



## Management Board Meeting

Thursday 23<sup>rd</sup> September 1330 – 1530 hours

### AGENDA

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1. Welcome and apologies

#### ***Part 1: Strategic Development***

2. The Feeley Report: Independent Review of Adult Social Care (I. Colvin)
3. GCPH as an anti-racist organization (SJ, CH) Paper GCPHMB/2021/417
4. Health in a Changing City (BW. MY, KT) Paper GCPHMB/2021/418

#### ***Part 2: Regular Board Business***

5. Minutes of last meeting, rolling actions and matters arising
6. General update Paper GCPHMB/2021/419
7. Budget position 1 April 2021 to 31 August 2021 Paper GCPHMB/2021/420
8. AOCB

#### **Date of next meeting**

Thursday 9<sup>th</sup> December 2021, 1330 – 1530 hours



**Minutes of a meeting of the Management Board  
of the Glasgow Centre for Population Health  
held on 3 June 2021  
Virtual meeting**

PRESENT

Prof Moira Fischbacher-Smith	Vice-Principal Learning & Teaching, University of Glasgow (Vice Chair)
Dr Pete Seaman	Acting Associate Director, Glasgow Centre for Population Health
Prof John Brown	Chairman, NHS Greater Glasgow and Clyde
Mr John Matthews	Non-executive Board Member, NHS Greater Glasgow and Clyde
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Mr Gary Dover	Assistant Chief Officer, Glasgow City HSCP
Ms Fiona Buchanan	Corporate Reporting Manager, NHS Greater Glasgow and Clyde
Prof Nick Watson	Professor of Disability Studies, University of Glasgow
Ms Karen MacNee	Interim Deputy Director of Health Improvement Division, Scottish Government
Prof Laurence Moore	Director, MRC/CSO Social & Public Health Sciences Unit, University of Glasgow
Dr Linda de Caestecker	Director of Public Health, NHS Greater Glasgow and Clyde

IN ATTENDANCE

Ms Rebecca Lenagh-Snow	Administrator, Glasgow Centre for Population Health
Mrs Jennie Coyle	Communications Manager, Glasgow Centre for Population Health
Dr Jennifer McLean	Programme Manager, Glasgow Centre for Population Health
Dr Russell Jones	Programme Manager, Glasgow Centre for Population Health
Ms Shruti Jain	Senior Public Health Research Specialist, Glasgow Centre for Population Health


			<b><u>ACTION BY</u></b>
<b>660</b>	<b><u>WELCOME AND APOLOGIES</u></b>		
	<p>Prof Brown chaired and welcomed everyone to the meeting.</p> <p>Apologies were recorded from Mr Colin Edgar, Mr Kevin Rush, and Ms Suzanne Miller.</p> <p>Dr Russell Jones, speaking to item 7, and Ms Shruti Jain, observing, were in attendance.</p>		
<b>661</b>	<b><u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u></b>		

	<p>The March 2021 Board meeting note was ratified with no amendments.</p> <p>Under rolling actions and matters arising, it was noted that the first meeting of the sub-group to advance recruitment for the Director vacancy was taking place directly after the Board meeting. An update on Dr Michael Smith's successor is still outstanding and Dr Seaman asked the Board if an expert opinion on the Feeley report should be sought.</p> <p>Prof Watson and Dr de Caestecker both agreed it would be beneficial to get an expert to talk about the implications of the Feeley report in relation to the wider national and policy landscapes. Iona Colvin was suggested as an appropriate colleague with expertise. Dr de Caestecker agreed and is happy to approach her about this.</p> <p>All other rolling actions are fulfilled or covered under agenda items.</p>		<p><b>To note</b></p> <p><b>LdC/GCPH</b></p>
662	<b><u>GENERAL UPDATE</u></b>		
	<p>Dr Seaman spoke to paper [GCPHMB/2021/413] highlighting the following points.</p> <p><u>Governance and staffing – paragraphs 1-6</u> Following a meeting with Ms MacNee and Scottish Government colleagues, tailored meetings with Scottish Government teams about themes such as climate change and how these relate to both GCPH and SG work are to be set up.</p> <p>Shruti Jain was welcomed to the meeting by the Chair. Ms Jain is now three months into her secondment from Public Health Scotland and gave a short introduction to her background and role.</p> <p>Dr Seaman reported that interviews for the post of Office and Administrative Manager have taken place and a preferred candidate identified. This is now with NHSGGC HR.</p> <p><u>Developments and partnerships – paragraphs 7-11</u> Following the agreed continuation of the PHOB, a number of issues require further consideration, this includes Public Health Scotland representation. With the aim of increasing wellbeing in the city the need for a wellbeing baseline was highlighted and further work in this area is required. Bruce Whyte's 'Health in a Changing City' report will be taken to PHOB.</p> <p>Following a meeting with Claire Sweeney from Public Health Scotland she has offered to give a briefing about Public Health Scotland's work to the GCPH team.</p> <p><u>Communications and activities – paragraphs 12-27</u> Two recent high-profile seminars delivered as part of the 17<sup>th</sup> seminar series highlight the value of taking a carefully curated and collaborative approach to both inviting speakers and the makeup of the discussion panel at the events. Both the Prof Williams and Prof Marmot seminars are already demonstrating impact and Dr Seaman has been hearing them quoted in meetings. He has also</p>		<p><b>GCPH</b></p> <p><b>To note</b></p> <p><b>To note</b></p> <p><b>To note</b></p>

