



Management Board Meeting

Thursday 24th March 1400 – 1600 hours

AGENDA

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1. Welcome and apologies

Part 1: Regular Board Business

2. Minutes of last meeting, rolling actions and matters arising
3. General update Paper GCPHMB/2022/426
4. Finance update Paper GCPHMB/2022/427
5. Workplan 2022/23 Paper GCPHMB/2022/428

Part 2: Strategic Development

6. Contributions to climate change evidence (JMuirie) Presentation
7. GCPH response to Health Inequalities Inquiry Paper GCPHMB/2022/429
8. Board agenda planning Verbal update
9. AOCB

Date of next meeting: Thursday 23rd June, 2pm



**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 9 December 2021
Virtual meeting**

PRESENT

Dr Pete Seaman	Acting Associate Director, Glasgow Centre for Population Health
Mr John Matthews	Non-executive Board Member, NHS Greater Glasgow and Clyde
Ms Susan Manion	Interim Director, Glasgow Centre for Population Health
Ms Karen MacNee	Interim Deputy Director of Health Improvement Division, Scottish Government
Dr Linda de Caestecker	Director of Public Health, NHS Greater Glasgow and Clyde
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 Fiona Buchanan	Corporate Reporting Manager, NHS Greater Glasgow and Clyde

IN ATTENDANCE


Ms Rebecca Lenagh-Snow	Administrator, Glasgow Centre for Population Health
Ms Lisa Paterson	Office Manager, Glasgow Centre for Population Health
Dr Jennifer McLean	Programme Manager, Glasgow Centre for Population Health
Mrs Jennie Coyle	Communications Manager, Glasgow Centre for Population Health

			<u>ACTION BY</u>
678	<u>WELCOME AND APOLOGIES</u>		
	Mr Matthews chaired and welcomed everyone to the meeting. Apologies were recorded from Prof John Brown, Prof Moira Fischbacher-Smith, Prof Emma McIntosh, and Mr Kevin Rush.		Noted
679	<u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u>		
	The minute of the September Board meeting were ratified. Under rolling actions, it was noted: <ul style="list-style-type: none"> The vacancy for Michael Smith’s post is still open and it was agreed that in the context of the equalities agenda we would look at representation when seeking a new member. As Prof McIntosh gave apologies for this meeting her action of forwarding academic resources to Iona Colvin was not confirmed. 		Carry over Prof McIntosh

	<ul style="list-style-type: none"> • The letter from GCPH to Iona Colvin regarding the National Care Service was included in the September minute. Ms Manion suggested a further discussion if possible. • The internal GCPH Equalities group is meeting next week to progress identifying an external facilitator to support development around the Centre becoming an anti-racist organisation. • There were two items relating to the Health in a Changing City report – as Prof Brown gave apologies it is unknown if he has taken the report to the new Chair of Public Health Scotland, and Mr Matthews and Dr de Caestecker agreed to highlight it at the next Population Health Standing Committee meeting on January 19th. Mrs Coyle will liaise with Bruce Whyte regarding this and email Dr de Caestecker about the detail. 		<p>GCPH</p> <p>Prof Brown</p> <p>Mrs Coyle/Dr de Caestecker</p>
<p>680</p>	<p><u>GENERAL UPDATE</u></p>		
	<p>Dr Seaman spoke to this paper [GCPHMB/2021/421] and highlighted some points.</p> <p><i>Governance and staffing</i> Dr Lisa Garnham has returned from maternity leave and will be supporting delivery of the Integrated Mental Health and Wellbeing Hub evaluation. As part of the NIHR funded Common Health Assets collaboration led by the Yunus Centre, GCPH also has a new Public Health Practitioner Specialist starting on a fixed term one year contract. Mohasin Ahmed will be working 2.5 days a week starting 15th December.</p> <p><i>Developments and partnerships</i> Funding has been awarded from the Health Foundation to the Glasgow City Region for the Economies for Healthier Lives programme. GCPH will be an evaluation partner in the project and Valerie McNeice is a key member of the core team.</p> <p>There has been positive news about the UKRI/NERC GALLANT bid but this is not yet been published.</p> <p>An early-stage outline has been submitted for the British Academy bid but no response has been received yet.</p> <p>Dr McLean highlighted activity related to future funding for CNS as current core funding ends March 2022. Programme has been funded for last three years by the Tackling Child Poverty team at Scottish Government. They have been informed funding will not come through this route going forward. Other doors in government are being explored including Place and Regeneration team and Islands team about future funding. This has just been conveyed to the team in the past couple of days so discussions are early stage.</p> <p>Gary Dover asked how the removal of SG funding from the Child Poverty team effects the work across CNS given it is funded through multiple funding sources. Jennifer reported the Child Poverty fund has core funded the work with Local Coordinators part funded by host local authorities. CNS are in discussion about continuation funding with LAs for Local Coordinator posts.</p>		<p>To note</p> <p>To note</p>

	<p>Prof Watson mentioned the difficulty in showing large impact with smaller area projects and thought the Deep End type example would be the model to look at. They hope that the Place team will look on the project favourably. Links to a lot of priorities across SG including twenty-minute neighbourhoods.</p> <p>Dr McLean mentioned that the CNS Children in Need bid has been successful.</p> <p><i>Communications</i> Dr Seaman highlighted the continuing success of both the PHINS seminars and the GCPH seminar series has been, despite the necessary switch to an online format, and noted a series of follow-on workshops to Prof David Williams' seminar in May is in development with the SMEHRS group. The date for the first is 27th January, 2-4pm and will be targeted at a data science audience. Angela Saini, author of <i>Superior: the Return of Race Science</i>, has agreed to speak. Invitations due out next week and details will be circulated to the Board members with an invite list to see if there are any other people they would recommend be included from their organisations.</p> <p>Mrs Coyle highlighted the synthesis report on mortality/life expectancy and micro briefing on the disproportionate impact of Covid-19 on BAME communities, are both due to be published in December or early 2022. If any members would like more information on any of the research or publications mentioned in the update, please contact Mrs Coyle.</p> <p>Prof Moore highlighted that the UKRI/NERC GALLANT bid is for £10 million.</p> <p>Mr Matthews noted the Board's congratulations to be passed onto Dr Garnham.</p>		<p>To note</p> <p>Mrs Coyle</p> <p>Board/Mrs Coyle</p> <p>To note</p>
681	<u>FINANCE UPDATE</u>		
	<p>Ms Buchanan spoke to this paper [GCPHMB/2021/422] and noted no major exceptions to expectations or projections.</p> <p>She highlighted the previously mentioned static Scottish Government allocation with no inflation uplift, and over-recovery of some external funding income for the Mental Health Pathway work, along with some other small carry forward and some income yet to be received.</p> <p>Staffing has some variance from predicted, including maternity leave, a career break and unfilled posts.</p> <p>There maybe a slight slippage in programme spend, but Ms Buchanan noted historically this often catches up and balances out in the last quarter. Overall the Centre will probably have a carry forward of around £100,000.</p> <p>Dr de Caestecker mentioned a possible replacement for the joint Public Health post which Fiona Crawford held before her retirement. There is nothing concrete planned just now but this is not ruled out for the future.</p>		<p>To note</p>

	<p>Mr Matthews queried the inflation uplift/flat Scottish Government funding issue and if this was being kept on the table? Ms MacNee said this was connected in a way to conversations around the future direction of GCPH and funding but it was also separate. She will find out where the conversation regarding inflation uplift got to at Scottish Government and get back to Ms Manion.</p> <p>The content of the report and predicted carry forward were noted, and thanks given to Ms Buchanan.</p>		<p>Ms MacNee/Ms Manion</p> <p>To note</p>
682	<u>WORKPLAN 2021-22 MID-YEAR REVIEW</u>		
	<p>Dr Seaman spoke to this report [GCPHMB/2021/423].</p> <p>The mid-year report includes a full appendix of programme by programme progress, but the first focussed on narrative to show how the work taken together produces the impact we intend to deliver through our distinctive way of working. This includes describing how GCPH has used its work in the first six months of the year to support partner priorities and addressing the underlying determinants of health and health inequality. To this end, the work plan highlighted how we concentrated on common drivers that can be used to address health inequalities including covid recovery and economic renewal. We also maintain a focus of understanding and communicating trends. Work supporting change in partner organisations is also highlighted.</p> <p>Indicators of success in the four programmes are shown from paragraph 14 onwards, and also highlighted are the few exceptions to progress, where projects have not gone as planned, including the support for private rented sector, Sistema, and literature review on volunteering participation.</p> <p>The main forward look points are the recruitment of Director and Centre purpose, along with the work around GCPH becoming an anti-racist organisation and a return to office on a 'hybrid' model.</p> <p>Comments or questions from the Board were:</p> <ul style="list-style-type: none"> • Dr de Caestecker asked about the seminar series being remote this year, and if this had involved more people. Mrs Coyle explained that there had been much higher numbers of attendees than we would have been able to accommodate in person. She thinks there is a combination of the calibre of speakers the Centre has been able to recruit with them not having to travel to Glasgow, and the ease of people being able to attend online. An issue has been with not being able to do the usual Q&A at the end and the seminar ending very abruptly, as well as not being able to hold the morning after sessions that used to happen. Moving forward she is hoping to do more work around that. • Mr Matthews asked if there had been any feedback from the seminars? Mrs Coyle said there had been some, such as people disappointed not to have the live Q&A session, but this is not really possible with 600+ people. It's how to manage this and manage expectations. The panels are a new thing and seem to work well. 		

	<ul style="list-style-type: none"> • Dr Seaman commented that the seminar series has proved quite resilient under covid, and the events team and programme managers involved have really worked hard. The panels have been very good and we are looking at keeping these. • Prof Watson agreed the panels have been a great success. The morning after sessions were good but it's understandable they are difficult to hold at the moment. The local participation in the panels has been very good to see. • Mr Dover agreed and added that the ability to watch the zoom recordings afterwards and catch up has been very convenient. • Mr Matthews said he did miss the face to face contact of in person events but understandably this is not possible at the moment. There is an element from live events which is missing but hopefully we can return to them soon. <p>The Board noted the progress from the review and Mr Matthews pointed out he was always struck by how much work goes into the workplan reviews. Thanks and appreciation were noted for the team and Dr Seaman.</p>		To note
683	<u>RISK REGISTER</u>		
	<p>Ms Manion spoke to this [GCPHMB/2021/424].</p> <p>One item to highlight – point 4 about a challenge to the Centre reputation – was brought to attention by a comment from a reporter about any possible conflict between findings from work and our funding source.</p> <p>An action for point 5 about improving connectivity between the Board and the wider staff group. It was agreed that we would make sure to share the Board meeting agenda and papers and encourage attendance. It was also thought the circulation of a short profile of Board members expertise and interest would be helpful, to enable staff members to link in with relevant work.</p> <p>Prof Moore mentioned the pandemic response and home vs office working, and supporting people to work comfortably in home if desired. Ms Manion said it hasn't been highlighted specifically as a risk but the team has done a lot of work on this, including a questionnaire about return to office. There is agreement that there will continue to be a hybrid part office, part home model when we do go back.</p> <p>Dr Seaman added there was a lot of work done at the start of lockdown to ensure home set-ups and equipment were fit for use. The issues on his mind around this topic are more about the mental wellbeing aspects and he would add that new people coming into the team may find it difficult to integrate as easily.</p> <p>Mr Matthews said the acknowledgement of the work done around this is important.</p>		To note  GCPHMB 424 - Risk Register December 2 GCPH To note To note
684	<u>GLASGOW HEALTH DETERMINANTS RESEARCH COLLABORATION</u>		
	Dr Seaman spoke to this item [GCPHMB/2021/425].		

<p>PS introduced the first stage submission to the Board, highlighting that members may be aware of this work in other capacities. Prof Moore has also been involved in his capacity at MRC. This NIHR funding call around building research capacity within local authorities and a first stage bid has gone in for it. The bid is led by GCC with Bernadette Monaghan and Kevin Rush as named leads.</p> <p>The call requests proposals for infrastructure and cultural change to remove barriers to collaboration and build capacity to utilise evidence use in addressing the wider determinants of health. In this proposal it will be achieved through activity such as training and support, a body of evaluation work, data linkage.</p> <p>Research bids would not normally or necessarily be brought to the Board in this level of detail at this stage, however this bid it is felt has significant implications for how GCPH works within the wider partnership landscape. There are several ways in which this bid, if successful, could embed ways of working or particular projects from GCPH, such as Understanding Glasgow and the micro briefings.</p> <p>The full bid is attached as an appendix and Dr Seaman asked this be treated with a degree of confidentiality at this stage. This is for information at the moment but any interest and advice is welcome.</p> <p>Prof Moore commended Dr Seaman in establishing the momentum for this bid and partnership. He also highlighted there are further funding calls planned by NIHR so if this bid is not shortlisted there are future opportunities. NIHR are keen on funding at least one bid from outside England so that is promising.</p> <p>One concern he has is that the final submission wasn't presented as fully as we could using the NIHR template, however this was not Dr Seaman's decision. However, if invited for a second stage submission and successful, this could really change the context in which GCPH works. To get funded he thinks we need to demonstrate strong leadership and it's great we have high level names but we do need someone to carry the work forward on a practical level.</p> <p>Ms MacNee pointed out the alignment with national thinking and priorities around place, including work on whole system approaches and the use of local data and intelligence, and said from a national Scottish Government perspective she is very interested in where this goes. She highlighted Irene Beautyman's work, who is leading on work around Shaping Places for Wellbeing, and would be happy to put Dr Seaman in touch with her.</p> <p>Dr de Caestecker said in some ways this is exactly what GCPH was set up to do – is there some way this is different or will be added value? Prof Moore said this was discussed at the first meeting around the bid. The funding call was more set up around the English system in a way, which doesn't have the same model anywhere. You could say that there is a lot to build on here, with cross-sectional and cross-partnership work and we can bring this in as the bid goes on.</p>	<div data-bbox="1337 427 1401 490" data-label="Image"> </div> <p data-bbox="1268 495 1477 546">GCPHMB 425 - Glasgow HDRC.doc</p> <p data-bbox="1318 792 1426 824">To note</p> <p data-bbox="1273 1464 1474 1527">Ms MacNee/Dr Seaman</p>
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	<p>Prof Watson clarified if Prof Moore meant the bid that went in didn't make enough of the partnership? Prof Moore said the template provided didn't, in his opinion, make enough of the delivery.</p> <p>Mr Matthews queried who is leading the practicalities at GCC, as the named leads may not have time. Dr Seaman said while Ms Monaghan and Mr Rush are the leads they don't have the experience with NIHR and so Des McNulty was brought in as lead on the GCC end. The detail of what it is exactly we would do was taken out a bit at this stage. Dr Seaman is hoping there is enough there to get through to a second stage bid.</p> <p>Mr Matthews queried if the large role and strength of GCPH had been made as much of as it could, and if there was any way of adding to the bid now. Dr Seaman reported the bid team was aware of the work of GCPH as giving the city a string foundation in relation to knowledge translation. Dr de Caestecker said Public Health is linked in with the bid but not highly involved. Dr Seaman said the first stage bid is now closed. The second stage would be the opportunity to add detail but they did do their best with a complex multi-organisation bid. Feedback from NIHR on the broad outline of the proposal ahead of the submission was positive.</p> <p>Prof Moore feels there is a good chance of getting through the first stage, and the second stage would be the big bit of work. However even if we didn't get through these conversations won't go away and are something to continue and build on to put us in a good position for future opportunities.</p> <p>Regarding taking the bid to the second stage, Ms Manion clarified whether there was something at the start of stage two about what the collective vision is and how to build on that? Dr Seaman said there was. There are sensitivities to note but the bid leads do need to show they are attempting radical change.</p> <p>The Board noted and accepted the update.</p>		To note
685	<u>FUTURE BOARD ITEMS</u>		
	<p>Dr Seaman shared suggested future board items, which along with routine governance business include pieces of work from the workplan that could fit key stages of development for advice or reporting on findings into reporting to the Board. Some suggestions are: Young People's Transitions, Registered Social landlords, Mental Health Pathways, poverty and deprivation differences in Scotland and England, NIHR Common Health Assets work, and seminar series review.</p> <p>Dr Seaman asked if there was any other work from the workplan or other priorities the Board would like to see?</p> <p>Ms MacNee suggested we could group topics together such as 'children and young people' or 'communities and place'. She also suggested that having discussions at the start of meetings so we do not run out of time for thoughtful input.</p> <p>Prof Moore said all the work looked interesting so grouping like this could help. He also wondered if we could look at some of the things partners are doing such as the place based work Scottish</p>		GCPH GCPH

