East Ayrshire	8		£140,000
Edinburgh	7		£122,500
North Lanarkshire	6		£105,000
Fife	3		£52,500
South Lanarkshire	3		£52,500
Total	45		£787,500

¹ Past and present group memberships include: the Scottish Government Welfare Reform Health Impact Delivery Group; the NHS GGC Financial Inequality Steering Group; and, the Deep End GP Advice Work Advisory Group (North East Glasgow).

9. More recently, in July 2022 a Scottish Government news release announced further investment of up to £300,000 to build on this work.^{ix} From autumn 2022 onwards, the WAHP model will be rolled out to include GP practices in 20 rural and 10 island communities. Speaking on a recent media visit to one of the northeast Glasgow GP practices involved in the initial partnership work in 2015, the First Minister Nicola Sturgeon said:

“The cost-of-living crisis is on everyone’s mind right now and we know the impact that can have on people’s mental and physical health, particularly those who are struggling the most to make ends meet. Dedicated money and welfare advice in the same location where people are already receiving mental and physical health support is about providing people with more convenient access to the help they need, whilst also reaching those who do not engage with traditional advice services....”

Conclusion

10. The Scottish Government news release announcements in March 2021 and July 2022 to fund the WAHPs programme cited evidence from the GCPH 2019 report of the nine GP practices in Glasgow.
11. As noted in the introduction of this paper, the public health research journey towards impacting on public policy is often long, unpredictable and at times can feel complicated and bewildering. Yet despite these challenges, it is crucial to capture how the longstanding efforts of all partners, including the GCPH, can have lasting impacts that reach beyond immediate dissemination.
12. At a time when policy makers are faced with pressures to address the cost of living crisis through short-term actions, the GCPH position of adopting a longer-term approach and wider roles to support the creation of knowledge exchange networks and actions, such as those that contributed to the roll out of the Welfare Advice and Health Partnership Programme, will remain important responses to address poverty and inequalities within the current crisis.

**James Egan, GCPH
September 2022**

Reference notes

ⁱ Alla et al. (2107) How do we define the policy impact of public health research? A systematic review, *Health Research Policy and Systems*, 15:84 DOI 10.1186/s12961-017-0247-z

ⁱⁱ van der Graaf, P., Cheetham, M., Lake, A., Welford, M., Rushmer, R., Shucksmith, J. and Rhodes, A. (2020) Mobilising knowledge in public health: reflections on ten years of collaborative working in Fuse, the Centre for Translational Research in Public Health, *Evidence & Policy*, vol 16, no 4, 673–685, DOI: 10.1332/204080519X15619879036817

ⁱⁱⁱ GPs at the Deep End Report 16 GPs at the Deep End Austerity Report (Mar 2012)

^{iv} GPs at the Deep End Report 21 GP experience of welfare reform in very deprived areas (Oct 2013)

^v GPs at the Deep End Report 25 Strengthening primary care partnership responses to the welfare reforms (Nov 2014)

^{vi} GPs at the Deep End Report 27 Improving partnership working between general practices and financial advice services in Glasgow: one year on (Dec 2015)

^{vii} Sinclair, J. (2017) *The Deep End Advice Worker Project: embedding an advice worker in general practice settings*, Glasgow Centre for Population Health.

^{viii} Egan, J. & Robison, O. (2019) *Integrating money advice workers into primary care settings: an evaluation*, Glasgow Centre for Population Health

^{ix} <https://www.gov.scot/news/money-and-welfare-advice-from-gp-practices/>



**Glasgow Centre for Population Health
Management Board Meeting
22 September 2022**

Budget position: 1st April 2022 to 31st August 2022

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2022 to August 2022 detailing expenditure of £584,501 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 this report.

Commentary on Table 1

1. The staffing budget accounts for the largest portion of the overall budget with an expected full year spend totalling just short of £1.2m. Following a budget plan which accounted for known vacancies, recruitment plans and arrangements for interim cover for the Director of GCPH post, the financial results at August 2022 are tracking very closely to the budget set.

A further vacancy has recently arisen in respect of the Office Manager post. Acting arrangements from the existing Admin team have now been put in place to provide continuity and cover for this post until permanent recruitment to the post is undertaken. A review of the administration function in GCPH is being undertaken, with feedback shared with the Management Board at the next quarterly meeting. All arrangements put in place are within the current financial envelope.

2. The majority of the external income expected to flow into GCPH in 2022/23 has been received including funding from Glasgow City Council for the Inclusive Growth post and a portion of the phased funding in respect of NIHR Common Health Assets via Glasgow Caledonian University. It is expected that the remaining items of smaller value will be received in the incoming months.
3. Project spend is underway and it is expected that Programme Managers will commit the majority of their allocation as the year progresses.

4. A provision of £15,000 for learning and development has been allocated during 2022/23, to enable staff to attendance a conferences and other learning and development opportunities. Objective setting and PDP conversations have now been held with all members of the staff team, with a focus on personal and professional learning and development. Activity is underway across the team with minimal funding required to date due to a wealth of resources and opportunities available online, especially by our partner organisations, at minimal or no cost. However, as in person learning activities are increasing, the assumption is that staff may yet take up opportunities for conference attendance and course attendance therefore a breakeven forecast is assumed at this point in time. In house media training for team members delivered by an external agency is also being planned.
5. The spend to date under the communications line largely relates to fees and subscriptions in respect of software used and hosting arrangements for the websites. There are some costs related to the delivery and technical support of GCPH seminar events. The financial provision to facilitate the upgrade and migration of both the GCPH and Understanding Glasgow websites has not yet been allocated. Significant challenges are being faced in trying to progress the migration and upgrade of the GCPH website with NHS GGC IT Procurement. Due to this position, the migration and upgrade of the Understanding Glasgow website is now unlikely to be commissioned until the next financial year.
6. Accommodation costs and running costs of the centre are expected to break even. Additional budget has been aligned in respect of the increased energy costs expected.