	<p>received informal feedback that HSCP teams are planning on using the film of Prof Williams talk in meetings.</p> <p>The report on changes over 20 years in health, demographic, socioeconomic, and environmental factors in Glasgow, 'Health in a changing city: Glasgow 2021' is due to be published shortly. This anticipated report has the potential to have a high level of impact for GCPH. This will be brought to the September Board meeting.</p> <p><i>Points of comment from Board members:</i>  Prof Watson thanked the team for the two seminars and the format, welcoming especially disability activists having the chance to engage with the Prof Marmot as part of the panel.</p> <p>Regarding PHOB and a wellbeing baseline, Prof McIntosh wondered if there was a chance to embed quality of life measures in the wellbeing approach going forward? Dr Seaman agreed it would be good to see the city taking this forward. Prof McIntosh would be happy to work with Dr Seaman on this and thought a working group around the issue would be a good idea. Dr Seaman will take the offer to Bernadette Monaghan and PHOB.</p> <p>Dr de Caestecker mentioned there was a wellbeing appointment at University of Glasgow, Director of the Wellbeing Economy.</p> <p>Regarding the Marmot seminar, Dr de Caestecker asked if it were possible to take the learning from the seminar and think about if there are actions partner organisations should be doing to take this forward? Dr Seaman suggested that a lot of follow up is not just about things to do but about mindset and how to incorporate this learning and thinking going forward. One issue that really struck him from the Prof Williams seminar was the mental health impact of racialisation.</p> <p>In a related point, Mrs Coyle said that although it was a great seminar and we have received positive feedback there was perhaps some disappointment on not getting into the implications of what to do next.</p> <p>Ms Jain wondered if the SMERS meeting next week may be a space to discuss this if needed.</p> <p>The next speaker in the autumn will be Sandro Galea and Comms are planning a number of post seminar focussed sessions on the follow up and implications of the Galea, Williams and Marmot lectures.</p> <p>Mr Matthews emphasised the need to make progress from these great speakers and said the question was how to go back to individual organisations and move things forward to move this knowledge and learning into action.</p>		<p><b>Sept agenda</b></p> <p><b>Prof McIntosh/Dr Seaman</b></p> <p><b>Dr Seaman/Ms Jain</b></p> <p><b>To note</b></p>
663	<b><u>END OF YEAR REVIEW 2020-21</u></b>		
	<p>Dr Seaman spoke to this paper [GCPHMB/2021/414] and gave a short summary presentation [attached].</p> <p>Dr Seaman highlighted that this has been a year like no other, and that GCPH has supported partner pandemic responses and each other across the team.</p>		