	<p>Government work mentioned before, and relate this to Centre work.</p> <p>Ms MacNee said she would be quite happy to share SG work but wondered if it is the role of the Board meetings to highlight outside work?</p> <p>Dr Seaman said he will amend the table from the suggestions and then send round the Board for any further suggestions or contributions, before finalising early in the new year.</p>		<p>To note</p> <p>Dr Seaman/Board</p>
686	<u>AOCB</u>		
	None raised.		
687	<u>DATES OF MEETINGS FOR 2022</u>		
	The date of the next Management Board meeting is: Thursday 24 th March 2022, at 2pm.		To note



**Glasgow Centre for Population Health
Management Board
24 March 2022**

General Update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last scheduled Board meeting on 9th December 2021
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance and Staffing

1. *Director recruitment update.* In conjunction with the Health Board Chief Executive and the Chair of the Management Board, a process for recruitment has been agreed and is in progress. Given the timescale since the post was established, the job description has been refreshed, updated and will shortly be approved through the Board HR recruitment arrangements. We hope to be able to go out to advert by the end of April. To support this process, the GCPH team have compiled a recruitment pack which contains up to date information on the Centre, its role and achievements. When the timetable is finalised, the interview panel will be established. The Management Board will be kept up to date on progress.
2. *Board and EMT membership.* It is noted that Professor Linda De Caestecker has retired from NHS Greater Glasgow Clyde and Health Board and will be replaced on the Board by Dr Emilia Crighton, interim Director of Public Health.
3. *GCPH equalities work and taking forward GCPH as an anti-racist organisation.* New membership and a terms of reference for both the existing equalities group and a new anti-racist sub-group are being developed. These two groups will oversee organisational development and capacity building in relation to equalities issues broadly and becoming anti-racist specifically. Importantly, in drafting these terms of reference, GCPH directorate has embedded the two groups within organisational management and governance structures; demonstrating the accountability, commitment and long-term change with which these issues and groups will be taken forward. In relation to the commissioning of an external organisation to support the GCPH in becoming anti-racist a draft commissioning specification has been developed and a number of potential organisations

identified. The GCPH Equalities Group will be supported and advised by the GGC Health Board Equalities team to ensure that the work plans can be recorded and sit within the overall statutory governance arrangements.

4. *Staffing.* Our Digital Communications Officer, Sheena Fletcher, is leaving for a post at the Scottish Community Development Centre. Sheena has been in post for over ten years and is a big loss to our team, but we wish her all the very best in her new role. Our second Communications Officer, Joe Crossland, is on secondment to the Test and Protect team at PHS until end-September 2022. The capacity within our communications team is critically low and we aim to recruit to these posts as soon as possible.
5. *Workplan 2022-23.* The (draft) GCPH workplan for 2022-23 has been prepared and circulated and is tabled for discussion and approval at this Board meeting. The work plan paper describes how we work and our activity across multiple programmes, an 'At a Glance' table and matrix document setting out the individual projects in the plan with key delivery milestones for the year.

Developments and partnerships

6. *NIHR Health Determinants Research Collaborations. Development of Expression of Interest.* The first stage bid led by Glasgow City Council and involving partnership with NHS GGC, GCPH, University of Glasgow and Glasgow Caledonian University was unfortunately unsuccessful. Conversations are ongoing to build on the learning that emerged from the development of the bid and to identify areas for further collaboration.
7. *Economies for Healthier Lives programme.* Following an award of funding from the Health Foundation's [Economies for Healthier Lives programme](#), the Glasgow City Region Programme Management Office (GCR PMO) is leading a project entitled: *Maximising the Health, Wellbeing and Economic Benefits Generated by Glasgow City Region's Capital Investment Programme*. The GCPH are the evaluation partner in the work with the Programme Manager for Health and Inclusive Economy (a joint post between GCPH and the Glasgow City Region PMO) and a Public Health Research Specialist working on the evaluative elements. A project manager has now been appointed and is in post, located within Glasgow City Council, and the first meetings of the strategic and operational groups for the work have been held. The project team are working closely with the Health Foundation as well as with the Programme's evaluation support provider, Renaisi, and learning support provider, the RSA. The three-year regional project will focus on working alongside a wide range of people and organisations, recognising that large scale investment in the area has often focused on physical regeneration and economic outcomes and that a new approach is needed that considers the likely health, wellbeing and inequality outcomes of large-scale infrastructure spend. It will involve developing and testing a health inequalities impact methodology and embedding this approach into local authority capital spend processes across the GCR. The GCR PMO are the grant holders, managing the award of £350k.
8. *Common Health Assets.* GCPH is a partner the GCPH this new research project focused on exploring how, for whom and in what contexts community-led organisations (CLOs), can build and mobilise their 'assets' to impact on health and wellbeing of those living in

deprived areas. The project is funded by the National Institute for Health Research (NIHR), is being led by the Yunus Centre for Social Business and Health at Glasgow Caledonian University and brings together community and academic partners from across the UK. Within the project, the GCPH will lead the Patient and Public Involvement and Engagement aspect of the study and will establish a 'Lived Experience Panel' to ensure that the project is informed and guided by ongoing community expertise and the voice of community members. A [new project page](#) has been created on the GCPH website about our involvement in the project and an initial series of blogs have been published.

9. *Funding bids.* A number of funding bids are in development with partners including Glasgow City Council, Public Health Scotland, University of Glasgow and Glasgow Caledonian University:
 - UKRI/NERC bid: Glasgow as a Living Lab Accelerating Novel Transformation (GALLANT). Lead – University of Glasgow. The bid for funding was successful. The research aims to (1) design, implement and test a translatable whole-system approach to urban environmental challenges, and (2) use it to deliver five interdependent, mutually reinforcing environmental solutions for climate resilience. GCPH will be involved in supporting two cross-cutting workstreams of the project: community engagement and a whole systems approach, and also in the work package on active travel.
 - *British Academy bid: How Does Glasgow Flourish? And for Whom? An Interdisciplinary, Multi-method Exploration of What Makes a 'Good City'.* Lead – Yunus Centre, Glasgow Caledonian University. GCPH lead, Jennifer McLean. How Does Glasgow Flourish? is a two-year interdisciplinary, multi-method project focusing primarily on Scotland's largest city. This is a novel collaboration involving scientists from across the natural and social sciences to build international understanding on: what makes a 'good city'; what makes Glasgow a 'good city'; and what might be done to make Glasgow better for her citizens. The proposal for funding was unfortunately unsuccessful. The project team are now considering other funding options.
10. *Children's Neighbourhood Scotland.* After three years of development, activity and learning CNS will end at the end of March 2022 due to the programme being unable to secure future funding to support ongoing delivery. This particularly relates to core programme infrastructure costs (management, admin, communications and research and evaluation). Key local authority (GGC, Glasgow City HSCP, West Dunbartonshire Council and South Lanarkshire Council) and third sector partners across CNS sites have been informed. Secured funding from Children in Need (£300k over three years), West Dunbartonshire Council and through the philanthropic team at University of Glasgow will be returned. GCPH will support the exit of the programme from local sites and in drawing the programme to a conclusion. A final report for the Scottish Government and local funders is in preparation alongside a series of community wellbeing frameworks, survey reports, case studies and posters. The focus for GCPH going forward will be in sharing the learning from CNS and supporting local partnerships and activities established through the programme.

11. Further discussions have taken place with Glasgow Life in relation to the work they are taking forward reviewing the impact on health inequalities across their cultural and sporting activities. Discussion will continue, to explore areas of mutual interest and associated work programmes.

Communications outputs and activities

12. This section summarises the Centre's communication-related outputs and activities since the last scheduled Management Board meeting in December in line with the agreed approach to communications monitoring and reporting.
13. Our communications will be restricted during the pre-election period of 14th April to 5th May.

Events and seminars

14. As a follow-on to the Prof David Williams racism seminar last year, we held a workshop on '*Racism as a fundamental cause of health inequality: a focus on data*' on 27th January. This was delivered by Angela Saini (Science journalist and author of 'Superior: The Return of Race Science') and built on the commitment established at the Williams seminar to address shortcomings in our understanding, data and evidence of racialised inequalities in health in Scotland. The workshop explored the challenges, risks and opportunities when changes and improvements are being made to ethnicity data collection, analysis, interpretation and use in Scotland. This was attended by 60 colleagues from across NHS, PHS, Scottish Government and academia. Following a positive response to this and an appetite to further the learning, a second screening of the recording of this workshop was held at end February for which a further 170 people registered to attend. A further targeted and focussed workshop will be held on 5th April to deepen the conversation with those who have high level responsibility within our data flow systems. All of this work is part of our ongoing collaborative work with the Scottish Migrant and Ethnic Health Research Strategy (SMEHRS) Group and Public Health Scotland.
15. Led by the Glasgow Food Policy Partnership and Glasgow City Food Plan team, a '*Glasgow Food Redistribution Roundtable*' was held on 15th February, via Zoom, and attended by 24 people. The purpose was to talk about food redistribution in Glasgow and help progress the Glasgow City Food Plan actions linked to this. Discussions explored what barriers community organisations are facing, what support is needed on the ground, opportunities for joint working, and how food re-distribution could be better co-ordinated. Presentations were heard from Fareshare, Hubbub and Zero Waste Scotland.
16. As part of the preparatory work for the migration and upgrade of the Understanding Glasgow website, a feedback workshop is being held at end-March with individuals or organisations that have or do use the resources on the site to gather views on its future development. This will gather ideas about how to improve the content, presentation of indicators and its accessibility, as well as consider how to involve other organisations and groups in the future development of Understanding Glasgow. This will add to feedback already collected from the GCPH team and an online survey.

17. Led by Jon Olsen from the MRC/CSO SPHSU and Jennie Coyle from GCPH, a collaborative 'health and climate change' seminar series is in development to explore the impact and legacy of COP26 for Glasgow. A number of scoping meetings have taken place with an outline purpose and plan being drawn up. This will likely involve two seminars in late spring/early summer and two in the autumn, culminating in a final discussion seminar at the one-year anniversary of COP26. Seminars will explore different experiences and perspectives of COP26 and what this means for future policy and public health.
18. Several speakers have been approached for our current main Seminar Series. Both Kezia Dugdale, Director of the John Smith Centre, University of Glasgow and Prof Jillian Anable, Chair in Transport and Energy at the University of Leeds have accepted the invitation and dates are being confirmed. An invitation has been sent to Kate Rawoth, the economist and author of 'Doughnut Economics' (in collaboration with the Glasgow City Region Intelligence Hub) and we await a response.
19. Other events and topics being explored or in development include mental health, participative democracy, a second 'community conversation' event, a synthesis event on the stalling life expectancy body of research and an event to showcase round two of the small grants project.
20. As always speaker and topic suggestions are welcome from Board members. All events are currently continuing to be planned to run virtually.

Reach and influence

21. Members of the team continue to contribute to a range of other organisation's events, meeting groups and forums. Over the past few months this has included:
 - Presentations on the Health in a Changing City report continue. In addition to those previously reported, presentations have been made to or arranged for the following groups:
 - Community Planning Partnership, December
 - Poverty Leadership Panel, January
 - NHS GGC Population Health and Wellbeing Committee, January
 - Glasgow HSCP Health Improvement Team, February
 - Scottish Government Health Improvement Division, February
 - Public Health Oversight Board, February
 - Public Health Scotland, March
 - Glasgow ADP Knowledge Awareness Event, March
 - GCVS Health and Social Care group, April
 - Wellbeing, Empowerment, Community and Citizen Engagement (WECCE) City Policy Committee – date tbc
22. We were invited to provide evidence on the Good Food Nation Bill to the Rural Affairs, Islands and Natural Environment (RAINE) Committee in February. Jill Muirie attended and gave verbal evidence to the committee on behalf of GCPH.

23. We have recently joined as an organisational member of the Cross-Party Group on Health Inequalities and newly established Cross-Party Group on Poverty. We are also explored how to establish better links with MSPs through the Scottish Parliament Information Centre (SPICe). Bruce Whyte has been invited to present on active and sustainable travel at the March meeting of the Cross-Party Group on Sustainable Transport.
24. We were recently informed that the Understanding Glasgow resources are being utilised as part of Police Scotland's public health approach to policing and it is highlighted in their Public Health Delivery Plan for 2021.

Publications

25. Led by Chris Harkins and Shruti Jain in partnership with the Coalition for Racial Equalities and Rights (CRER), the third micro briefing in the joint series with Policy Scotland was published in February. Entitled '[Covid-19 Microbriefing 3: The disproportionate impacts of the Covid-19 pandemic on Black and minority ethnic groups](#)', this reviews and structures the evidence in terms of the disproportionate effects of Covid-19 on BME populations; pre-existing inequalities as a driver of ethnic disparity in Covid-19 outcomes; and racism and discrimination – the 'causes of the causes' of BME health inequalities, including Covid-19. Having reviewed the evidence, the microbriefing then outlines some implications in terms of inequalities, policy, practice and further research.
26. The fourth microbriefing in the series, '[Covid-19 Microbriefing 4: Consolidating evidence of the impacts of Covid-19 on children and young people](#)' was written in collaboration with Children's Neighbourhoods Scotland (CNS) and summarises key evidence relating to how the pandemic, lockdowns and related school closures have impacted on the health and wellbeing of children and young people. In consolidating the evidence, drawing upon Scottish and comparable UK data, the impacts of rising poverty and food insecurity, exclusion from online learning, and disruption to public and support services on the wellbeing of children and young people are made clear. The briefing then examines how these three areas have impacted children and young people's physical health, mental health and wellbeing, welfare, education, social interactions and out-of-school activities.