Fiona Buchanan
September 2022

Table 1. GCPH budget position: 1st April 2022 to 31st August 2022

Financial Plan 2022.23					
		<i>Planned 2022/23</i>	<i>Actual to August</i>	<i>Forecast Out- turn</i>	<i>Forecast Variation from Budget</i>
	<i>Income</i>	<i>£</i>	<i>£</i>	<i>£</i>	<i>£</i>
I 1	Annual SG Allocation	1,250,000	1,250,000	1,250,000	-
I 3	Other Income	135,349	91,717	135,349	-
	Total Income 22/23	1,385,349	1,341,717	1,385,349	-
I 4	Carry Forward from previous years	309,618	309,618	309,618	-
	Total Available 22/23	1,694,967	1,651,335	1,694,967	-
	Expenditure				
	Research:				
E 1	Action on Inequality	25,000	8,230	25,000	-
E 2	Understanding Health Inequalities	30,000	5,500	30,000	-
E 3	Sustainable Inclusive Places	60,000	12,865	60,000	-
E 4	Innovative Approaches to Improving Outcomes	6,000	170	6,000	-
E 5	New Project Developments - Mental Health	50,000	16,667	50,000	-
E 6	Training & Development	15,000	42	15,000	-
E 7	Allocation to Networks	5,000		5,000	-
	Total Research	191,000	43,474	191,000	-
	Communications:				
E 8	Communications (including website project costs)	110,000	13,550	110,000	-
	Total	110,000	13,550	110,000	-
	Management and Administration				
E 9	Centre Management, Admin & Running Costs	25,000	11,818	25,000	-
E 10	Accommodation Costs	130,000	44,308	130,000	-
E 11	Core Staffing	1,153,125	471,351	1,153,125	-
	Total Management & Admin	1,308,125	527,477	1,308,125	-
	Total Expenditure	1,609,125	584,501	1,609,125	-
	Balance	85,842			



**Glasgow Centre for Population Health
Management Board Meeting
22 September 2022**

Young People's Transitions project

Recommendations

Board members are asked to:

- Consider the findings from the Young People's Transition project and offer advice and suggestion to organisations and groups where learning should be directed to inform future policy and action.
- Advise how the recommendations from the research can be taken forward.
- Offer support to this work in the future.

Introduction and background

1. The Young People's Transitions project was developed as part of the 'Action on Inequalities across the Life course' work programme at GCPH. This programme focusses on poverty and wider inequalities related to the early years, working age groups and older adults. However, it was recognised that one of the life-stage gaps across this programme of work was that of young people making the transition from school to adulthood.
2. The project grew from concerns about the cumulative effects of economic recession and public spending cuts on young people, particularly in the aftermath of the 2008 financial crisis and the subsequent austerity measures and welfare reforms. These socioeconomic changes were thought to have had a disproportionate impact on young people. At the time of developing this work, in late 2019, there appeared to be a dearth of evidence on the lived experiences of young people across the social gradient as they transition to an independent adult life. Initial scoping work was carried out with Health Improvement Leads for young people in each locality in Glasgow, discussions with managers of Money Advice Services and a meeting with the manager and a group of young people from a youth project in Glasgow, as well as a review of available literature on the experiences of young people at this life-stage.
3. Some of the broad themes that emerged from these conversations and early scoping included low pay and insecure work; unemployment; limited opportunities; juggling competing responsibilities; lack of connectedness of services; contraction of youth services, and the erosion of young people's ability to be a 'normal teenager' and enjoy a social life.
4. In response to this preparatory work, the Young People's Transitions pilot study was carried out to explore the lived experiences of young people across the social gradient as they transition to an independent adult life. A research group, The Lines Between,

was commissioned to carry out exploratory research with young people between the ages of 16 and 20 years across Glasgow neighbourhoods.

Aims of the research

5. The main aim of the research was to increase understanding of the factors that support or hinder young peoples' transitions into adulthood, with a view to using the learning and evidence gathered to form the basis for discussions, at different youth forums and planning structures, on implications and future action. The research was developed in 2019 and commissioned in early 2020. Subsequently, the COVID-19 pandemic presented additional challenges for young people which are also captured in the report and discussed below.
6. Young people were recruited to participate in the research through engagement with various partners across the city. These included representatives on the Project Advisory Group from Glasgow City Council, a further education college, youth support groups in the city and broader professional networks, such as Glasgow Youth Council.
7. Interviews and focus groups were carried out with 31 young people living in the Glasgow area. While the intention was to understand how transitions are experienced across the socio-economic spectrum, COVID-19 impacted recruitment of young people, especially those not supported by dedicated youth services. Most participants (68%) came from SIMD quintile 1 (most deprived), 6% coming from quintile 3, 16% from quintile 4 and 10% from quintile 5 (least deprived).
8. 61% of participants were female. 23% of participants were in the 18 to 20 years category, 26% were 16 years old and the majority, 52%, were 17 years of age.
9. The full research report, and the overview below, presents the findings of the pilot study in relation to:
 - Perceptions and experiences of transitioning to adulthood
 - Challenges and barriers to transitioning
 - Existing supports and influences
 - Supports required
 - Impact of COVID on young people and transitions.

Summary of key research findings

10. Although the experiences, views, and challenges that young people shared in this research varied significantly, some important common themes emerged.

Perceptions and experiences of transitions to adulthood.

11. Discussions with young people about their perceptions of adulthood centred on the journey into adulthood, which they associated with greater freedoms, responsibilities, expectations, and consequences. Young people suggested that transitions to adulthood occurred from 16 years to mid-20s, but views on the timing of these transitions were not clear-cut, with views differing by individual.
12. Increased freedoms and an ability to make your own decisions were regarded to be associated with adulthood. However, a few young people expressed frustrations at the

limits to these freedoms, feeling that they face restrictions in important decisions that will shape their future.

“Like where you want to live and that, like where you go. Even though we get they responsibilities, when you’re an adult you have full freedom.” (Female, 17, SIMD 1)

13. A common theme in conversations about adulthood was that it brings an increase in responsibilities, expectations, and consequences. In these conversations, issues like money, employment, having dependants, looking after yourself and acting more maturely were described. There was a strong sense that some participants interpreted adulthood as being a sole individual with absolute responsibility.

Factors that support or hinder progression.

14. Discussions about challenges and barriers in the transition to adulthood spanned mental health and wellbeing, pressures and expectations, community concerns, and poverty. Young people commonly raised mental health concerns. They spoke about experiencing or knowing others living with social and general anxiety, panic attacks; depression; anger; paranoia; low self-confidence; and body image insecurities. A small number highlighted relationship issues which had affected their own or others’ wellbeing and described these as barriers to transitioning to adulthood. Young people spoke of their struggles with socialising, carer responsibilities and complex family dynamics.