Forthcoming publications

27. '*Statistical analysis of educational outcomes among Big Noise Raploch participants*' will be published in May. 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).
28. '*Resetting the course for population health: evidence and recommendations to address stalled mortality improvements in Scotland and the rest of the UK*' is being finalised for publication early April. The joint GCPH/PHS report synthesises the evidence regarding the changes in mortality/life expectancy in Scotland, and elsewhere in the UK (a stalling

of improvement overall, and a worsening of death rates among more deprived communities), as lays out recommendations for appropriate policy responses at different governmental levels. A joint GCPH/PHS publication and dissemination plan is being developed with the respective communications teams and co-authors (David Walsh, Gerry McCartney and Lynda Fenton).

29. A synthesis report bringing together past GCPH learning on climate change and public health is in draft. 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. This will include topics such as active travel, place-based work, food and other work with a more explicit focus on climate change. The paper will then apply a public health lens to the key climate issues for Glasgow, in particular 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. The report will be published in early spring 2022.

Consultation responses

30. We have submitted or are developing responses to the following consultations/calls for evidence.
- Scottish Government and NHS Assure 'NHS Scotland climate emergency and sustainability strategy 2022 to 2026 draft: consultation' – closing date 10 March
 - Scottish Parliament Health, Social Care and Sport Committee inquiry into health inequalities in Scotland – closing date 31 March. Draft (work in progress) response to the Inquiry is provided as a separate Board paper to allow for discussion with Board members and input into GCPH response.
 - Scottish Government Draft National Planning Framework 4 (NPF4) – closing date 31 March
 - Transport Scotland 'The route map – Reducing car travel by 20% for a healthier, fairer and greener Scotland' consultation – closing date 6 April

Journal articles

31. Walsh D, Wyper G, McCartney G. Trends in healthy life expectancy in the age of austerity. *Journal of Epidemiology & Community Health* 2022 (in press).

Media

32. David Walsh's *Public Health* journal article 'Excess mortality in Glasgow: further evidence of 'political effects' on population health' and accompanying blog were featured in an article in *The Herald* ['Glasgow could shake off 'sick man of Europe' tag with political will'](#) and *Glasgow Times* ['City's premature death rate is 'political effect' not 'Glasgow effect' study finds'](#) in January.
33. Our consultation response to the Glasgow's Active Travel Strategy 2022-2031 was picked up and covered by *The Herald* this month in an article entitled ['Call for Glasgow traffic measures to be 'accelerated'](#).

34. Following a media release from Glasgow Caledonian University the NIHR funded Common Health assets study was covered by the Herald 'Community groups are key to health equality – not scientists' on 22 February.

Digital

35. Following a competitive tendering exercise, Media Co-op were awarded the contract to develop an animation on the stalling life expectancy trends. The script has been finalised with work commenced on the animatics, voice-over and accompanying evidence briefing with a completion date of early April. A promotion and publication plan is being developed alongside an evaluation plan.
36. Following the significant procurement delays experienced to tender for a new Content Management System (CMS) for the GCPH website, the invitation to tender is now complete and it is hoped that the tendering and commissioning process can commence soon. However, the actual migration work will need to be put on hold until we have a new Digital Communication Officer in post.
37. A number of blogs have been written and published by the team over the past few months as follows:
- [Gender inequalities: how are social and systemic failures contributing?](#) – Mairi Young (Blog 1 of series exploring gender inequalities and women's safety which commenced on International Women's Day)
 - [Common Health Assets: The lived experience panel](#) – Mohasin Ahmed
 - [Common Health Assets: Evaluating the impact of community assets on health and wellbeing](#) – Jennifer McLean
 - [Understanding political effects on health – in Glasgow and across the UK](#) – David Walsh
 - [Working from home and keeping up wellbeing – how did the GCPH team find a balance during the pandemic](#) – Sheena Fletcher
 - [Co-production by design – the power of small grants](#) – Cat Tabbner
 - [Up and down: walking and cycling trends in Glasgow](#) – Bruce Whyte (for Urban Big Data Centre)

March 2022
GCPH



**Glasgow Centre for Population Health
Management Board Meeting
24 March 2022**

Budget position: 1st April 2021 to 28th February 2022

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2021 to February 2022 detailing expenditure of £1,134,777 against a full year budget of £1,542,889.
- The planned budget is comprised of the following streams of funding.

• Annual SG Allocation	1,250,000
• External Income from Partners and Others	169,889
• Carry Forward from 2020.21	123,000

Commentary on Table 1

1. The carry forward from previous year has increased a little to £131,000 due to the correction of VAT amounts applied in error to spend accounted for in 2020.21.
2. Income has been received from Glasgow City HSCP for the Mental Health Pathway has been received at £100,000 which represents the full allocation across the entire project and is higher than the budget requirement within year (£60,000). This accounts for the majority of the over recovery evident in the appended table.
3. Further income is expected in relation to NIHR Community Assets at £15,000.
4. The staffing budget is set at the start of each financial year taking into account known variables however inevitably further variations arise as the year progresses. Noted below are some of these additional variations
 - Public Health discrete consultant input – not available
 - Staff career break
 - Alignment of "in house" staff time to the Mental Health project
 - Continuing secondments beyond original timeframe

The combined impact of these variations from the original budget set for staffing has resulted in a slightly higher than previously reported underspend. The current forecast outturn for Staffing is £110,853 underspend. This equates to approximately 10% and demonstrates some of the success that GCPH has had in attracting external income.

5. Aside from the Mental Health Project line spending against the specific program lines has been modest. It is expected that the program budgets will be further committed by March 2022 however it is noted that there is potential for increased slippage.
6. Board members are requested to:
 - Note the contents of this report
 - Note the level of carry forward required has now increased
 - Note the potential for further slippage against project lines

Fiona Buchanan 23rd March 2022

2021-22 Financial Plan				
	<i>Planned 2021/22</i>	<i>Actual to February</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	-
I 3	Other Income	169,889	193,998	(52,109)
	Total Income 21/22	1,419,889	1,443,998	(52,109)
I 4	Carry Forward from previous years	123,000	131,000	(8,000)
	Total Available 21/22	1,542,889	1,574,998	(60,109)
	Expenditure			
	Research:			
E 1	Action on Inequality	20,000	-	20,000
E 2	Understanding Health Inequalities	25,000	22,763	25,000
E 3	Sustainable Inclusive Places	41,500	8,694	41,500
E 4	Innovative Approaches to Improving Outcomes	6,000	-	6,000
E 5	New Project Developments - Mental Health	60,000	60,000	60,000
E 6	Training & Development	11,000	585	11,000
E 7	Allocation to Networks		1,800	1,800
	Total Research	163,500	93,842	165,300
	Communications:			
E 8	Communications	65,000	23,420	65,000
	Total	65,000	23,420	65,000
	Management and Administration			
E 9	Centre Management, Admin & Running Costs	25,000	670	25,000
E 10	Accommodation Costs	118,000	75,499	118,000
E 11	Core Staffing	1,158,251	941,346	1,047,398
	Total Management & Admin	1,301,251	1,017,515	1,190,398
	Total Expenditure	1,529,751	1,134,777	1,420,698
	Balance	13,138	440,221	(169,162)



**Glasgow Centre for Population Health
Management Board
24 March 2022**

Work plan 2022-23

The structure of this work plan

1. The work plan is presented in three sections. Section 1 describes how we work and our activity across multiple programmes, including the aims and purpose of each programme, the context in which it works, key projects and deliverables for 2022-23 and pathways to impact. Section 2 presents an 'At a Glance' table and Section 3 sets out the matrix document of individual projects by programme in the plan.
2. The workplan is presented as draft for the approval of Board members.

Section 1: Overview

3. The Glasgow Centre for Population Health (GCPH) was established to understand and identify solutions to support improvement in population health and the reduction of inequalities. Focussed on Glasgow but with applicable learning for elsewhere, this is achieved through the generation of trusted and reliable evidence and practical support for partners working to create better and more equal health across the city, the city region or nationally.
4. This year's work plan was developed in the context of the continued response to COVID-19's impact on health and its underlying determinants in the city. GCPH have an established position as a source of credible and practical evidence, insight and explanation of the causes and patterning of health inequality. Further, we can demonstrate a key role in the development of multi-agency responses to mitigate their impacts and tackle their causes. In the context of ongoing cross-sector renewal efforts, GCPH will seek to utilise its current and developing knowledge and practice to support partner efforts to build back a fairer, more equitable, greener and sustainable city. In pursuing this outcome with our core partners and others, we will seek to address underlying determinants and drivers of headline population health outcomes.

5. Our purpose for 2022-23

GCPH will work towards enabling the city to recover and renew from COVID-19 in a manner which promotes improved and more equal population health outcomes through addressing (pre COVID-19) vulnerabilities exacerbated by the pandemic and support the necessary social and economic responses in mitigation.

We will achieve this through the generation and development of policy and practical responses to shift the underlying determinants of health inequality. This will be underpinned and guided by evidence and analysis of the patterning of key population health trends, their causes and the development and evaluation of preventative and mitigative responses without partners in service delivery and communities.

In 2022-23, our work will support recovery and renewal in relation to the shared outcomes of a fairer and greener economy and creating connected, inclusive and empowered communities and places. In doing so, we seek to understand and promote the practices, policies and processes that will translate longer term into improved healthy life expectancy and a narrowing of health inequality.

How we work

6. GCPH is a partnership organisation enabled by direct funding from the Scottish Government. Our core partnership, consisting of NHS Greater Glasgow and Clyde, the University of Glasgow and Glasgow City Council, is complemented and strengthened by links with other key partners in public health intelligence and action. We work in partnership due to our core recognition that improving population health does not rest with a single organisation; it requires concerted and aligned action across a range of organisations, disciplines, policy and practice areas. This recognition was fundamental to the establishment of GCPH and has more recently become embodied within the formation of Public Health Scotland and a range of cross-sector advisory and strategy groups such as the Social Recovery Task Force and the Public Health Oversight Board at city-level.
7. Influencing the range of stakeholders requires working in a distinct way. This includes how we develop pieces of work (collaboratively and co-productively), the values we operate in conducting work and how we communicate learning to reach not just a wide range of end-users but the right users with the right information. Our work plan is underpinned by our experience in such approaches and captured in our characteristic ways of working:
 - Maintaining a credible and trusted position as a **source of evidence, knowledge and insights** on patterning and trends in health, inequalities and their determinants.
 - Supporting partners in wider public health in the **development and application of promising investments and action** to improve population health outcomes.
 - Promoting a **future perspective and leadership** in considering new and emergent issues.
 - Embedding **community engagement and participation** across our programmes of work and communicating learning from these processes widely.
 - Focusing on the **social justice and inequality implications** of investments, interventions and policies.

- Evolving **effective communication**, growing and diversifying our networks and adapting outputs accordingly.

The programmes of work

Programme 1: Action on inequality across the life course

Aims and Purpose of programme

8. This programme aims to support partner efforts towards a socially just recovery through work addressing the role poverty, area deprivation and other forms of social, economic and structural inequality play in shaping health outcomes. The programme continues to take account of working within the context of COVID-19 vulnerabilities. Throughout 2022/23, core work will include a continued focus on exploring innovative responses to improve mental health and homelessness.

Context

9. Within the wider policy context, two key areas of programme work will focus on innovative service responses in the areas of improving outcomes for mental health and preventing homelessness.
10. In Scotland, mental ill health is at its highest level since 2008-09 with suicide a leading cause of death and the number of adults self-harming rising. In Glasgow, drug prescription rates and hospitalisations associated with mental ill health is above the national rate. Extensive mental health inequalities and poorer outcomes are associated with gender, age, socioeconomic status, and ethnicity, and mental health services have long been recognised as being underfunded and overstretched with evidence of a growing inequality in provision. Moreover, the full impact of the pandemic on health and provision may take years before it is fully understood. Although the numbers at risk of homelessness in Glasgow has halved in the last two decades, there was a 12% increase between 2018/19 and 2019/20 with children disproportionately representing 25% of people assessed as homeless. In the city, people remain in temporary accommodation on average around seven months with 70% comprising single person households. More than half in temporary accommodation identified one support need with around 1 in 4 identifying a mental health problem. More broadly, with an estimated 1 million UK households destitute during 2019, Glasgow has the tenth highest rate among UK cities.

Key Programme 1 priorities for 2022-23

11. Throughout 2022/23, core work exploring innovative responses to improve mental health and homelessness outcomes will foreground programme activities, alongside developmental work in the early stages of development:
 - Continue engagement with partners establishing *Integrated Mental Health and Wellbeing Hubs* across three pilot sites. Outputs will include a literature review on alternative delivery models and exploration of various data sources to support hubs being established. The GCPH will continue to develop an evaluation protocol to support action research capturing learning on the establishment of the hubs.
 - *Progress the evaluation of Glasgow City Council and Registered Social Landlords intervention to prevent homelessness*. The three phases of data collation have been completed. Recruitment delays led to phase three interviews with tenants being

completed late Jan' 2022, which impacted on data analyses and reporting. It is expected that a draft report will be available late Spring 2022.

- New development work exploring *partnership links between social housing and Glasgow city Health and Social Care Partnership* is in the early stages. An advisory working group has been set up to explore prevention links between social housing and HSCP workforces. Agreed work will build on learning gained from the above homelessness evaluation. Early themes to emerge from the advisory group include triangulating tenancy sustainment with HSCP and housing responses, with particular reference to tenants living with mental health, addictions, criminal justice concerns.
- The *Sistema Scotland evaluation* work will primarily focus on quantitative outcomes with a particular emphasis on educational attainment and post-school destination among Sistema 'graduates' in Raploch, Stirling. A report will be available in April 2022.
- *Young person's transitions to adulthood*: the study data collection was delayed due to COVID and ended in December 2021. Analysis is currently underway with a final report due April and subsequent dissemination taking place early summer 2022.

Pathways to impact

- Anticipated evaluative changes as the Integrated Mental Health and Wellbeing Hubs progress include the reframing of what is meant by "mental health" needs, aligning needs and expectations with responses, and creating responses that are local, prompt, accessible and support integration of social and clinical models of wellbeing and health that are enabling and empowering.
- Evaluated new approaches to prevent homelessness among a vulnerable population and Glasgow City Council being able to make evidence informed decision on future activity and scaling of the intervention. This will assist Council understanding of the impact and scalability of the intervention and in doing so, support a national and local priority to prevent people falling into homelessness.
- Partnership links between social housing and Glasgow city Health and Social Care Partnership: it is envisaged that the recently established advisory group comprising membership from housing and HSCP workforces (mental health, addictions, criminal justice) will support the development and subsequent progress of co-produced work around tenancy sustainment among vulnerable groups.
- The GCPH-led micro briefings were presented to Glasgow's Social Recovery Task Force and related workstreams. The briefings have supported evidence-based decision making within a complex, political and time-pressured partnership.
- A new Sistema Scotland evaluation group was formed and comprises senior stakeholders from public and third sectors and academia to provide research governance and support dissemination of the evaluation findings to influence change at local and national levels among health, third sector and local government partners.
- Young persons' transitions' report: the advisory group will guide and support dissemination and shared learning through existing youth forums and networks.