“I mean, thinking about challenges, probably the most like universal one is... this whole thing with mental health... of all the people that I talk to, even on nights out, or people you talk to in the union or something. Like, that’s like the one constant thing, which comes up all the time. To be honest, I think it is incredibly difficult to deal with at a young age for sure.” (Male, 18, SIMD 5)

“When I was younger, I had many responsibilities very early in my life... And so that took a toll on a couple different things, especially my mental health... I had to mature in different senses early on, because my mum had to go to work. And I had to sit with my little siblings, which, honestly, you could call that being an adult, because I had to make them food, I had to change them, I had to do all that kind of stuff... Oh my goodness, I swear, when I was younger, my brain was like in different places, like, constantly sad. Depression was a hard one as well. I feel like most people go through it and not a lot of people get the help that they need... being the kind of introverted person that I was, I wasn’t talking about my problems and they were all just sitting inside which takes a toll on you, of course.” (Male, 20, SIMD 1)

15. Participants described the supportive and influential figures in their lives who provided encouragement, advice, and example to help them with their decision-making. Important role models include family members, friends, staff in education settings, youth workers, child protection officers, community police officers, university lecturers, third sector organisations, and counselling services. However, positive experiences were not universal across participants. Fears for the future were also talked about by a small number of participants. They described a growing sense of social responsibility as they transitioned to adulthood, which brought increased worry. Issues such as the climate emergency, COVID-19, increasing violence in society, and specifically against women, were highlighted.

Existing supports and influences

16. In discussions about the progression from school, research participants had low awareness of government or local authority-led schemes for young people, for example,

schemes aimed at helping young people gain skills for the workplace or further education.

17. Some young people agreed that support with transitioning to adulthood at school is overwhelmingly focussed on getting a place at university and asked for more support for those who do not want to follow this path. It was felt that there should be more support for pupils who did not want to go to university, including access to career services after leaving school, and help with confidence building.
18. Participants shared their views on additional support needed to help transition to adulthood. Mental health support was referenced in almost all interviews and focus groups, including one-to-one support and peer-to-peer initiatives as well as reduced waiting times for access to counselling and mental health services. Other suggestions included sexual health interventions at school, financial support, and learning life skills through the school curriculum.

Impact of COVID on young people and transitions

19. Young people described the impact of the COVID-19 pandemic on their transitions to adulthood. These included restricted life experiences and reduced opportunities for social connections, such as an inability to make new friends as they entered new environments, like university. They discussed how the pandemic affected their learning opportunities, university readiness, and future employment prospects.
20. Some felt their general wellbeing had been impacted by the restrictions they experienced during the pandemic. This included barriers to accessing support, difficulties in engaging with resources usually used as coping methods such as football and other leisure activities, and lack of pathways to help with decisions about their next steps and future choices.

“Yeah, I missed that a lot with the restrictions, like the whole social side of football and the gym, we used to go to that and quite good for like relieving stress or whatever.” (Male, 18, SIMD 5)

21. A number of young people spoke about reduced learning opportunities. The shift to online learning, the lack of work experience and exam practice were repeatedly mentioned. They identified a range of negative impacts including reduced motivation, increased academic pressure and confusion about next steps.

“We didn't get work experience in school. When they send you away for a week somewhere, what you're interested in just to give you a clue, you're in that environment working with people. But because of COVID, we missed out this year. And I think that's left a lot of people still confused.” (Male, 17, SIMD 1)

22. In contrast, a few felt the pandemic had not changed their lives or had a positive impact, for example, for those who had already disengaged from school or for some who found school to be a difficult environment for them.

Recommendations

23. A number of recommendations were made from the research around four overarching themes: health and wellbeing; finance; community services; and education. While the report recognises that GCPH is not a service provider, it acknowledges that GCPH has a role in advocating for change, sharing the research to influence policy, working with partners to develop or enhance recommended supports, and identifying areas for further

research to generate a more nuanced understanding of the issues of relevance to young people raised by this pilot research.

Health and wellbeing

1. Monitor whether young people's responses to pandemic restrictions have lasting health implications.
2. Improve access to young people's mental health services.
3. Involve young people in the design of mental health support services.
4. Build a culture of support and understanding of mental health in schools, higher education settings, and community levels.
5. Champion the importance of accessible community facilities in supporting mental health.

Economic opportunities and resources

6. Consider economic support for young people from disadvantaged areas to increase their further education choices.
7. Funding for other unmet support needs.
8. Support to help young people access existing resources.
9. Monitor whether young people's experiences in the pandemic have lasting employability implications and take steps to redress this.

Community services

10. Increased provision of measures to improve community safety.

Education

11. Support schools to adopt inclusive approaches to teaching.
12. Education to help young people prepare for life after high school.
13. Enhanced support for those who do not access higher education.
14. More targeted awareness-raising in schools and youth settings of existing Scottish Government and Local Authority support.
15. Consider ways to address employability barriers caused by a lack of access to work experience opportunities during COVID-19.
16. Universities should ensure that support for mental health, life skills and learning is available and accessible for students.

Dissemination

24. The findings from this pilot study will be disseminated across GCPH networks at a dissemination event on the 25th October 2022. Invitees to this event include a range of statutory and third sector organisations which provide services and support young people and have an interest in responding to the issues facing young people in 2022. It is hoped the event will promote further discussion on the potential implications of these findings to identify next steps for this work and help influence future policy direction and action.

**Lynn Naven, GCPH
September 2022**



**Glasgow Centre for Population Health
Management Board
22 September 2022**

Glasgow City Food Plan – one year update and review

Recommendations

Board members are asked to:

- Consider the early findings of the annual review and offer suggestions about additional information that would be useful to partners.
- Consider the implications of these findings for the future evolution of the Food Plan and suggest further connections which could be made.
- Offer support to this work in the future.

Background: What is the Glasgow City Food Plan?