Programme 2: Understanding health, health inequalities and their determinants

Aims and Purpose of programme

12. The overarching aim of this programme is to continue to analyse, and better understand, trends in health, health inequalities and their determinants at a national, city and local level (and within a UK and international context) to identify emerging issues and to

develop policy recommendations that can be used to influence government policy locally and nationally.

Context

13. Among many other areas of research, the Programme will contribute very significantly to a summary of evidence, and set of associated policy recommendations, regarding the recent changes to mortality/life expectancy (including notably widening inequalities) that have been observed not just in Glasgow, but across Scotland and the rest of the UK. It is simply not possible to understand, and seek to reduce, current health inequalities without fully comprehending the scale of changes that have occurred in the past ten years. The range of projects in this year's work programme that will both summarise existing evidence, and produce new evidence, of the drivers of these new inequalities. In doing so, the work will enable a greater understanding of this vastly important context.
14. Building on all that work, the Programme will also extend analyses to cover the impact that COVID-19 has had in exacerbating these inequalities locally and nationally.

Key Programme 2 priorities for 2022-23

- Joint publication with PHS on the causes of the *changing mortality/life expectancy trends observed across the UK* (including, obviously, Glasgow and Scotland) since the early 2010s.
- Associated dissemination plan for the above including a short *animation* to be hosted on the GCPH website.
- A *range of other projects related to austerity* for which we will seek effective dissemination.
- Publication and dissemination of policy-relevant modelling analyses of *income tax changes and devolved benefit payment levels and health inequalities*.
- Maintenance and development of *Understanding Glasgow*, later in the year migration of the website to a new platform incorporating changes to the content, design and functionality taken from user survey and workshops.
- Analysis and reporting on key *health, social and demographic trends in Glasgow*.
- Publishing work on *understanding differences in the experience of poverty and deprivation between Scotland & England*.

Pathways to impact

15. The programme's endeavours are engaged with a broad set of partners and networks. The former include key partners such Public Health Scotland, the University of Glasgow (including the MRC-SPHSU unit), Glasgow HSCP and NHSGGC, as well as those further afield including elsewhere in Scotland (e.g. University of Edinburgh), England (e.g. University of Oxford) and elsewhere. The projects are all highly policy relevant and thus we will seek to disseminate all results widely via different routes.
16. The Health in a Changing City report has been widely disseminated to strategic groups nationally and locally, and the findings and recommendations have fed into key consultation responses along with a range of other evidence generated through this programme e.g. Scottish Parliamentary Inquiries into Health Inequalities.
17. This programme links into our work on an inclusive and sustainable economy (see Programme 4) and engages with Glasgow City Region's economic planning function, notably via their Economies for Healthier Lives Project funded by the Health Foundation.

Programme 3: Sustainable, Inclusive Places

Aims and Purpose of the programme

18. This programme's purpose is to support our partners to plan and deliver processes of change that will help Glasgow recover, inclusively and sustainably, from the pandemic and associated restrictions to become a resilient city.
19. The places where people live and grow up, the environmental factors that they are exposed to, and the control they have over these exert strong influences on their health and wellbeing. These determinants are socially patterned with significant inequalities observed across Glasgow for many years. The recent pandemic and control measures have intensified the impact of these influences and exerted additional, and not yet fully quantified, pressures particularly on Glasgow's most vulnerable and marginalised communities. Over the course of the pandemic the importance of safe homes, liveable local neighbourhoods and high-quality greenspaces and infrastructure came to the fore and highlighted how the social patterning of these environments added to the burden of ill health in the most deprived parts of the city. As the city recovers, the importance of the places where people live must remain central: good quality built and natural environments, secure and affordable housing, clean air, public and active transport infrastructure, places and spaces for regular physical activity, nutritious, affordable food, safe play, cultural opportunities, social connections and participation are all vitally important for health. Further, the hosting of COP26 has increased the spotlight on Glasgow to demonstrate a legacy and further its commitment to achieving net zero as the climate and nature emergencies reach a critical point.
20. This programme aims to inform and support policies, partnerships and practice which promote fair and equitable access to healthy and sustainable environments through a green and inclusive recovery. This will be achieved through evidence, evaluation and engagement with partners and communities.
21. We will do this by continuing and strengthening our partnerships, by encouraging and enabling collaborative and cohesive approaches to policy and practice, and by working with our partners to inform decisions, policies, strategies and actions based on our evidence and knowledge of what works to address inequalities and improve health. We will continue to develop our learning about approaches to engaging and empowering communities in and through our work, particularly groups of place, interest and identity that experience inequalities, and sharing that learning to inform and shape the work of our partners. Where new evidence and insights are considered necessary or useful, we will contribute to the development of new research and develop outputs that are appropriate for the intended purpose and audience.

Key Programme 3 projects and deliverables for 2022-23

- *Climate change and health*: a synthesis of GCPH work: Develop a paper on climate change and health to help integrate health considerations in Glasgow's move to net zero and inform a sustainable and inclusive recovery. The paper will synthesise GCPH work relating to climate change, cover the likely impacts of climate change on population groups and the public health rationale and steps needed for Glasgow to become carbon neutral by 2030.
- *Climate change*: Disseminate outputs of round 2 of the small grant projects. Explore innovative ways of showcasing outputs. Administer another round of small grants

allowing children and young people a greater voice in Glasgow’s move to net zero. Explore possible collaboration with UofG. Also contribute to a UofG – GCC led project that will develop systemic approaches that combine solving the city’s deep-rooted economic and health inequities, with urgent progress towards a climate resilient Glasgow. GCPH contribution will be in the areas of a whole systems approach, community collaboration and active travel.

- Contribute to the development of a *Glasgow city profile on climate resilience* using the doughnut economics model and contribute to a GCC led transnational project mainstreaming UN SDGs into local policy/practice with a local priority of improving citizen engagement/participation.
- *Food system change*: Support the delivery and monitoring of the Glasgow City Food Plan, and progress towards the Sustainable Food Cities Silver award, with a commitment for overseeing delivery by PH oversight board and community planning partners. Successful delivery of a city-wide ‘good food’ campaign in partnership with Glasgow City HSCP. We will also provide evaluation support for a HSCP led project which will combine action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods.
- *Community Engagement*: UofG Engage Forum: Continue developing the UofG Engage Forum, a professional CEE network, in collaboration with the cross-university UofG Engage Working Group and GCPH, ensuring visibility of social sciences and GCPH’s work within Forum content and providing community engagement capacity building opportunities for researchers, as well as relationship building opportunities with community partners.
- *Healthy Urban Environments*: Support the organisation, delivery and write-up of a Place Standard Exercise in Netherholm to assist the local community in assessing their neighbourhood and identifying priorities for action. Report will support community development work in the area and the aspiration of a community purchase of local land.
- *Active Travel*: Working with the Urban Big Data Centre and Glasgow City Council to develop methodologies and capacity to measure changes in transport volumes and modes. The work encompasses monitoring of automatic cycle and pedestrian counts; capture of CCTV images and use of machine learning to count pedestrians and motor vehicles in 40+ locations across Glasgow. Using descriptive analysis and modelling to develop a better understanding of road casualty (pedestrian, cycling and driver/passenger) trends in Scotland using Stats 19 data. We will also provide evaluation support for a project led by Bikes for All on social prescribing by community link workers.

Pathways to Impact

22. This programme plays a key role in shaping green and inclusive COVID recovery and renewal responses through partnership working, collaboration and co-production with key cross-sector delivery partners and stakeholders across the City and beyond. Networks of influence and impact include Sustainable Glasgow Board; Place Standard Alliance; GCC Community Engagement Team; Glasgow Food Policy Partnership; Glasgow Life; Glasgow City Region Environment Strategy Group; Public Health Scotland Social System and Recovery Groups – Transport, Environments and Spaces; UK Healthy Cities Network; Glasgow’s Active Travel Forum; Sustrans’ Places for Everyone Steering Group and Spaces for People Advisory Panel, UofG Engage Forum; Scottish Gov review of Participation Request Appeals; collaborating GCC Community Empowerment Services; and CaCHE East End Knowledge Exchange Hub.

Programme 4: Innovative approaches to improving outcomes*Aims and purpose of programme*

23. This programme focusses on new approaches to improving health outcomes to support the recognised need to shift resources towards prevention, community-led approaches and utilising community and individual assets in decision making and the planning and delivery of local services.
24. The programme team share a perspective that foregrounds the values of asset-based and community-led approaches, the importance of social connections in creating wellbeing and resilience, participation and community empowerment and collectively possess expertise in developing responses that utilise and build on such strengths. The team will continue to strengthen existing and develop new working partnerships and alliances, encourage enabling collaborative approaches to policy and practice based on evidence and knowledge of what works to address inequalities and improve health, and share learning and insights to inform and shape the work and practice of our partners.

Context

25. The aims and purpose of Programme 4 are in keeping with the strategic objectives of NHSGGC's ten-year Public Health Strategy and Remobilisation Plan, the Programme for Government 2021-22 and the 'communities and collective endeavour' principle of the Scottish Governments Social Renewal Advisory Group, to empower communities in co-producing outcomes, to ensure lived experience informs programme development and direction and build social capital. Recognising that economic factors are the biggest determinants of population health outcomes and inequalities in income and health, Programme 4 is also aligned with the Glasgow City Region Economic Strategy.
26. The programme seeks to translate learning into meaningful information that can inform service planning and practice and public health interventions and that is useful and relevant to partners in the public and third sector. The programme continues to promote and demonstrate examples of work upstream through evaluative work focussed on asset-based approaches, participatory budgeting, volunteering, participatory approaches and responses that take account of context, disadvantage and the impact of the psychosocial factors such as poor mental health, loneliness and social isolation on wellbeing and inequalities.

Key Programme 4 priorities for 2022-23

27. In relation to ongoing post COVID-19 renewal, the following key pieces of work will be priorities for the programme of work during 2022/23:
 - *Understanding and implementing the health dimensions of inclusive economy.* This partnership has grown from an initial six-month placement to develop key city-level actions into a joint post with the Glasgow City Region Programme Management Office. The Programme Manager for Health and Inclusive Economy to ensure the health and wellbeing gains of the city's growth strategy are maximised, grounded in a shared understanding between health and economic development colleagues of the relationship between economic and health outcomes (for example between wellbeing and productivity). Key co-production activity concluded in the early part of the year with focusses on procurement and community wealth building gaining traction amongst stakeholders in Glasgow and the wider city region.

- Supporting the city's Social Recovery Task Force through the *development of approaches grounded in participatory budgeting (PB), principles and practice*. An evaluation of Parks and Greenspace PB undertaken by the GCPH is due to be published in April 2022 to inform the 'mainstreaming' of PB within the City. A Programme Manager post has been created as of September 2020 to lead on this work and also represent the GCPH on the Academic Support Group developing an approach to align activity across 12 workstreams to address shared city ambitions. This has led to the development of a suite of COVID-19 'micro briefings' being published over 2021-22.
- *CommonHealth Assets*: a realist evaluation of how community led organisations impact on health. This NIHR funded multi-partner, UK wide project (led by the Yunus Centre, Glasgow Caledonian University) will evaluate how community organisations' use of assets-based approaches improves health and wellbeing. This includes economic evaluation and learning for scalability and sustainability. In 2022/23 GCPH will lead of the development and delivery of a Lived Experience Panel which will ensure that ongoing community expertise, voice and perspective informs the project methods, interpretation of findings and that findings are relevant, meaningful and helpful to community organisations.
- *Race and Racialisation in Public Health data, workforce and priority setting*. This work builds on the GCPH event and subsequent Board paper 'Racism and racialisation as fundamental determinants of health inequality'. Given the projected increase in ethnic diversity of Glasgow in future and evidence of the disproportionate impact of COVID-19, we will develop approaches to address racial underrepresentation in both public health data and in decision-making roles within the senior workforce. In September 2021 the GCPH Board agreed to seek external support to help explore how GCPH can become an anti-racist organisation. This includes consideration of how we address it in our work planning and delivery of that work but also through reflecting on procedures such as recruitment, procurement and the policies we abide by. The Board also agreed to consider its own diversity and representation moving forward. A recent GCPH-led micro briefing examines evidence concerning the disproportionate impact of the pandemic on Black and minority ethnic groups. The briefing was presented to the Social Recovery Task Force in January 2022; it highlights the role of racism as a determinant of health and in creating COVID-19 and other inequalities among BME groups. The briefing also contains strong anti-racism messaging across the implications section. A GCPH post held over 2021-22 has contributed to these developments and the delivery of a seminar series event, held in early 2022 has also escalated the issue on health agendas nationally and consolidates the GCPH position of seeking to address racialisation in public health and in becoming an anti-racist organisation.

Pathways to impact

28. This programme continues to play a key role in shaping COVID recovery and renewal responses through key contributions to the Public Health Oversight Board, the Social Recovery Task Force, the City's Economic Recovery Group and the Scottish Government's Social Renewal Advisory Group and the Child Poverty Delivery Plan.
29. Knowledge translation from programme activities will be achieved through partnership working, collaboration and co-production with key cross-sector delivery partners and stakeholders across the city and beyond.
30. NIHR Common Health Assets is a multi-partner, multi-site project which is working with academic and community sector partners from across the UK. Led by the Yunus Centre

at Glasgow Caledonian University we will work closely with Scottish Communities for Health and Wellbeing and the NHS Alliance and a number of community-led organisations (CLO's) from Glasgow, Lanarkshire, Belfast, Bournemouth and Eat London. The relationships built with partners and CLO's will be instrumental to our success within this project. The Inclusive Growth post represents a key partnership with the city council's Economic Development team and the Social Renewal post represents a partnership with the city council's Community Empowerment and Equalities directorate and Policy Scotland. The role also engages with a range of expert partner agencies in relation to producing pandemic evidence micro briefings.

31. The Programme team will also communicate insights and learning through roles in key strategic oversight and advisory boards such as North Ayrshire Fair for All, the Public Health Improvement Managers Group, the Public Health Evidence Network, the Public Health Oversight Board and a number of thematic groups supporting the work of the Social Recovery Taskforce in Glasgow.

Communications

Aims and purpose

32. The communications function and annual workplan supports the overall remit of GCPH and the work programmes. This involves strategic and responsive use of a range of communications to further build our profile, ensure the most appropriate and maximum exposure, reach and impact of our research, and support others to respond.
33. The overarching aim of our communications programme is for GCPH to be recognised for its flagship research on health and inequalities in Glasgow, which is trusted, respected and valued, and which is seen to have influence and impact on policy and practice across the public policy spectrum. It responds to our established reputation for high quality and accessible communications that consider a range of audiences in developing different outputs and approaches.
34. Underpinning this overarching aim, our communications strategy includes eight specific communication objectives and a set of communication principles which guide our work on an annual basis. Our communication objectives are to:
 - Maintain and continue to build awareness of GCPH.
 - Ensure our work is widely shared and accessible in a variety of formats.
 - Encourage wider participation in GCPH events.
 - Provide opportunities for two-way engagement and feedback.
 - Ensure our outputs and activities support the process of implementation and change.
 - Ensure all outputs and activities are recognisable as GCPH (in terms of the brand, style and organisational voice) and are distinctive and relevant.
 - Protect and enhance the organisational reputation and credibility of GCPH.
 - Continually develop and improve means and methods of communication through learning, monitoring and evaluation.
35. Annual progress on these objectives ensures we are continually working towards achieving the Centre's longer-term success indicator that specifically relates to communications 'to demonstrate the ways in which our communications function has

continued to evolve, not only growing the size and diversity of our networks but adapting our outputs to support practitioners, policymakers and other key actors to develop approaches to reduce or mitigate health inequalities’.

Context

36. The pandemic has posed several specific challenges in relation to our communications. In a practical sense in relation to our events and face-to-face engagement activities; and in a broader sense in relation to the capacity of our strategic and community partners, the media and general public to engage with and focus on anything other than the urgent and immediate impacts of the pandemic. Over the past two years we adapted our activities and messaging in response to this context.
37. As we and our partners emerge further out of the pandemic into remobilisation and recovery, our communications will need to continue to remain flexible and adaptable to respond to the evolving circumstances. The pandemic has had profound health, social and economic impacts which are being felt acutely within communities and across our public and third sector partners. It has also vividly exposed the underlying systemic and structural inequalities within our society – many of which have been exacerbated.
38. It is within this context, and to ensure our work influences recovery efforts and post-pandemic policy and practice, that we will continue to communicate clearly, authoritatively and articulately on the key health, social and demographic trends that evidence the depth and concentration of inequalities in the city, alongside outputs that support collaborative action and implementation. Our messaging will highlight the interconnections of physical, social, economic and environmental factors in determining population health and the importance of post-pandemic policies that address underlying inequalities.

Key Communication priorities for 2022/23

- Although not a key communications deliverable, given the significant impact on delivery and capacity, a key and immediate priority is to recruit to the two vacant communication officer posts.
- *Calendar of events throughout the year.* This includes Seminar Series 18 to run until spring 2022; Seminar Series 19 to commence in Autumn 2021; smaller topic-specific workshops and seminars; a collaborative mini seminar series on health and climate change with the MRC CSO SPHSU; and collaborating on a further community conversation event. The curation and planning of these events will continually seek to broaden the range of perspectives we are conversing with and on a deeper level.
- Publication, dissemination and promotion of a range of publications as detailed in programme workplans and across key public health issues. A priority for the communications team is to ensure concise and accessible summaries are available with actions and recommendations for policy and practice forefront.
- *Migration of GCPH website to new Content Management System (CMS).* Consultation and stakeholder engagement on the future development of the Understanding Glasgow website to inform project specification in advance of migration of Understanding Glasgow website to new CMS.
- *Commissioning of external review of our communications and stakeholder analysis.* This will provide an in-depth review of our communications to identify strengths and gaps in our strategy and networks, assess whether our communications are as effective as they could be and suggest improvements, and help us to better understand

how to capture and expand the measurement of the effectiveness and influence of our communications.

- A focus on how to frame our messaging for maximum impact across our channels. This includes the use of ‘framing’ approaches alongside our trusted transparency and evidence-led messaging; and an ambition to embed human stories and lived expertise within our communications. This connects with a broad recognition, valuing and communication of lived expertise alongside more traditional forms of evidence. This will include reviewing examples of good practice, learning from the NIHR project in relation to the PPI strand and lived expertise panel (Prog 4), and learning from the deprivation and poverty research project (Prog 2).

Pathways to impact

39. Our approach to impact regards individual publications or events as components of long-term and cumulative communication. We use a mix of communication channels and tools on a continual and prolonged basis in our effort to achieve influence and impact. This aims to keep audiences engaged for prolonged periods of time – the longer our messages remain relevant and on people’s agendas, the more traction they will gain and the more likely they are to inform policy and practice.
40. Although evidence is foundational to change, we know that the achievement of change in policy and practice also requires the establishment of relationships to allow learning to be acted upon. Our established and trusted relationships and alliances and a continual interest to forge new ones are also crucial on the road to impact. These relationships and alliances contribute to influence and impact in several ways: by reducing the gap between research activity, communities, policy and practice thereby ensuring the relevance of our work at community, strategic and operational levels; by opening up opportunities for two-way influence; by bringing different perspectives together to yield new insights and ways of working; and by extending the reach of our own work and outputs through others’ networks.
41. The relevance and timeliness of our communications is also key in ensuring receptiveness to their messages. The local and wider context is crucial to this. This has been a challenge over the past year as understandably partners’ efforts and attention has been dominated by the very immediate impact of the pandemic. However, now that the focus is on recovery and rebuilding, our body of historical and current work on inequalities is more relevant than ever before. We must ensure our work stays true to our core aims and values but connects with and contributes to the interconnected economic, social and green recovery efforts. To have influence our findings, messaging and recommendations must challenge but also help others to respond, invest, act and change. The production of timely outputs and resources that are seen as rigorous, objective and credible while also being accessible, engaging and memorable are key to ensuring their influence and impact.

Section 2: 2022-23 Workplan: ‘At a glance’

PROGRAMME	AREA OF FOCUS	PROJECTS	
Action on inequality across the lifecourse	Understanding and mitigating child poverty	Supporting child poverty delivery plans	Core
		Citizen jury	Core
	Young people’s transitions	Transitions to adulthood qualitative research	Core
	Adult years and working age	Universal Credit and welfare homelessness prevention	Core
		Housing and homelessness	Core
	Children’s Neighbourhoods Scotland	Communications and learning	Core
	Social housing and HSCP workforces	Exploring prevention links between housing and health	In Dev’t
	Mental health	Primary Care and MH pathways	Core
		Evaluation of Sistema Scotland	Core
		Impacts of gambling	Core
Understanding health, health inequalities and their determinants	Understanding Glasgow	Website development and maintenance	Core
	Excess mortality research	Three-city mortality/deprivation update	Core
		Poverty/deprivation differences between Scotland and England.	Core
	Life expectancy trends by deprivation	Update mortality/life expectancy trends for Scotland, Scottish cities, UK	Core
		Austerity and mortality analyses at LA level	Core
		Role of obesity in changing mortality trends	Core
		Animation development	Core
	National and international analysis	Life expectancy, housing, poverty and population trends in Glasgow	Core
		Update of comparative international mortality trends	In Dev’t
	Public health strategy	Development of monitoring framework	Core
	Health inequalities	Modelling effects of income tax and social security benefits	Core
		Understanding health benefits of active commuting	Core
		Public understandings of health inequalities	Core
Sustainable inclusive places	Sustainable travel and transport	Collaborative research to evaluate the health, transport and environmental impacts of changes to Glasgow’s transport infrastructure.	In Dev’t
		Monitoring active travel trends	Core
		Modelling of cycling casualty data	In Dev’t
		Cycling World Champions evaluation	In Dev’t
	Healthy Urban Environments	Health Foundation Place Standard work	Core
		Glasgow Riverside Innovation District and Glasgow City Region Deal community research and facilitation	Core

	Sustainable food	Glasgow Food Policy Partnership and development of Glasgow City Food Plan	Core
		Sustainable Food Places Silver award application	Core
		Evaluation of community food nurturing programme with families of pre-school children in Glasgow.	Core
	Community Engagement and Empowerment	Build capacity within GCPH	Core
		Support application and delivery of CEE across GCPH programmes and in place-based projects	Core
	Climate emergency, adaptation and resilience	Small grants scheme	Core
		Synthesise GCPH work relating to climate change	Core
		Systemic approaches to economic, health inequalities and climate resilience (GALLANT)	Core
		Health and climate change profile for Glasgow	Core
	Innovative approaches to Improving outcomes	Promoting Community based participation	Community approaches that mobilise people as assets (Common Health Assets)
Embedding asset-based approaches			Core
Social renewal		Support to the GCC Social Renewal Taskforce	Core
Volunteering and participation		Literature review on community participation in alleviating social isolation/loneliness	Core
Participatory budgeting		Support to GCC PB mainstreaming	Core
		Evaluation of GCC Parks and Greenspace PB initiative	Core
Racialisation in Public Health		Anti-racist organisation	Core
Health and Inclusive growth in Glasgow City Region		Supporting the health and wellbeing opportunities of the City Region's economic development strategies	Core
		Support community wealth building (CWB) approaches across City Region	Core
		Evaluation partner in Health Foundation's Economies for Healthier Lives funded project	Core

Section 3: Matrix document (programme work plan tables)

Programme 1: Action on inequality across the life course

Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
Understanding and mitigating child poverty	Monitoring, advising, and influencing the development of child poverty delivery plans across NHSGGC, local authorities and HSCPs.	JE, LN, BW, KT		CORE	A new report on health in Glasgow was published in May 2021 (KT, BW) and work will continue to use existing and emerging evidence from across the programme and Centre to inform networks of policy and action.	<p>The health in Glasgow report will include a commentary on poverty and deprivation trends.</p> <p>The child poverty indicators on Understanding Glasgow will also continue to be updated and other potential indicators assessed. A child poverty map of Glasgow which will both be important resources for informing future action.</p> <p>Members of the team also continue to attend meetings of the NHSGGC Child Poverty Leads Action and co-ordinating network, the Glasgow City Challenge Child Poverty partnership to share information informing the decision made by these groups. Other key forums include the Welfare Advice and Health Partnerships, Scottish Advisory Group (if re-established after pandemic-related suspension).</p>
	A secure future for families and children: Citizen Jury.	PS, CT		CORE	Report and dissemination in Spring 2021.	<p>GCPH have commissioned Child Poverty Action Group to run a Citizens Jury exploring with a sample of the working age population:</p> <ul style="list-style-type: none"> • public understanding and perceptions of the role of social protection in improving health and wellbeing and reducing inequality • guidance on the framing of communication on actions deliverable through social protection to support population health gains • reflections and recommendations on the use of Citizen’s Jury model as a means of promoting democratic participation.

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
						A dissemination plan will be developed with CPAG on maximising the impact these findings with key decision makers.
Children’s Neighbourhood Scotland	Governance of workstreams, and programme reporting. Communication of programme learning	JM		CORE		<p>Following 3 years of Scottish Government and Local Authority support Children’s Neighbourhoods Scotland (CNS) will end at the end of March 2022. The programme has been unable to secure funding to support ongoing core infrastructure delivery of the programme.</p> <p>GCPH will lead the preparation of the final report for the Scottish Government and local funders alongside supporting a range of other final outputs, including a series of community wellbeing frameworks, survey, and synopsis reports.</p> <p>Work will be undertaken to continue to share and incorporate learning from CNS into other GCPH programmes and to support local partnerships and activities established through the programme.</p> <p>Legacy work from the programme will be ongoing during 2022/23.</p>
Young people and transitions to adulthood	Qualitative research with young people and expert advisors to understand and develop responses to challenges for young people making the transitions to adulthood.	LN, JE, CT		CORE	<ul style="list-style-type: none"> • Advisory group meetings every two months. • Data analysis currently underway and draft report expected by end March 2022. • Final report by April 2022. 	<p>Exploring with young people supporting factors and barriers in transitioning adult independence.</p> <p>This work informs national and local ambitions to improve opportunity for young people by aligning young people’s aspirations with practice and assessing fit and accessibility of existing services from young people’s perspective. An expert advisory group will assist with the framing of the research and interpretation of findings for action focussed recommendations and next steps.</p>

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
					<ul style="list-style-type: none"> Dissemination and influencing strategy (April to June 2022). 	The findings will be disseminated and interpreted further through existing Youth forums and networks as guided by the advisory group and GCPH.
Exploring partnership links between social housing & HSCP workforces	Advisory group exploring prevention links between housing and health	JE & Glasgow city HSCP homeless lead	<p>3 RSL managers, NE Glasgow and HSCP managers from mental health, addictions, criminal justice.</p> <p>An invitation will be extended to a national partner e.g., Scottish Federation of Housing Associations.</p>	<p>IN DEVELOPMENT</p> <p>Second group meeting to be held March '22.</p>	It is anticipated that once established, the advisory group will support the co-production of agreed work priorities by Summer 2022.	<p>An advisory working group has been set up to explore prevention links between social housing & HSCP workforces with reference to mental health, addictions, criminal justice responses. The agreed work will build on learning gained from the ongoing GCPH Universal Credit evaluation.</p> <p>This development work is at the very early stages of planning. Some early themes to emerge from the inaugural meeting include triangulating tenancy sustainment themes: covering tenants' needs, and HSCP and RSL current/future workforce responses, with particular reference to tenants living with mental health, addictions, criminal justice concerns.</p>
Universal Credit, welfare and prevention of homelessness	Evaluation of GCC and Registered Social Landlords project to prevent homelessness.	JE, LN, KT		CORE	<ul style="list-style-type: none"> Phase 1: interviews with partners and stakeholders - completed by April 2021. Phase 2: interviews with (operational staff) commencing March 2021. Phase 3: Interviews with tenants involved in the pilot beginning before Autumn 2021. 	<p>This work will support Glasgow City Council develop preventative approaches to homelessness and supporting sustainability of tenancy for groups with additional vulnerability in the context of welfare reform.</p> <p>A pilot between GCC and four Registered Social Landlords has been developed implemented to test a method of fast-tracking people from temporary accommodation into secure tenancies. GCPH is conducting an evaluation of the pilot with all partners and stakeholders and tenants themselves.</p> <p>Qualitative interviews with service managers (phase 1) are underway to produce data on the</p>

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
					<ul style="list-style-type: none"> Findings presented to advisory group Spring 2022. <p>Phase 1, 2, and 3 interviews completed.</p> <p>However, recruitment delays led to phase 3 being completed in late Jan 2022, which has impacted on the ongoing data analyses and subsequent reporting. It is envisaged that the draft report will now be available late Spring 2022.</p>	<p>effectiveness of the intervention and implications for capacity and sustainability.</p> <p>The advisory group established before COVID-19 wave 1 will be reconvened to support the project development and subsequent learning within the wider context of COVID-19 restrictions, changing response to homelessness, increased UC uptake and furlough.</p>
Mental health	Evaluation of Sistema Scotland.	CH		CORE	<p>The impacts of Big Noise participation on educational attainment and post-school destinations.</p> <p>Statistical analysis report will now be published will be published April 2022.</p>	<p>The evaluation is at an important juncture as the primarily qualitative methods of Phase 1 (2013 to 2018) are now concluded. Phase 2 of the evaluation began in 2020 and involves quantitative participant outcome analysis. Phase 2 will be led by the GCPH over 2021/22 in collaboration with a range of local and national stakeholders and a refreshed senior evaluation advisory group chaired by Audit Scotland.</p>
	Developing new integrated neighbourhood hubs that aim to support better mental health and wellbeing outcomes.	PS, KT, LN, LG		CORE	<ul style="list-style-type: none"> Delivery of commissioned lit. review on alternative delivery models (Jul-Aug 2022). In-house rapid review of lit & data (Feb '22 – 	<p>A collaboration between GCPH and NHSGGC Mental health Services providing developmental and evaluative support to a new intervention to address service demand for specialist mental health services via Primary Care referral.</p> <p>Two key aspects of the work will include:</p>