1. The Glasgow City Food Plan (GCFP) was launched in June 2021 after a period of collaborative development with a wide range of stakeholders. It is a 10-year plan which recognises that across sectors and policy domains we have the shared ambition of a better food system that supports improved health, reduced food insecurity, increased biodiversity, reduced carbon emissions, and a more resilient and flourishing local economy, and that we will make faster progress towards this by working together. It seeks to improve collaboration, coordination, and coherence in our collective work to improve Glasgow's food system, to support and build on the wide range of impressive food related projects already operating across the city and to increase the pace and scale of progress. A link to the GCFP is available [here](#).

How is the Glasgow City Food Plan being delivered?

2. The Glasgow Food Policy Partnership (GFPP) is an informal, multisectoral partnership group which was established in 2014. Currently chaired by the Glasgow Centre for Population Health (GCPH), the GFPP has led the development of the GCFP and, following a review of membership and its Terms of Reference, now oversees the plan's delivery. It has 24 partners (the full list of partner organisations can be seen [here](#)). It is part of a more formal governance structure through which annual progress is reported to the Public Health Oversight Board in Glasgow.
3. A small multiagency project team coordinates the delivery of the GCFP, supported by a part-time coordinator, part funded through the Sustainable Food Places Network, hosted by GCPH and employed by the Glasgow Community Food Network.

4. There are six multiagency themed working groups which oversee delivery of actions in each of the 6 themes:
 - Fair Food for All
 - Community Food
 - Food Economy
 - Catering and Procurement
 - Food and the Environment
 - Children and Young People

Each group is chaired/coordinated by a different GFPP partner. Delivery partners for each of the GCFP's actions sit on these working groups, providing opportunities for monitoring implementation and progress, sharing learning and good practice, collaborative working and increased synergy.

5. There are two further cross-GCFP working groups: Communications which supports coherent and clear messaging in relation to the GCFP and advises the part-time GCFP Campaigns Officer, and Urban Agriculture which works to identify opportunities to increase access to land for growing, access to markets for trading, and better training in agroecological skills.
6. The GFPP has also received funding from the Glasgow City HSCP to set up a city-wide Education working group consisting of members from each themed working group to enable the range of education focused actions for schools, colleges, and communities to progress collectively and in a coordinated way.

How is GCFP progress being reported?

7. An annual review of progress will be undertaken by the project team each year, with the first review underway and due to report in September 2022. Specifically, this annual review includes:
 - A brief description of the food plan and governance structure
 - An overview of contextual changes
 - A summary of progress on the food plan actions
 - A narrative derived from stakeholder/working group member responses to a survey
 - A summary of the resources associated with the Food Plan
 - Conclusions about learning and future priorities.
8. The Glasgow City Food Plan is a 10-year plan which will evolve over time. The annual review findings will enable the food plan project team, the Glasgow Food Policy Partnership members and food plan delivery partners to reflect on what is working well and what needs to be revised, and together agree the necessary action.
9. The recent Good Food Nation (Scotland) Act 2022 requires local authorities and other public bodies to develop Food Plans. Glasgow already leading the way with its city food plan and the annual review findings will inform the development of implementation plans for the Act nationally and in other local authority areas. The Glasgow City Food Plan project team are regularly asked to discuss their work with partnerships across Scotland and Europe.

Emerging points from the annual review

10. *Context changes:* There have been many important developments in 2021/22 that need to be considered when reviewing the progress of the Food Plan. Internationally, the conflict in Ukraine is having a devastating impact on international food supplies and energy costs causing food shortages and price increases which are forecast to continue for the foreseeable future. Within the UK the continuing impact of Brexit and the Covid pandemic on staffing has been extremely challenging for food producers and hospitality organisations. The rising costs of food and energy adds further difficulties which may force some out of business. For individuals, the dramatic cost of living increases are driving rising levels of food insecurity and growing concern about how many people will cope through winter.
11. *Progress on actions:* There were 76 actions set out in the first iteration of the Glasgow City Food Plan, launched in June 2021: 55 short-term and 21 medium-term actions. Short term actions were expected to be achieved within approximately 2 years of the launch of the Food Plan; medium term actions within approximately 5 years. Therefore, progress would have been expected on short-term actions by this year one review.

In June and July 2022, the GCFP project team worked with each of the themed working groups to assess progress on each of the actions. As a result, 10 of the short-term actions were rated green (i.e. progressing as planned), 27 rated amber (i.e. some progress being made) and 18 rated red (i.e. no progress to date). Four of the red rated 18 short-term actions have stalled due to externalities (e.g. pausing of the national Healthy Living Award, national delays in the publication of the Setting the Table guidance); 1 is no longer considered appropriate due to changing context; and 3 should be reclassified as medium-term actions due to the development work required (e.g. improving employment rights for community food staff and developing training programmes for community food careers). The remaining 10 red-rated actions which have not progressed in the first year, in general is due to resource constraints or lack of a delivery partner. These will each be reviewed by GCFP project team with the relevant working group to agree a way forward.

12. *Feedback from stakeholders:* A short survey of stakeholders and working group members was undertaken in July and August 2022. A link to the online survey was sent to members of each of the six themed working groups and the two cross-plan groups (Urban Agriculture and Communications groups). In total, 93 individuals were invited to respond. There have been 19 responses to date giving a response rate of 20%. Despite the low response rate, the feedback received offers helpful insights and reflections.

Three quarters of respondents felt that more progress had been made towards a sustainable food system than would have occurred without the food plan, specifically citing increased understanding and agreement on what needs to happen amongst partners; the remaining quarter were unsure if the food plan could be credited with this change. Respondents felt that the main successes to date were achieving the Food for Life Bronze award in Glasgow schools, and the greater recognition of the interconnection of the different strands of work to improve the food system. One respondent stated:

“It has created a sense of purpose and ambition and more people are aware of the central importance of food as a focus for a wider range of issues that are linked to improving the quality of life for citizens. There is more inter-agency co-operation and a stronger network of people working in a more complementary fashion.”

The main challenges cited were the external factors such as supply issues and the cost of living crisis although some people noted the differing levels of commitment and lack of capacity of delivery partners to contribute. Other factors also included Brexit, Covid and the Ukraine conflict. The need for better engagement and involvement of the public was noted by some respondents.