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
					<p>ongoing) which will support integrated hubs' needs assessment (Feb-Dec '22).</p> <p>Ongoing development of evaluation protocol in response to integrated hubs - going live Jan-Mar 2023.</p>	<ol style="list-style-type: none"> 1) Literature reviews and data exploration to support factors shaping service responses by identifying good practice examples of mental health/wellbeing work. 2) Supporting an evaluation of the integrated hubs. Meetings with partners to decide the timing, structure and delivery of the integrated neighbourhood hubs are ongoing.
	Public health impacts of gambling.	CH, DW, JE		IN DEVELOPMENT	<p>The planned briefing paper is likely to be translated into a micro briefing exploring the impacts of the pandemic on problem gambling this is planned for summer 2022.</p> <p>GCPH input to Whole Systems Approach (WSA) to tackling gambling-related harm within Glasgow City, led by SCOTPHN. GCPH is contributing to three strands of the work:</p> <ul style="list-style-type: none"> • management group • evaluation group community engagement group. 	<p>This micro briefing paper is designed to introduce the public health impacts of gambling and its complex interaction with socioeconomic disadvantage, low income and debt. The literature reviewed in the micro briefing will also examine the impact of the pandemic on problem gambling and discuss the implications for social and economic recovery policy and practice.</p> <p>GCPH are in conversation the WSA team to determine an effective contribution.</p>
	Child Poverty Groups:	LN		Ongoing		

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	<ul style="list-style-type: none"> • Glasgow City Challenge Child Poverty Partnership • NHSGGC Child Poverty Leads Action Co-ordinating Network. <p>NHS GGC planning groups:</p> <ul style="list-style-type: none"> • Financial Inclusion • Poverty Leadership Panel. 	<p>JE</p> <p>PS/LN</p>		<p>Ongoing</p> <p>Ongoing</p>		

Workplan 2022-23

Programme 2: Understanding health inequalities and their determinants

Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
Understanding Glasgow: the Glasgow indicators project	Maintenance and development of health and wellbeing indicators for Glasgow.	BW,KT,MY, KMcl, SF		CORE	Updating UG is an on-going process through the year: 1. In-year updates of key topics and indicators as new data are released (on-going) 2. Consultation internally and with external partners on future content, design and functionality of Understanding Glasgow website. June 2022). 3. Migration of UG website to new platform (Mar 2023)	Developing and updating the content of Understanding Glasgow (dependent on support from external partners and staff resources within Centre). Responses to students and others who contact the UG website, which can involve providing data, links and/or interviews. The Understanding Glasgow website will be migrated to a new Content management System (CMS) this year. Accompanying this process, we will undertake a consultation on the future direction and content of the website with partners.
Understanding changing life expectancy (LE)/mortality trends in Scotland and the UK	1. Synthesis report of the causes of recent changes to mortality/LE in Scotland and the rest of the UK. 2. Animation project 3. Systematic review of austerity &	DW (1-10), JC (2)	1. UoG, PHS 2. Media Co-op 3. NHSD&G, UoG, MRC-SPHSU 4. PHS, UoG 5. PHS, UoG 6. UoG, MRC-SPHSU, Sheffield-Hallam	1-9 CORE; 10: IN DEV'T	1. Report published and disseminated early 2022/23 2. Completed by start of 2022/23 and disseminated thereafter. 3. Journal paper published by early 2022/23. 4. Journal (short) paper published by early 2022/23. 5. Complete analyses and publish journal paper by summer 2022. 6. Oversee completion of analyses and write-up of journal paper.	1. Publish with PHS a major synthesis report, summarising the evidence for the recent mortality changes (stalling of improvement overall, worsening mortality in more deprived areas, associated widening of inequalities) and producing a set of detailed policy recommendations. 2. Oversee (with JC) commissioned production of short animation describing the recent changing mortality trends (and their causes) as part of the dissemination strategy for all this work. 3. Co-author of systematic review of the international evidence of the impact of 'austerity'-related policies on mortality.

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	<p>mortality.</p> <p>4. Analyses of healthy life expectancy (HLE) in Scotland and UK.</p> <p>5. Exploring role of obesity in changing mortality trends.</p> <p>6. Analyses of austerity cuts and mortality changes at local authority level across the UK.</p> <p>7. Male-female differences in changing mortality rates in the UK.</p> <p>8. Mortality Special Interest Group (SIG).</p>		<p>University</p> <p>7. MRC-SPHSU, UoG</p> <p>8. Multiple partners including PHS, UoG, SG, NHS Boards, NRS, academics.</p> <p>9. UoG, MRC-SPHSU</p> <p>10. TBC</p>		<p>7. Completion of all analyses and literature searches, and writing of journal paper, by autumn 2022.</p> <p>8. Ongoing throughout the year with various associated outputs.</p> <p>9. Publication of journal paper by autumn 2022.</p> <p>10. Potentially a summary paper by end of year.</p>	<p>4. Development of new trends in HLE for Scotland pre-and post-implementation of UK Government ‘austerity’ policies.</p> <p>5. Detailed analyses of the potential contribution of increasing obesity prevalence to the changing mortality trends in Scotland and England, based on the use of population attributable fractions (PAFs).</p> <p>6. Statistical analysis of the association between austerity-related cuts (to both social security and local authority funding) and changes in mortality rates at local authority level across the UK.</p> <p>7. Three main components of this work comparing male and female changing mortality rates: a) identification of trend ‘break points’ (time points when trends changed); quantification of excess deaths observed since 2010 in Scotland and England; c) how these analyses tally with the literature-based evidence of whether females have been more affected by austerity cuts.</p> <p>8. Co-lead/co-chair multi-partner (e.g. SG, PHS, NRS, NHS boards, academics) group aimed at understanding and monitoring mortality-related health outcomes.</p> <p>9. Contributing to journal paper summarising UoG PhD analyses of austerity and mortality.</p> <p>10. Scoping work to compare scale of cuts (a) overall (b) to social security and (c) other</p>

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	9. Austerity and mortality international analyses. 10. (TBC) International comparison of components of austerity					department spending. This is largely to inform other projects.
National and international mortality analyses	1. Health in a Changing City 2. Update of comparative international mortality trends (i.e. the Sick man of Europe report). 3. Updating (to end 2021) mortality trends for Scotland and Scottish cities (including impact of COVID-19).	BW (1-3), DW (2, 3) MY, KT (1)		1-3: CORE 4: IN DEVELOPMENT - under discussion	1. a) Complete dissemination of findings and recommendations (May 2022). b) Short review of impact (Dec 2022). 2. Update previous analyses. <u>Postponed to 2023/24.</u> 3. Ongoing analyses (for sharing internally and with partners) to be updated by early 2023.	1. This report (published in Aug 2021) has been disseminated extensively through news media and presentations to strategic groups. A short review of its impact will be undertaken in the latter half of 2022 and completed by the end of 2022. 2. Work would update previous analysis of Scottish mortality trends compared to other Western European countries. Due to COVID impact this work will be postponed until 2023/24 when mortality data to end of 2021 should be available. 3. Ongoing process of updating analyses (which feed into multiple other projects and activities). With the inclusion of 2020 and 2021 data this will obviously include an assessment of COVID-19 deaths on both overall trends and inequalities.
Health inequalities and their determinants	1. Modelling analyses of changes to income and	DW (1-5), BW (2)	1. PHS, UoG and others	1-4: CORE 5: IN DEVELOPMENT	1. Journal paper submitted by early 2022/23. 2. Journal papers by summer 2022.	1. Statistical modelling analyses of the effects of changes to (a) Scottish income tax rates/bands and (b) levels of devolved social security benefits on

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	<p>health inequalities.</p> <p>2. Understanding the health benefits of active commuting.</p> <p>3. Understanding differences in the experience of poverty and deprivation between Scotland and England</p> <p>4. Systematic review of socio-economic inequalities in mortality.</p> <p>5. Gambling harms.</p>		<p>2. MRC-SPHSU, UoE, NRS</p> <p>3. UoG</p> <p>4. UoG, MRC-SPHSU, PHS, University of Oxford</p> <p>5. ScotPHN</p>	<p>– still under discussion</p>	<p>3. Journal papers written and submitted by summer 2022; subsequent follow-on research protocol by end of 2022.</p> <p>4. Completion and publication of journal paper by end 2022/23.</p> <p>5. TBC.</p>	<p>health and health inequalities; led by PHS colleagues and delayed by PHS.</p> <p>2. Linking to Programme 3, to assess the health benefits (including impacts on mortality and hospitalisation rates), and resulting policy implications, of active commuting in Scotland compared to elsewhere in the UK.</p> <p>3. Project aimed at understanding theory and measurement of poverty, deprivation and inequality across different markers of socioeconomic position and intersectionality. The ultimate aim is to inform future research aimed at measuring and comparing, previously uncaptured aspects of the experience of deprivation in Scotland (Glasgow) and England (Liverpool, Manchester).</p> <p>4. Project has been extensively delayed. However, it is anticipated that it will recommence in 2022/23, requiring further literature searching, analyses and writing up.</p> <p>5. Contributing to programme of work aimed at establishing a system to routinely measure and monitor the prevalence of gambling harms in the Scottish population.</p>
National and local groups	<p>1. Annual PHINS seminar.</p> <p>2. Input to ScotPHO collaboration</p>	<p>DW (1, 2) BW (1-3)</p>		<p>CORE</p>	<p>Timing and format of PHINS seminar to be agreed early in 2022.</p>	<p>1. Organising programme for seminar.</p> <p>2. Includes ongoing maintenance of web site sections and contribution to steering group and ‘ScotPHO leads’ groups.</p>

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	in terms of steering group, news alerts, web pages and evaluation. 3. Scottish Health Survey Advisory Group.					3. Ongoing contribution.

Workplan 2022-23

Programme 3: Sustainable inclusive places

Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
Sustainable transport and travel	Collaborative research to evaluate the health, transport and environmental impacts of major changes to Glasgow’s transport infrastructure.	BW (1-5), KM (3-4) [JM, CT] (1)		IN DEVELOPMENT CORE IN DEVELOPMENT IN DEVELOPMENT IN DEVELOPMENT	<ol style="list-style-type: none"> As a collaborator on university bids to undertake new research on sustainable transport infrastructure and its impacts. Working with UBDC and GCC to develop methodologies and capacity to measures changes in transport volumes and modes on Glasgow’s avenues. Development/maintenance of an inventory of new sustainable transport infrastructure in Glasgow (KM, BW). Support Active Travel Work package of the GALLANT project (further details below) Sustainability and transport collaboration focussed on developing comparative case studies, sharing transport survey and potential research opportunities 	<ol style="list-style-type: none"> A previous NIHR bid to evaluate the health and air quality impacts of the Avenues programme and Glasgow’s LEZ was ultimately unsuccessful. Further research bids led by UBDC with support from GCPH are a possibility. This work progressed and expanded during the pandemic from March 2020 onwards - in part as a way of assessing adherence to social distancing rules - encompassing monitoring of automatic cycle and pedestrian counts; capture of CCTV images and use of machine learning to count pedestrians and motor vehicles in 40+ locations across Glasgow. This resource will inform our understanding of planned changes in Glasgow’s sustainable transport infrastructure. A version of the transport projects inventory has already been used to support early mapping work undertaken for the GALLANT project. This is a developing collaboration involving contacts in Universities of Glasgow and Strathclyde, Glasgow City Council, Scottish Parliament, NHS Greater Glasgow and Clyde, Glasgow Caledonian University and City of Glasgow College.

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	Active commuting research.	BW, DW		CORE	1. A journal article is being prepared for submission in the Spring of 2022	Analysis of the Scottish Longitudinal study to estimate the health impacts of active commuting (see Programme 2 for further details)
	Health benefits of walking	BW		CORE	1. Briefing on walking to be published in Spring of 2022	This briefing is being developed in collaboration with Living Streets
	Monitoring active travel trends.	BW, MY, LG		CORE BW (1-3) LG (1-2) MY (3)	1. A journal paper on cycling trends in Scotland during the COVID-19 pandemic has been submitted to Active Travel Studies (Feb 2022). 2. A report on the nextbike hire scheme to be completed by summer 2022. 3. On-going monitoring of a broad range of transport and environmental trends (via Understanding Glasgow).	This forms part of an on-going programme of work to monitor active travel trends. Outputs will provide new evidence on active travel trends and are relevant to policy and actions being taken to decarbonise transport, improve air quality and improve health outcomes.
	PHS Social and System Recovery: Transport group and Environment and Spaces group.	BW (1) RJ (2)		CORE Additional in-year work as a result of the COVID-19 pandemic.	1. The transport group has undertaken a HIA on road space reallocation and is in the process of undertaking a rapid review of evidence. Current work is focussed on reducing car kms driven (in line with the government’s target of a 20% reduction by 2030) improving active travel data.	Public Health Scotland’s Social and System Recovery: Transport and Sustainability group was set up in March 2020. This later split into a transport (BW) and an environment and spaces group (RJ). In 2022, the transport group is providing evidence on road-space reallocation, 20-minute neighbourhoods, reducing car kms driven and improving active travel data, in the context of COVID-19 and the climate emergency. The main group and a data and evidence sub-group meet every 6-8 weeks.

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					2. The Environment and Spaces group focuses on how open space (green, blue and grey) can contribute to health and wellbeing as well as other co-benefits. Current work includes developing consultations on NPF4, Openspace Strategy and Play Sufficiency Assessment as well as research reports, workshops and webinars on the use of outdoor space.	The Environment and Spaces group is conducting research and developing guidance supporting the use and management of outdoor spaces. Groups meets every 6 weeks.
	Sustrans active travel (AT) infrastructure groups: People for Places and Places for Everyone.	BW		CORE	Ongoing commitments 3/4 meetings a year.	Providing health and evaluation input as a member of the Places for Everyone Steering Group (Sustrans national active travel infrastructure programme) since June 2019.
	Modelling of cycling casualty's data.	BW, MY		IN DEVELOPMENT	<ol style="list-style-type: none"> 1. Specify the analysis (March/April 2022) 2. Identify a statistician/analyst who can undertake main analyses (April 2022) 3. Start work in Spring 2022. 	Descriptive analysis and modelling to develop a better understanding of road casualty (pedestrian, cycling and driver/passenger) trends in Scotland using Stats 19 data.
	Research/evaluation of impact of UCI World Cycling Championships.	GY, BW		IN DEVELOPMENT	<ol style="list-style-type: none"> 1. This year will involve planning and specifying GCPH's role as an evaluator of this project. 	An evaluation of the impact and legacy of a Community Cycling Fund provided by Glasgow Life to community groups during the World Cycling Championships to be held in Glasgow in August 2023.