“For the first time there is a plan which allows food work to be co-ordinated, good practice shared and a have genuine direction. It has also allowed the HSCP Health Improvement Teams to have equity of service across the 3 Localities, with HI work co-ordinated through both funding support and structures that allow HI Teams to target work”.

When asked if priorities should change in the future, suggestions included the need to increase the focus on the food insecurity/financial inclusion including food availability, affordability and access to food and cash first approaches, the need for increased food production in the city, and development of local markets. There were also calls the establishment of local markets, and better involvement and feedback from the public.

General comments on the Food Plan include:

“It’s amazing to see all these organisations working together and can only imagine goals will become more ambitious with time.”

“It is a valiant start and makes many valid and important points. However it is not seen as central to many decisions particularly in planning and land use that are needed. Perhaps the senior administrators have not recognised how this affects the urgent economic, climate and survival needs we are facing. Few local self-organising actions are happening at community level and the food plan could be a catalyst for these.”

“I have really enjoyed being part of it and feel that after over 25 years in food work that things are finally becoming co-ordinated and progressing as a city.”

13. **Resources:** One of the challenges in coordinating the implementation of the food plan has been the limited and short-term nature of the resources available to fund its management and administration. The GFPP coordinator is an annually funded part-time post, employed by Glasgow Community Food Network and hosted by GCPH. In 21/22, the post was funded with a £10,000 grant from Sustainable Food Places, matched by £10,000 from GCC and £12,500 from GCPH. A one-year part time, Good Food Glasgow Campaign Coordinator, to help develop communications and community engagement for the food plan, was appointed in April 2022 with a £5,000 campaign grant from Sustainable Food Places supplemented with £10,000 from GCHSCP. GCFP project team members from GCPH, GCC, GCHSCP, GCFN and Sustainable Glasgow contribute their time as part of their substantive posts, working closely with the GFPP Coordinator.

The established partnership approach and cross-sectoral commitment to the food plan has attracted funders to invest in innovative food projects in the city. In addition to the

grants which help fund the GFPP Coordinator described above, Glasgow partners have won awards for collaborative projects that support delivery of the Food Plan. The success of these funding applications was, at least in part, because of the established partnership approach in Glasgow developed through the Food Plan. These include:

- £629 582 in 2020 for a 2-year place-based development project 'A Low Carbon Sustainable Food City for All' led by GCFN.
- £269 344 in 2021 for a Child Healthy Weight project (Thrive Under Five) led by NHS Greater Glasgow and Clyde and Glasgow City HSCP.

Both these projects are in the process of applying for to funders to extend their projects beyond 2 years.

14. *Learning:* In the spirit of the collaborative nature of the food plan, the findings from this review will be discussed by core partners who will together identify the conclusions, recommendations and learning points which will be added to the finalised annual report before publication.

Next steps

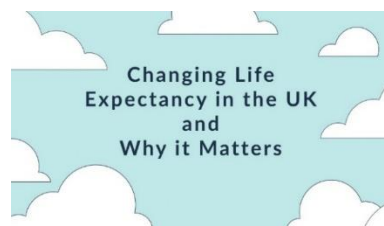
15. Good progress has been made in the first year, despite significant contextual challenges. All themed working groups have overseen the progress of most of the short-term actions. The annual review provides an opportunity to reflect on those actions that have not progressed as planned, and on the approach and plans laid out in the original document to ensure that it remains fit for purpose, responds to emerging issues and provides the greatest chance of maximising positive change to the food system. This will take place over the coming months.
16. There is a need to further build support and commitment to the Food Plan from partners across the city in order that the required pace and scale of change is achieved. Improving understanding of the mutual benefits and synergies that can be achieved by working together towards a better food system will help with this. Findings from the annual review will be shared widely.
17. A specialist team of academics is developing a proposal for a formal evaluation of the Glasgow City Food Plan. This will be for a mixed method, multicomponent study to distil learning about the implementation of the Plan.

**Jill Muirie, GCPH
September 2022**



**Glasgow Centre for Population Health
Management Board
22 September 2022**

**Supplementary paper
Changing life expectancy: communications update**



Recommendations

Board members are asked to:

- Note the initial impact and ongoing dissemination of the Changing life expectancy report and animation.
- Feedback on progress discussing this work within their own organisations since the discussion at the last Board meeting.
- Identify any further opportunities within their own organisations and networks to extend impact and influence.

Background

1. Mortality rates, and related indicators such as life expectancy, are important markers of the overall health of a population. We, and others, have previously reported the profound and deeply concerning changes to these indicators that have been seen in Scotland, and across the UK, since around 2012: a stalling in mortality improvements overall, increasing death rates among the most deprived communities, and a widening in inequalities. There is an urgent need to understand the causes of these changes, and consequently what is required to reset the course towards improving population health once again. Two new resources, published on 31st May, set out to do just that.

Report

2. The joint GCPH/University of Glasgow report: [Resetting the course for population health: evidence and recommendations to address stalled mortality improvements in Scotland and the rest of the UK](#) provides further detailed analysis and evidence of the mortality changes observed in Scotland and the UK since 2012. It critically appraises the evidence for a range of hypotheses that have been suggested as possible contributory factors. These include reduced improvements in cardiovascular disease; an increase in obesity; an increase in deaths from a range of causes including drug-related deaths, dementia and Alzheimer's disease, flu, and weather and temperature extremes; demographic factors;

and austerity policies. From this assessment of the evidence, it reports UK Government economic 'austerity' policies as the most likely contributory cause. Finally, it outlines a total of 40 recommendations to address the crisis, targeted at UK, Scottish and the local level. These span macroeconomic policy, social security, work, taxation, public services, material needs, improved understanding, and social recovery from COVID-19.

Animation

3. To support the report's reach and impact, we commissioned and launched an accompanying three-minute animation [Changing life expectancy in the UK and why it matters](#). An evidence factsheet was also produced alongside this which provides the evidence behind each line of the animation script.