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	Social prescribing for Cycling	GY		CORE	Write up of final report for Bikes for All	Agreed to prepare evaluation report for Bikes for All on their Social Prescribing for Cycling project with the Alliance. Project involved pulling together monitoring information and primary research with Community Links Practitioners
Healthy Urban Environments	Using the Place Standard in neighbourhoods.	RJ, GY, CT		CORE	1. To deliver Place Standard session(s) in Glasgow.	1. Assist in organisation, delivery and write-up of Place Standard session(s) alongside GCC and Thenue Housing Association. Project has been delayed but will be delivered Spring/Summer 2022.
	Glasgow City Region Deal – community influence on capital spend decisions.	CT		CORE	2. Bid submitted by PHS. If successful, SCDC will lead engagement.	2. Should the bid to the Health Foundation be successful, advisory support to PHS (Deborah Shipton) and SCDC on pragmatic considerations for bridging community development practices and public health research in the Glasgow City Region.
Sustainable Food	Supporting the Glasgow Food Policy Partnership (GFPP), and the implementation and monitoring of the Glasgow City Food Plan.	JM, RG		CORE	<ol style="list-style-type: none"> 1. Support the coordination and leadership of the Glasgow Food Policy Partnership. 2. Support delivery partners/leads and working groups in the delivery of the implementation plan and monitoring framework. 3. Active participation in the development of a Scottish Sustainable Food Places network. 	<p>GCPH will continue to support and participate in the GFPP.</p> <p>GCPH will also continue to support and host the Sustainable Food Places (SFP) coordinator post which is employed through Glasgow Community Food Network with funding from SFP (grant) and matched funding from GCC and GCPH (carried over from 20/21). This postholder coordinates the GFPP and supports this work, including the GCFP working groups and the GCFP management group, as well as communications. The co-ordinator is involved</p>

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
					<p>4. Produce annual report on progress and plans for future evaluation of the GCFP.</p>	<p>in the delivery of some of the plan actions and will also develop links across Scotland with other Sustainable Food Places (including across the Glasgow City Region) developing collaborative approaches as appropriate.</p> <p>The Glasgow City Food Plan is underpinned by the core values of health, equity and sustainability. Working with stakeholders on the project management team (GCC, Glasgow City HSCP, NHSGGC, GCFN) and the GFPP, GCPH and the Sustainable Food Places Coordinator supported the development and launch the Food Plan in 2021.</p> <p>In 22/23 this will continue, focusing on</p> <ul style="list-style-type: none"> • Continuing to build support for the Food Plan with Partners across the city • Working with delivery partners to progress the implementation plan and monitoring framework, including presenting an annual review of progress to the PH Oversight Board. • Connecting the Plan with other developments in the City where appropriate, and ensuring a joined up approach to implementation. • Developing appropriate Communications campaigns that build support for and understanding of the key messages in the Food Plan. This includes supervision/support for a new ‘Good Food Movement’ campaign to be launched in April ’22. A Campaign Co-ordinator will be

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
						hired by GFPP through GCFN to deliver the campaign.
	Sustainable Food Places (SFP) Silver Award application.	RG, JM		CORE	Achieve Silver Sustainable Food Places award for Glasgow.	Gathering details of all activity in Glasgow to support the city to achieve the SFP Silver award, building on the Bronze award achieved in 2021. This will open eligibility to further funding possibilities for food plan work.
	Thrive under 5 - piloting a whole system, community food nurturing programme with families of pre-school children in Glasgow.	GY, RJ		CORE	Evaluation plan and monitoring framework to be in place Spring 2022	HSCP project with funding from Scottish Government £200,000. The project will combine action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods. Provide evaluation support for the project and embed links to overall City Food Plan. Ongoing throughout 2022 and 2023.
Community Engagement and Empowerment	Develop CEE knowledge, skills, confidence, and practice in academic and professional staff using transferable learning stemming from the Centre's and UofG's historical and current community engagement work.	1.MC 2.MC, CT 3.MC, CT 4. MC, CT		CORE	<ol style="list-style-type: none"> 1. Develop a professional CEE network across GCPH and UofG. 2. Co-produced resources and training development. 3. Development of equalities work within GCPH. 	<ol style="list-style-type: none"> 1. Co - lead on developing the UofGEngage Forum in collaboration with the cross-university UofGEngage Working Group and GCPH: Ensure visibility of social sciences and GCPH's work within Forum content: - Provide community engagement capacity building opportunities for researchers, as well as relationship building opportunities with community partners. 2. Continue to develop our recently launched open access, collaborative online training course 'Community Engagement: An Exploration' through sharing learning from GCPH work in the content and resources. 3. Continuing to support the development of equalities work in GCPH from a CEE perspective where relevant.

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	Provide professional support to build community engagement into a targeted portfolio of GCPH/UofG/Social Research Hub projects.	MC		CORE	To be determined.	Support development of CaCHE East End Knowledge Exchange Hub. Opportunistic support as required.
	Practical application and delivery of CEE across the GCPH programmes.	CT		CORE	See individual projects in relevant programme work plans for milestones.	<ol style="list-style-type: none"> 1. Young People’s transitions pilot, Programme 1. Field work complete and now in write-up phase. Covid-related impacts on fieldwork pushed back milestones (details in Prog 1 workplan). 2. Providing advice and support to LG on Our Rights peer research project, including practical logistics, signposting and internship recruitment. 3. Supporting community participation in Understanding Glasgow engagement/introductory workshops to inform planning and development of the resource. 4. COP26 legacy event: supporting community participation in collaborative event with UofG MRC/CSO. 5. Supporting development of Health in a Changing City engagement. 6. Ad hoc advisory as required to NIHR Common Assets Lived Experience Panel lead (see Prog 4 workplan).
	Support and develop CEE within place-based projects and the wider GCPH	CT, MC		CORE		<ol style="list-style-type: none"> 1. Monthly CEE news round-up for GCPH colleagues to promote good practice and updates on new resources, publications and projects.

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	work programmes as a cross cutting approach.					<ol style="list-style-type: none"> 2. Develop an in-house typology of participation as a resource, support GCPH programmes to understand the ways that GCPH activities enable community power and participation with consideration of good practice. 3. Revise and update the GCPH CEE strategy and principles. 4. Supporting the Communications team in GCPH in thinking about accessibility of outputs and developing distinct event formats that provide new approaches to engagement and communications. 5. Plan and support community participation with programme support input. 6. Opportunistic support to GCPH programmes and projects as required.
	Support and develop CEE amongst partners in delivery.	CT		CORE		<ol style="list-style-type: none"> 1. Building on the COVID CEE support provided to GCC Community Empowerment Services for the Social Recovery Taskforce, supporting these services to scope need for a city-wide group to support community engagement practitioners from public and third sectors to share learning and to promote good practice. 2. Contribute to national wider group to review Participation Request appeals (CE Act), led by SCDC on behalf of the Scottish Government.

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
Climate emergency, adaptation, mitigation and resilience	1. Small grants projects on climate change	RJ, JM, GY, MC, KT, KM, CT		CORE	1. Disseminate outputs of round 2 of small grants. Potentially run another small grants programme.	1. Disseminate outputs of round 2 of the small grant projects. Explore innovative ways of showcasing outputs.
	2. Paper on climate change and health.	GY		CORE	2. Report on climate change and health.	2. To synthesise existing GCPH work relating to climate change, cover the likely impacts of climate change on population groups and the public health rationale and steps needed for Glasgow to become carbon neutral by 2030.
	3. Seminar(s) on climate change and health post COP26.	JC, CF, BW, RJ, GY, JM, CT	UofG	IN DEVELOPMENT	3. Explore development of seminar with UofG re climate change post COP26.	3. Potential seminar(s) on local legacy of COP26 with UofG collaborating with GCPH Comms Team.
	4. WHO Health and climate change profile for Glasgow	RJ, BW, GY	WHO	CORE	4. Assist in finalisation of WHO Health and Climate Change Profile.	4. Finalisation and publication of WHO Health and Climate Profile
	5. Global Goals for Cities	RJ, GY, JM, CT	GCC, URBACT	CORE	5. Transnational project mainstreaming UN SDGs into local policy/practice. GCC priority to improve citizen engagement /participation.	5. Complete profile and baseline assessment and implement actions to mainstream SDGs.
	6.C40 Thriving Cities	RJ, CT	UofG, GCC, C40	CORE	6. Assist in development of profile and identifying participants and facilitation for workshops.	6. Develop city profile on resilience using doughnut economics model and sense-check through workshops engaging stakeholders/community.
	7. GALLANT	RJ, BW, JM, MC, CT, GY	UofG, GCC + others	CORE	7. Develop systemic approaches that combine solving the city’s deep-rooted economic and health inequities, with urgent progress towards a climate resilient Glasgow.	7. Assist in development and delivery of Whole Systems Workstream, Community Engagement Workstream, Active Travel Work package.
Supporting processes of change	<ul style="list-style-type: none"> • Consultation responses • Presentations 	All		CORE	Ongoing	Ongoing engagement with a variety of partners to embed considerations of health and wellbeing.

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	<ul style="list-style-type: none"> • Advice and information • Community Plan • Reducing inequalities • Monitoring trends • Balancing research and practice. 					
Representation on expert panels, steering groups.	Member of the Glasgow City Active Travel Forum	BW, JM			Attend quarterly meetings.	Provide support/input as required. Support development of 5 pilot projects aimed at improving the school run.
	Place Standard Review Group.	RJ			Ongoing	Develop and launch revised versions of the Place Standard.
	Clyde Gateway Population Health Working Group.	RJ			Ongoing	Support the work of this group using GCPH evidence and make links with relevant work across the city.
	PHIRST London Advisory Group	RJ			Ongoing	Advise on evaluation of Public Health Interventions and annual report to NIHR.
	UK Healthy Cities Network	RJ			Ongoing	Steering group. Advise on development of network webinars, monthly outputs, WHO reports.
	GCR Strategic Environment Group	RJ			Ongoing	Shape the work of and provide support for the City Region Environment group.

Work plan 2022-23

Programme 4: Innovative approaches to improving outcomes

Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
Social recovery	Support to the Social Recovery Taskforce (SRTF).	CH		CORE	<p>Provide regular and ongoing support to the SRTF during 2022-23 and related community planning, council committees and workstreams moving forward.</p> <p>To produce a range of outputs which examine existing and emergent pandemic public health themes and disproportionate impacts of pandemic on population groups.</p>	<p>Provide regular input and support to the Social Recovery Taskforce over 2022/23 relating to community engagement and participation in pandemic recovery. This also encompasses informing approaches to community participation Glasgow City.</p> <p>Through the academic support group and in collaboration with Policy Scotland and a range of expert partner agencies; micro briefings relating to pandemic impacts to disabled people, women, BME groups and CYP have been published, with more planned for 2022-23. The micro briefings provide accessible forms of pandemic-related evidence and insight.</p>
Asset-based approaches	Community focused approaches that mobilise people as assets – Common Health Assets (CHA)	PS/JM/MA/RF	<p>GCU Yunus Centre</p> <p>Community partners – SCDC, Scottish Communities for H&WB</p> <p>University of East London, Queens University Belfast, University of Bournemouth</p>	CORE	<p>Project started on September 2021 for a 3-year period:</p> <ul style="list-style-type: none"> • Development of LE Panel recruitment information (January 2022) • Engagement with community-based partners and recruitment to Panel (March 2022). • Page on GCPH website about CHA 	<p>Work undertaken in partnership with Yunus Centre at Glasgow Caledonian University, and academic and community-based partners from across the UK. GCPH is a named partner in the funded bid, PS and JM are named co-applicants, MA will lead development of LE Panel and RF will provide admin support.</p> <p>GCPH is leading the Patient and Public Involvement strand of the project. A UK wide ‘Lived Experience’ panel will be established and will meet six times over 3 years to shape and influence the research plan and participate in activity relevant to the study phases.</p>

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
					(February 2021). Development of initial project blogs <ul style="list-style-type: none"> • Development of schedule and focus of meetings (March 2021). • Delivery of 2 Panel meetings during 2022-23 – dates tbc • Develop LE panel evaluation methodology (May 2022). • Ongoing GCPH contribution to the project groups. 	Two panel meetings will be delivered during 2022/23. PS is a member of the Project Management Group which meets monthly (also attended by JM). JM is also member of the Comparative Policy Analysis Group.
	Embedding asset-based approaches and perspectives in community-based setting	JM	University of Glasgow	CORE	See Programme 1 work plan for specific programme milestones.	Following 3 years of Scottish Government support Children’s Neighbourhoods Scotland (CNS) will end at the end of March 2022. Work will be undertaken to continue to share and incorporate into other GCPH programmes of work the learning and insights from CNS. Legacy work from the programme will be ongoing during 2022/23.
	Partnership working and sharing learning.	JM		CORE	Dissemination of learning, supporting collaboration and sharing learning.	Continue to take up opportunities to share learning and insights from our work on asset-based approaches. Provide support, advice and input in a sustained way to local and national group as they understand, embed and evaluate asset-based working, including:

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						<ul style="list-style-type: none"> Named collaborator on CRUK funded systematic review into asset-based approaches for smoking and tobacco control led by the University of York (nearing completion). Journal article submitted to IJHP. Advisor to GP Postdoctoral Fellow CSO funded study exploring community responses to managing long term conditions – project currently on hold due to COVID restrictions. Peer review of relevant articles – range of journals
Volunteering and participation	Understanding volunteering participation.	CH/GY/RJ	UofG, Volunteer Glasgow	In development		Possible collaboration with UofG & Volunteer Glasgow to develop a policy paper on volunteering in Glasgow. Currently in early discussions.
Participatory budgeting		CH		CORE	Supporting the Social Recovery Taskforce to consider and develop the role of Participatory Budgeting within pandemic recovery and beyond.	<p>Working collaboratively with Glasgow City Council and partners to support the development of PB across the City.</p> <p>This involves an evaluation of Glasgow City Council’s Parks and Greenspace Participatory Budgeting initiative to inform the mainstreaming agenda and community participation in climate adaptation and sustainability efforts.</p>
Race and racialisation in Public Health		PS		CORE	<p>Report and action plan Spring 2022</p> <p>New membership and terms of reference agreed (March/April 2022).</p>	In September 2021 the GCPH Board confirmed its support for the organisation to become anti-racist. A GCPH micro-briefing published in December 2021 describes racism as a determinant of health and makes clear anti-racist recommendations. A January 2022 GCPH seminar series event focussed on

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Area of focus	Projects	Team members	Other partners	Core/In development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
					<p>Commissioning of organisational support (April 2022).</p> <p>Appointment of external organisation and organisational support programme agreed (May/June 2022).</p>	<p>racialisation within public health with a particular focus on the inadequacy of BME data in Scotland.</p> <p>New membership and a terms of reference for both the existing equalities group and a new anti-racist sub-group being developed. These two groups will oversee organisational development and capacity building in relation to equalities issues broadly and becoming anti-racist specifically.</p> <p>In relation to the commissioning of an external organisation to support the GCPH in becoming anti-racist a draft commissioning specification has been developed and a number of potential organisations identified.</p>
Inclusive economy	Health and inclusive economy in Glasgow City Region (GCR).	VM	Glasgow City Council and Glasgow City Region PMO	CORE	<p>Actions on ‘fair employment and just labour markets’, ‘plural ownership of the economy’ and ‘making financial power work for local places’ to be agreed with Economic Delivery Group and finalised, Spring ’22.</p> <p>Evidence base for, and support in developing and implementation of programmes set out within the Regional Economic Strategy, including foundation economy and</p>	<p>Secondment, funded by Glasgow City Council, extended until end March 2024.</p> <p>Programme Manager, Health and Inclusive Economy based within Glasgow City Region PMO supporting the health and wellbeing opportunities of the City and the City Region’s economic development strategies to be maximised, based on a critical friend model.</p> <p>Work supports community wealth building (CWB) approaches across the City Region, with a focus on ‘progressive procurement’ and ‘socially just use of land and property’ as priority areas. Links to BW’s work (Programme 2) with the GCR’s Economic Intelligence Support Group.</p>

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					<p>fair and healthy work programmes – ongoing.</p> <p>Continued delivery of CWB actions under ‘progressive procurement’ and ‘socially just use of land and property’ pillars in partnership with GCR’s Portfolio Groups – ongoing. Business case for regional approach to addressing vacant and derelict land – April ’22.</p> <p>As evaluation partner for Health Foundation’s Economies for Healthier Lives funded project in Glasgow City Region, develop and agree evaluation plan – April ’22. Lead implementation and reporting thereafter.</p>	
	<p>Maximising the Health, Wellbeing and Economic Benefits Generated by Glasgow City Region’s Capital Investment Programme</p>	<p>VM,GY,BW</p>	<p>GCC, Health Scotland, Health Foundation and Renaisi</p>	<p>CORE</p>	<p>As evaluation partner for Health Foundation’s Economies for Healthier Lives funded project in Glasgow City Region, develop and agree evaluation plan – April ’22. Lead implementation and reporting thereafter (VM&GY)</p>	<p>Following an award of funding from the Health Foundation’s Economies for Healthier Lives programme, the Glasgow City Region Programme Management Office (GCR PMO) is leading a project entitled: Maximising the Health, Wellbeing and Economic Benefits Generated by Glasgow City Region’s Capital Investment Programme. The GCPH are the evaluation partner in the work and have been asked to contribute to the Strategic Delivery</p>

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					Provide support as required to the Strategic Delivery group (BW)	Group. The project team are working closely with the Health Foundation as well as with the Programme’s evaluation support provider, Renaisi, and learning support provider, the RSA. The three-year regional project will focus on working alongside a wide range of people and organisations, recognising that large scale investment in the area has often focused on physical regeneration and economic outcomes and that a new approach is needed that considers health, wellbeing and inequality outcomes. It will involve developing and testing a health inequalities impact methodology and embedding this approach into local authority capital spend processes across the GCR. The GCR PMO are the grant holders, managing the award of £350k.
Providing leadership, insights, influence and impact	GCPH representation and contribution on a Steering/Advisory groups. Partnership working Sharing learning Supporting practice	All		CORE		<ul style="list-style-type: none"> • Employment and Health Strategic Group • Knowledge is Power Advisory Group • North Ayrshire Fair for All • Programme Committee for Multiple Long-Term Conditions, Guy’s and St Thomas’ Charity • PH Oversight Board • PH Improvement Group • PH Evidence Network • PH Priority 5 Network (Inclusive Economy) • Population Health Working Group • Social Recovery Taskforce (SFRT) • SRTF workstreams

Work plan 2022-23

Communications

We use four main **channels** to communicate our work: publications; events and face-to-face engagement; digital; and media. The core activities within each of these for 2022-23 are outlined below, alongside some in-development projects and additional priorities.

Area of Focus/ Channel	Project	Team members	Other partners	Core/In-development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
PUBLICATIONS						
Publications	Written research outputs	JC, lead authors	Will vary across publications	CORE	Dictated by Programme workplans.	Range of publications to communicate and disseminate new findings and existing evidence relevant to recovery, improving health and reducing health inequalities. This includes research reports, briefing papers, policy briefings, journal articles, and responses to consultations and calls for evidence. Specific outputs not listed here as detailed in Programme workplans and will emerge over year to respond to priorities and opportunities.
Publications	At-a-glance findings summaries. Micro briefings (in collaboration with Policy Scotland, led by Chris Harkins).	JC, research leads CH, JC, partner agencies	Policy Scotland & other external partners depending on topic	CORE	Dictated by Programme workplans and researcher capacity.	Key priority is to ensure concise and accessible summaries are available with a focus on evidence, actions and insight for policy, practice and recovery. Will mainly be achieved through comms led at-a-glance research summaries and CH led COVID-19 micro briefings in collaboration with Policy Scotland and written with partner agencies (see also Prog 4).
Publications	New GCPH booklet.	JC		CORE	Circa Autumn 2022	Draft text developed – provides a short description of GCPH including our role and niche, what we focus on and why, how we

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Area of Focus/ Channel	Project	Team members	Other partners	Core/In-development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
						<p>work and the overall narrative to our work. To be published as digital booklet on website and printed hard copies for use by staff and partners and at events, conferences and meetings. Will also seek to include foreword and strategic vision from new Director.</p>
Publications	Accessibility & review	JC, CF, Comms Officers (COs)		IN-DEVELOPMENT	<p>Dec '22</p> <p>Continual learning and improvement over year.</p>	<p>Review and refresh of our publication types.</p> <p>Ongoing review of the accessibility, useability and relevance of our publications and resources for a broad and diverse range of perspectives, audience needs and uses. This applies to our events and digital resources as well as our written outputs.</p>
Events	Annual Seminar Series (SS).	JC, PS, CF & other team members dependent on topics/speakers	Will vary across topics	CORE	<p>SS18 to run until June 22 (1-2 seminars).</p> <p>SS19 to be held from Autumn 22 to Spring 23 (up to 6 seminars).</p>	<p>Curated to offer promising and insightful contributions from internationally recognised speakers to our network of practitioners, policymakers, researchers, and citizens with a broad interest in improving the city's health and reducing inequality.</p> <p>Important to ensure speakers and topics take cognisance to, and connect clearly with, the current and evolving context and our and partner priorities and challenges while also maintaining their important element of futures thinking and innovative perspectives. All seminars will continue to run as virtual webinars, will be recorded and shared in different formats to maximise reach.</p>

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Area of Focus/ Channel	Project	Team members	Other partners	Core/In-development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
	'Morning after' workshops.	As above	As above	CORE	As above but will be determined by topic and appetite/necessity for follow-on discussion	Although SS continuing as virtual, if possible the smaller more in-depth 'morning after' discussions will be face-to-face (as restrictions and context allows).
Events	Climate change and health mini seminar series (SS)	JC, Prog 3 team members	MRC CSO SPHSU	In-development	Two seminars May/June 22. Two seminars Autumn 22. Final discussion workshop Nov 22.	The aim of a mini SS is to enable deeper engagement and broader perspectives on an issue with an interested and committed audience. Several scoping meetings held which have informed the development of a draft outline plan. Chairs & speakers to be agreed, invited & confirmed. Seminars will be run as virtual webinars with final discussion workshop offered as a face-to-face meeting as context allows.
Events	Community conversation	JC, CF, MC, CT	UoG Engage Forum	In-development	Initial scoping meeting April 22. Event planned for autumn 22.	Interest and agreement to collaborate on a second community conversation established. Will build on learning and approach from initial one held in June 21 with a focus on co-production and collaboration (also see Prog 3).
Events	Topic-specific workshops and seminars	JC, CF, Prog Managers		CORE	Dictated by Programme workplans and key priorities and challenges for the city – need to be short and topic relevant with focus on learning locally and nationally. Confirmed topics include stalling life	These are held to provide an opportunity to hear, reflect on and discuss new findings emerging from GCPH and others from projects, or on particular topics. We will endeavour to hold events open to our network alongside smaller and more tailored events for an invited audience with knowledge or remit on the topic.

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Area of Focus/ Channel	Project	Team members	Other partners	Core/In-development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
					expectancy synthesis; racism as a social determinant of health: a focus on data.	
Events	Explore new formats, engagement methodologies and recording and reporting of events.	JC, CF, CEE team		IN-DEVELOPMENT	Build on learning from June 21 Community Conversation. Explore different options for visual recording and reporting of events that encourage different perspectives.	Explore potential and capacity to deliver tailored and distinct CEE events that add value to our existing portfolio of events by engaging new audiences in new ways on issues mutually relevant to community, GCPH and partner concerns, priorities and challenges. This includes the use of artists/animators to visually capture event themes and emergent learning, other forms of artistic representation such as poetry and a more diverse range of facilitators and active listeners to bring different perspectives.
Events	Presence at or contribution to conferences and other organisation's events.	Comms team		IN-DEVELOPMENT	TBC but at present will likely include annual NHS Conference, PHINS seminar and SFPH Conference. Others may emerge over year.	Involves communications and logistical event support. Traditionally this has involved having stands at conferences or other organisations events. We will explore what opportunities might exist via digital conferences or events that allow us to raise our profile and engage with at times specific and broader audiences.
Digital	Day-to-day management and development of our three websites (GCPH; Understanding Glasgow; and GoWell); our social	New Digital Comms Officer (DCO), JC		CORE	Capacity significantly impacted until new DCO recruited. First quarter of year will focus on day-to-date maintenance and updating only.	Ongoing utilisation of these tools to build our online audience and share our work widely. Identifying opportunities to link our work (past and current) into topical issues and conversations online, as well as engaging with relevant awareness campaigns is an important aspect of our social media engagement.

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	media channels (Twitter, Facebook); and our audio and visual channels (YouTube and PodBean/Spotify).					
Digital	Migration of GCPH website.	New DCO, JC		IN-DEVELOPMENT	Invitation to tender documentation finalised Dec 21. Commissioning & delivery dependent on procurement capacity & recruitment of new DCO Anticipate tender and commission – by Sept 22 Migration – Oct-Dec 22 Completion – Jan 23	The current content management system (CMS) on which our websites run has become outdated, necessitating a move to a new CMS. This opportunity will be used to make some functional improvements including the ability to hyperlink graphics and more easily use graphics and multimedia content; responsive design for mobile optimisation and display on different screen sizes; and additional accessibility features (text to speech functionality, font size increases).
Digital	Migration of Understanding Glasgow website	New DCO, BW, CF, JC		IN-DEVELOPMENT	External consultation and engagement on future development of UG Apr-June 22 (see also Prog 2) Development of project specification for migration to new CMS by autumn 22. Commission, migration & completion – to be informed by new DCO and BW capacity	The 10-year anniversary of the UG website last year and the need to migrate to a new CMS is being used as an opportunity to collectively review the ongoing and future development of the resource. This has included an internal team session and online survey with further external stakeholder engagement workshops planned.
Digital	Infographics.	New DCO, research leads		CORE	Ongoing but ability to produce impacted until new DCO recruited	These are a useful tool for highlighting new findings and raising awareness of our work

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Area of Focus/ Channel	Project	Team members	Other partners	Core/In- development	Project delivery milestones for 2022-23	Description of planned work and anticipated learning and outcomes
						and different topics, particularly on social media.
Digital	Expansion of digital resources to include audio recordings, talking heads and animations. Stalling life expectancy trends animation.	Comms team JC, DW		IN- DEVELOPMENT CORE	Capacity to deliver significantly impacted until 2 vacant CO posts filled Delivery April 22. Publication & dissemination thereafter. Evaluation at 3 and 6 month points.	Ambition to expand our digital resources to communicate our key messages via the spoken word more through audio recordings, short talking-heads from team members, and animations. These will be produced in-house where possible and used on our website and social media. This is one component of the overall communications strategy to support dissemination of the stalling life expectancy body of work.
Digital	Newsletter to GCPH network and GCC elected members.	JC, COs		CORE	Bi-monthly (May, July, Sept, Nov, Jan, Mar).	Our main newsletter is circulated to our 3,000+ subscribers to highlight past, current and future activities (including publications and events) and directs them to our website for further information. A tailored and slightly shorter newsletter is circulated to GCC elected members.
Media	Coverage of key publications in mainstream media (print, radio, TV and online) and in other orgs’ and specialist publications and websites.	JC, research leads		CORE	Dictated by publication timings. Restricted during pre-election period.	Continue to take a considered approach to seeking media coverage of our work generally reserving it for particularly newsworthy findings or topical issues. Will use a mixed approach to this including press releases, exclusives and op-eds.
Media	Media monitoring.	COs, JC		CORE	Ongoing	Daily monitoring of the media for GCPH mentions, relevant/topical issues team should

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						be aware of and awareness of how issues are being reported.
Communications review, continuous improvement and increasing impact	External review of communications and stakeholder analysis Applying a campaigning approach to our communications.	JC, JMcl, PS, Possibly new Director JC		IN-DEVELOPMENT IN-DEVELOPMENT	Draft spec developed but awaiting appointment of new Director before taking forward. Indicative timescale: -commissioned Sept 22 -review complete and reporting end-Dec 22 - refreshed Comms Strategy for 2023-24 by March 23. Apply to stalling LE animation publication and dissemination. Others throughout year. Stakeholder mapping/analysis complete by June 23.	In-depth review of comms planned to identify strengths and gaps in strategy and networks, assess whether comms are as effective as they could be and suggest improvements, and better understand how to capture and expand measurement of effectiveness and influence of our comms. Apply learning from campaigning training to particular communication plans and evaluate over year.
Framing of messaging	Ongoing priority of how to frame messages to maximise influence and impact across totality of channels.	JC, CMOs, research leads		IN-DEVELOPMENT	Several components including reviewing examples of good practice, utilising learning from Campaigning training, learning from NIHR project in relation to PPI strand and lived expertise panel (Prog 4) and learning from deprivation and poverty research project (Prog 2).	This includes use of ‘framing’ approaches alongside our trusted transparency and evidence-led messaging; and an ambition to include human stories and lived expertise within our communications. This connects with a broad recognition, valuing and communication of lived expertise as a form of evidence alongside more traditional forms of evidence

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Joint communications on key public health challenges	Key public health priorities it is important our messaging and communications connect with and support. Ambition to collaborate with others to develop joint messaging, outputs and activities.	Comms team and research leads	Will vary across topic	IN-DEVELOPMENT	Joint comms with PHS on stalling LE synthesis Joint comms with MRC CSO SPHSO on mini health and climate change seminars Joint comms with SMEHRS on racism as social determinant of health Others will emerge over year	Likely topics: <ul style="list-style-type: none"> • increasing understanding on the causes and responses to pre-pandemic stalling life expectancy • the public health and social justice implications and responses to the climate emergency • the health dimensions of an Inclusive Economy • taking a whole-systems approach to issues, e.g. on mental health; on our food system • developing a response to racism – in terms of evidence and data and in relation to systemic issues.
Monitoring, reporting and evaluation		JC		CORE	Progress reports to EMT and Management Board. Bi-annual and annual web and social media analytics.	Ongoing collation and review of standard metrics including web and social media analytics, outputs produced, newsletter open and click rates, and event attendance and feedback. Also, important to track longer term engagement of outputs and activities to assess which formats, activities and topics gain the most traction.