Communications plan and approach

4. The animation and report were supported by a media and dissemination strategy. This aimed to obtain extensive media and social media coverage; get a broad coalition of voices sharing the animation and using it and the evidence and recommendations in the report to support their own work/messages; and through this to maximise exposure, reach and impact of the animation and report. The plan focussed activities on a pre-publication roundtable, media, social media, targeted email dissemination, political engagement, and post-publication presentations. Activity and progress within each of these areas is summarised below.
5. A **pre-publication roundtable** was held on 25th May which targeted key supporters and advocates for the research. This involved a pre-screening of the animation and short presentation of the key messages by Gerry McCartney and David Walsh. This was followed by an opportunity for questions and discussion with a focus on how the resources and our collective efforts and voices could be used to call for the action so urgently required.
6. **Media:** A press release and targeted media strategy aimed to obtain UK wide coverage across tv, radio and print. This was supported by Media Co-op as part of the animation contract. An embargoed general PR was issued two weeks in advance of launch and followed up with targeted emails and phone calls to key journalists and broadcasters/news outlets. The PR included quotes from Gerry McCartney and David Walsh as lead and co-author of the report alongside Andrea Williamson, a Deep End GP, and Chris Birt the Associate Director for Scotland at the Joseph Rowntree Foundation. It was decided that the University of Glasgow would issue the press release developed. The release and media strategy achieved extensive media coverage across print, radio and online media outlets across the UK which is summarised in Appendix 1.
7. **Social media:** The animation and report were published on the GCPH website, YouTube channel and shared widely across social media. Engagement has been high with very positive and encouraging comments and several high-profile tweets. A snapshot of these is provided in Appendix 2. Within the first week of the animation being published, it was viewed over 1,600 times, and to date has been viewed over 2.1K times. Twitter analytics have been equally positive. The key metrics we use to measure Twitter activity are levels of engagement and impressions. Engagement is measured by looking at the number of retweets, replies, likes, link clicks, profile views and mentions, while impressions provide a total tally of all the times the Tweet has been 'seen' (i.e. delivered to a feed) and are a good indication of how far a tweet has gone. During the two-week period post-launch, the animation tweet was engaged with 758 times and had 30,082 impressions. We also

gained almost 80 new Twitter followers. To put these figures into context, the below table shows the average monthly Twitter analytics for the first six months of 2022.

Month	New followers	Profile views	Impressions
June (1st-13th)	69	6,753	43.6K
May	10	10,400	35.4K
April	4	3,322	12.5K
March	6	2,341	11.5K
February	21	1,487	8.4K
January	20	1,276	1.3K

8. The report and animation were also sent to over 100 **key academics and public health leads** with the aim of maximising UK wide dissemination. The covering email highlighted the research is relevant to the whole of the UK, not just Scotland, and asked for support disseminating it via social media (many of the individuals targeted have large Twitter followings of 50K+), their own networks and local media contacts.
9. **Policy and political engagement.** Given the strong political and policy messages within the report and animation, engagement and discussion with policy and political leads is a key aspect of dissemination. Locally, within Glasgow, the report and animation were highlighted to the newly elected members at the GCC elected members induction fare at the end of May. Since that time, it has received high-level political interest. It was highlighted in an article in the Glasgow Times by Council Leader, Susan Aitken and commended by the Leader in a motion passed by Council on the cost of living crisis in August. A briefing to the GCC Cabinet has been scheduled for 10th October which will be followed by a cross-party briefing.
10. The report has also received high-level national political interest. It was referenced by Kate Forbes, the Cabinet Secretary for Finance and the Economy on the day of publication during her spending review announcement. We have subsequently been invited to deliver a briefing to MSPs being organised by Kaukab Stewart 's office, which the First Minister has expressed her interest in attending. After this briefing, we will follow-up directly with both those that did and did not attend to further impact and discussion. The findings of the report also featured strongly in both our written response and verbal evidence to the Scottish Parliament Health, Social Care and Sport Committee inquiry into health inequalities in Scotland. Following a general briefing session between the GCPH team and Scottish Government colleagues which included this research, a further briefing session is being sought with civil servants and Scottish Government policy leads. An opportunity to present and discuss the findings with the cross-party group on health inequalities and the cross-party group on poverty are being sought. Other aspects of dissemination include a possible SPiCE briefing and feature in Holyrood magazine.
11. Engagement with UK MPs and senior civil servants was put on hold until the new leader of the Conservative Party and Prime Minister had been appointed and Cabinet changes confirmed. We now plan to email the animation and report to all UK Cabinet Ministers and MPs and explore a feature in *Politics Home*. Other targeted engagement will then follow.
12. A list of **key post-publication presentations** at conferences and key strategic groups, forums and organisations has been developed and is currently being implemented. This includes but not limited to: UK wide health intelligence network; COSLA; Directors of Public Health; Glasgow Community Planning Partnership Executive Group; Public Health

Oversight Board; NHS GGC Public Health Intelligence Group; NHS GCC Population Health and Wellbeing Committee; Poverty Leadership Panel.

13. In addition to these local groups, David has been invited by the Health Foundation to present at their internal webinar series attended by their in-house statisticians, epidemiologists, and economists. David is also due to present at the Society for Social Medicine and Population Health Annual Scientific Meeting in September and the UK Public Health Science Conference organised by The Lancet in November.

Conclusion

14. This body of work has been, and will continue to be, a key area of research and communications activity for GCPH over the coming year. The detailed communication and media strategy, including the commissioning of the animation, and targeted dissemination, has helped achieve extensive media coverage across print, radio and online media outlets across the UK and high-level political interest and engagement. While we are unable to adopt this approach for all GCPH publications, this focused and deliberate approach to engagement and dissemination will be put in place for a small number of key publications each year across the range of our areas of interest and research.
15. We welcome the views and guidance of Board members as to further opportunities, within their organisations, partnerships and network, to continue to share the learning from this research and to extend the reach and impact of these GCPH resources.

**Jennie Coyle, GCPH
September 2022**

Appendix 1

Changing life expectancy animation and report launch media coverage

The Times [‘Rising death rates in poor areas blamed on austerity’](#) (31 May)

The Times [‘UK austerity policies ‘stalled life expectancy progress’](#) (1 June)

The Scotsman [‘Austerity causing Scots to die younger’](#)

The Herald [‘Decade of austerity policies take big share of blame as UK mortality rates stall’](#)

The National [‘Austerity policies are huge factor on mortality rates’](#)

The National [‘Kate Forbes: Inflation has limited Scottish Government’s funding increases’](#)

The Independent [‘Government austerity ‘the leading cause’ of stalled progress on UK life expectancy’](#)

Evening Standard [‘Austerity has made ‘substantial’ contribution to mortality rates plateau – report’](#)

Evening Times [‘Austerity policies linked to stagnant life expectancy’](#)

Edinburgh Evening News [‘‘Devastating’ austerity cuts are causing Scots to die younger’](#)

Metro [‘UK austerity policies ‘led to mortality rates stalling’](#)

Daily Record [‘Austerity ‘caused life length growth halt’](#)

Morning Star Online [‘Tory austerity to blame for increase in deaths, study suggests’](#)

Echo [‘Austerity ‘has hit life expectancy’](#)

Express & Star [‘Mortality rates hit by UK austerity’](#)

Shropshire Star [‘Austerity has made ‘substantial’ contribution to mortality rates plateau - report’](#)

Yorkshire Post [‘Austerity policies ‘big contribution’ to UK mortality rates’](#)

Story originating from Press Association and appearing in multiple news sites around the UK):
Times News Express - WORLD;

Yahoo UK & Ireland Sports;_ Barrhead News - Home;_Dunfermline Press - UK News;_Alloa Advertiser - Home;_Border Telegraph - Home;_Phone Week;_The Plainsmen Post - Home;_Border Counties Advertiser - Home;_Wandsworth Times;_Hereford Times;_Stroud News and Journal;_Greenock Telegraph - Front page;_Dumbarton reporter - Home;_The World News;_York Press - News: National News;_World News;_New Forest Post;_Central Fife Times - National;_Ireland Live - Fashion & Beauty;_Chelmsford Weekly News;_Times & Star - Home;_Express & Star - UK News;_Stirling News - Home;_Asian Image - Front page;_Ayr Advertiser - Home;_Oxford Mail - Home;_Darlington & Stockton Times - News: National News;_Denbighshire Free Press - Home;_North Wales Chronicle - Home;_56), TWNews ; MSN New Zealand;_Bradford Telegraph and Argus - National;_Strathallan Times - Home;_Harrow Times - Front page;_Wimbledon Guardian - Home;_Msn Uk;_Times Series - National News;_Belfast Telegraph - UK;_Banbury Cake - News: National News;_Chard Ilminster News;_The Romsey Advertiser - Frontpage;_Largs & Millport Weekly News - Home;_News Chain;_Keighley News - Front page;_News Break;_Watford Observer - Front Page;_Your Local Guardian - National News;_Harwich and Manningtree Standard;_Vietnam Explorer News Channel;_+116 more
[BBC Radio Scotland, Tues 31 May \(starts at 36:00 into programme\)](#). Interview with Gerry McCartney and Andrea Williamson

[BBC Radio Nan Gaidheal – Aithris Na Maidne, Tues 31 May \(starts at 08.49 into programme\).](#)
Interview with Bruce Whyte.

Times Radio – Mariella Frostop programme, Wed 1 June (interview with David Walsh)

Radio Borders - Tue, 31 May 2022 06:00:53 (There is a warning the life expectancy in the poorest areas of Scotland is falling because of austerity cuts over the last decade. Includes interview with Dr Gerry McCartney of Glasgow University)

STV News '[Government austerity impacting mortality rates, according to report](#)'

STV News '[Public services reform in face of cost of living crisis, warns Forbes](#)'

STV Central East 31 May 2022 06:26:46 (People across the UK are dying younger as a result of austerity, according to a University of Glasgow report)

STV North - Tue, 31 May 2022 18:07:45 (There has been a stark warning that further austerity measures could have a devastating impact on life expectancy. Includes interview with Dr Gerry McCartney of Glasgow University)

Radio Clyde and West FM (Planet Radio) '[Urgent calls to reverse falling life expectancy rate across Scotland](#)'

Third Force News '[Stark warnings as new report shows people dying younger due to austerity](#)'


AOL UK '[Austerity has made 'substantial' contribution to mortality rates plateau – report](#)'

Ph.Msn News '[Austerity has made 'substantial' contribution to mortality rates plateau – report](#)'

Glasgow World '[Scots dying younger than expected because of 'devastating' UK Government austerity, study finds](#)'


Appendix 2.

Snapshot of social media activity of animation and report launch








Peter Craig @petercraig200 · May 31 ⋮

Even if you watch nothing else today, watch this: youtube.com/watch?v=-nvY8_... Full report here: gcph.co.uk/life-expectancy




youtube.com
Changing life expectancy in the UK and why it mat...
Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...

  4  13 







Kate McAllister @sciencekate1 · Jun 1 ⋮


This is really grim, but a fantastic use of animation for communication [#SciComm](#)


 **GCPH** @theGCPH · May 31


First, our new 3-minute animation produced with @mediaco_op explains the worrying changes, why they matter, what has driven them and consequently how to address them. Watch the animation here: youtube.com/watch?v=-nvY8_...

[Show this thread](#)


  1  2 

 You Retweeted







Josie Murray  @PublicHealthCns · May 31 ⋮

“NOW is the time to address these [#inequalities](#) in income, wealth and power and to support those most who are most affected” [#publichealth](#) [@FPH](#) [@fphscot](#) [@SimonCapewell99](#) [@doctorblooz](#) [@MaggieRae20](#) [@MichaelMarmot](#)

 **GCPH** @theGCPH · May 31

First, our new 3-minute animation produced with @mediaco_op explains the worrying changes, why they matter, what has driven them and consequently how to address them. Watch the animation here: youtube.com/watch?v=-nvY8_...

[Show this thread](#)

 1  10  14 

You Retweeted



Chris Birt
@cjbirt



Just giving another push to this excellent animation and report that [@theGCPH](#) and [@UofGlasgow](#) have produced showing how UK Government austerity has stalled increases in life expectancy and lowered it in our most deprived communities. My reaction to it below too.

GCPH @theGCPH · May 31

First, our new 3-minute animation produced with @mediaco_op explains the worrying changes, why they matter, what has driven them and consequently how to address them. Watch the animation here: youtube.com/watch?v=-nvY8_...

[Show this thread](#)

12:28 PM · Jun 1, 2022 · Twitter Web App

15 Retweets 20 Likes



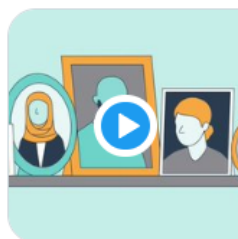
Saket Priyadarshi @saket_sanju · Jun 1



We are seeing far more young people in our services again. Gone back 20 years, tragically new cohorts.

This powerful animation from [@theGCPH](#) [@gerrymccartney1](#) chimes with stories we hear.

Changing life expectancy in the UK and why it matters youtu.be/-nvY8_ga7qE via @YouTube



youtube.com

Changing life expectancy in the UK and why it mat...

Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...

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You Retweeted



Claire Bynner @ClaireBynner · May 31

Striking evidence from @theGCPH on the condition of health and society in the UK. Stalling and declining life expectancy. Social isolation is part of the problem. Read this to find out more gcpH.co.uk/life-expectancy and watch this youtube.com/watch?v=-nvY8... #HealthForAll #Futures



youtube.com

Changing life expectancy in the UK and why it mat...
Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...



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You Retweeted



Sandro Galea @sandrogalea · May 31

When we allow the social safety net to fray, we risk undermining gains in supporting health. See this animation from @theGCPH on how austerity policies have informed a stall in life expectancy in the UK.



youtube.com

Changing life expectancy in the UK and why it mat...
Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...



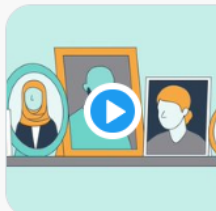
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Katherine Smith @ProfKatSmith · May 31

Great wee video by @theGCPH on UK's declining life expectancy in UK: 'Billions of £s have been cut from public services & social security, leaving people w/out a safety net. [...] Austerity is a choice and we can choose to fix it. [...] Now is the time...'



youtube.com

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Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...

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Jamie Pearce @jamieOpearce · May 31

Don't miss this fantastic new (short) video from colleagues @theGCPH on stalling life expectancy in the UK and why it really matters.

With more information here: gcph.co.uk/life-expectancy



youtube.com
Changing life expectancy in the UK and why it mat...
Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...



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You Retweeted



Lynda Fenton @FentonLynda · May 31

Before COVID, before the 'cost of living crisis', life expectancy in the UK had stopped improving. What does that mean? This animation communicates starkly that it means 'dying before our time', but also sets out why, and what actions we can take to change this.

GCPH @theGCPH · May 31

First, our new 3-minute animation produced with @mediaco_op explains the worrying changes, why they matter, what has driven them and consequently how to address them. Watch the animation here: youtube.com/watch?v=-nvY8_...

[Show this thread](#)



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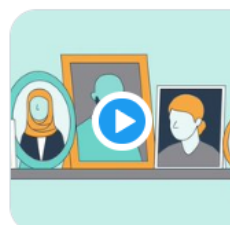


You Retweeted



Michael Roy @michaeljamesroy · May 31

Excellent @theGCPH three minute animated film on changing life expectancy in the UK and why it matters youtu.be/-nvY8_ga7qE via @YouTube



youtube.com

Changing life expectancy in the UK and why it mat...

Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...



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8



↳ You Retweeted



Andrea E Williamson (she/her) @aewilliamson1 · May 31



This is no surprise to any @deependgp or indeed any public sector worker in the UK at the moment whose job it is to support people who experience disadvantage. Shameful and it makes me so angry that we have got to this. Time for change.

GCPH @theGCPH · May 31

There is an urgent need to better understand, increase awareness of, and address the profound and deeply concerning changes in life expectancy trends seen across the UK over the last decade. Two new resources aim to do that. #LifeExpectancy #poverty #austerity

[Show this thread](#)



↳ 10

♥ 15



↳ You Retweeted



Jeremy Sachs (He/Him) @JeremySachs_ · May 31



It's important to remember when we talk about social & health inequalities we are talking about the life and death of the most vulnerable in our communities. @theGCPH report illustrates this very powerfully in this new report



Gerry McCartney @gerrymccartney1 · May 31

Our report out today explores why average life expectancy stopped improving, and got worse in the poorest 20% of areas, after 2012. #Austerity policies which cut social security and public services are the most important causes. gcpH.co.uk/latest/news/10... @theGCPH @P_H_S_Official



↳ 3

♥ 4





Poverty Alliance @PovertyAlliance · May 31



In a fair and wealthy society, we should all be living longer. But government policies are stalling progress on life expectancy. Our friends at @theGCPH have created this great animation to show why - and what we can do about it.



youtube.com

Changing life expectancy in the UK and why it mat...
Mortality rates, and related indicators such as life expectancy, are important markers of the overall ...



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Dr Rosie McNee @RosieMcnee · May 31



Such a great 3 minute clip explaining clearly what is happening to health inequalities in the UK and importantly, how to make it better!

 **GCPH** @theGCPH · May 31

First, our new 3-minute animation produced with @mediaco_op explains the worrying changes, why they matter, what has driven them and consequently how to address them. Watch the animation here: youtube.com/watch?v=-nvY8...

[Show this thread](#)



2



Kat Hasler - a Kat's-eye-view @HaslerKat · May 31



powerful stuff.
We can save lives.

 **GCPH** @theGCPH · May 31

First, our new 3-minute animation produced with @mediaco_op explains the worrying changes, why they matter, what has driven them and consequently how to address them. Watch the animation here: youtube.com/watch?v=-nvY8...

[Show this thread](#)



1





Rowan Anderson @Rowan_Corra · May 31



“A reliable benchmark of how well society is doing... something fundamentally wrong is happening in society”. A powerful message from @theGCPH on life expectancy and austerity.

GCPH @theGCPH · May 31

There is an urgent need to better understand, increase awareness of, and address the profound and deeply concerning changes in life expectancy trends seen across the UK over the last decade. Two new resources aim to do that. #LifeExpectancy #poverty #austerity

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Nanette Mutrie @nanettemutrie · May 31



this is a must watch - and learn - great 3 min animation

GCPH @theGCPH · May 31

First, our new 3-minute animation produced with @mediaco_op explains the worrying changes, why they matter, what has driven them and consequently how to address them. Watch the animation here: youtube.com/watch?v=-nvY8_...

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Beth Mukushi @Betty_Murphy · May 31



This is incredibly powerful

GCPH @theGCPH · May 31

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