	<p>Dr Seaman spoke to the appendix, an overview of salary budget projections, provided in response to a request at the March Board meeting. The projections show that taking salary uplift into account, core funding will not cover the current staffing component. A number of options to avoid future overspend were noted for discussion, including asking for core funding to take account of salary inflation, an increase in core partner contributions, not refilling vacant and some potential savings from accommodation costs.</p> <p>Prof Brown said the Board agreed that we have to start a conversation with Government about what, as a purchaser, they expect from the Centre. Then on the basis of that conversation work out what that is going to cost to deliver. He thinks there should also be some discussion with the NHS GGC finance director and Scottish Government finance director about the issue of flat funding. He did not think that NHS GGC could commit to fully fund the missing funds and he was uncomfortable with a policy of not refilling vacant posts. External funding is an option but funders would have their own wants and asks. He thought in the first instance this needs to be discussed with NHS GGC finance and the Scottish Government.</p> <p>Mr Matthews suggested the possibility of asking Scottish Government for additional funding for a piece of work looking at the impact and cost saving of GCPH work.</p> <p>Dr de Caestecker said while she agreed there was a need to be careful that we wouldn't be repeating the same aims as those for which GCPH was set up for at the start, there is a case for saying we could do more with more resources.</p> <p>Prof Watson agreed and highlighted the governmental trends towards understanding the value of investment, citing the case of New Zealand where bonds are taken out on social care to save on future investment. There is good evidence for this approach and a case could be made from this perspective.</p> <p>Prof McIntosh supported the first option. She also agreed with the expansion possibility. The model for GCPH can be expanded on a more national level and she feels there is opportunity there, agreeing with Prof Watson that it is a "push on an open door" moment. The social return on investment model has lots of research and evidence and she thinks GCPH is very well placed to help drive that forward.</p> <p>The Board noted the budget position and underspend carry forward.</p>		<p style="text-align: center;"><b>Prof Brown/GCPH</b></p> <p style="text-align: center;"><b>To note</b></p> <p style="text-align: center;"><b>To note</b></p> <p style="text-align: center;"><b>To note</b></p>
<b>665</b>	<b><u>DIRECTOR RECRUITMENT SUBGROUP UPDATE</u></b>		
	<p>Dr Seaman updated that this subgroup would meet directly after the Board meeting today to think about the recruitment model and desired person specifications to fit that.</p> <p>A question about whether we should have Scottish Government representation on that group was raised and if the Board has any thoughts about person specs for the position.</p>		

	<p>Mr Matthews put in a plea for an entrepreneurial aspect to the role, someone who will take up the baton for the Centre and take new ideas forward.</p> <p>Prof Brown agreed. The group needs to agree the role of GCPH as an organisation and what the leadership requirements for that are. This is part of the discussion he is having with Scottish Government and there is a need to think about NHSGGC's role as funder of the Director post.</p>		<b>To note</b>
<b>666</b>	<b><u>GCPH AND COP-26</u></b>		
	<p>Dr Seaman introduced Dr Russell Jones, who spoke to this paper [GCPHMB/2021/416] and gave a short presentation [attached].</p> <p>Dr Jones thanked the Board for the opportunity to speak about the impact of climate change on health and the work GCPH has been doing in this area across the city.</p> <p>He highlighted previous and current work being undertaken by the Centre in several key areas, with cross-cutting themes between these. These are: healthy urban environments; sustainable transport and travel; sustainable food systems; climate emergency/adaptation/mitigation/resilience; communications and community engagement; and contributing to various climate related networks.</p> <p>Dr Jones asked the Board for any advice on how to maximise impact from this work.</p> <p>Ms MacNee mentioned a planning group in Scottish Government which includes health representation and is about planning for COP-26. She is happy to make sure they are briefed on the GCPH work.</p> <p>Prof Brown highlighted interesting work from Richard Jones, who is coming to the health board to speak about carbon footprint. He is happy to introduce Dr Jones.</p> <p>Prof McIntosh noted GCPH and GU are both applicants for a Gallant Funding bid and other work at UoG which is relevant</p> <p>Prof Fischbacher-Smith mentioned Jamie Tomi's work at the Sustainable Centre, and also University courses about upskilling around climate change which are open to all. Dr Jones does know of Jamie Tomi, who is a partner on the Gallant bid, and said the courses sound useful.</p> <p>Prof Brown would be interested in having a conversation about governance in the city and how this relates to climate change. Dr Jones will contact him via email about this.</p>	 <b>cchange.pdf</b>	<p><b>Ms MacNee</b></p> <p><b>Prof Brown</b></p> <p><b>To note</b></p> <p><b>Dr Jones</b></p> <p><b>Prof Brown/Dr Jones</b></p>
<b>658</b>	<b><u>AOCB</u></b>		
	<p>Mrs Coyle mentioned that Comms are hoping to get a good spread of media coverage on the 'Health in a Changing City' report and will circulate a draft summary and media briefing to the Board and partner media teams ahead of publication.</p>		<b>GCPH Comms</b>

	<p>The Chair recorded a final thanks from himself to the GCPH team and Dr Seaman.</p> <p>There was no other business recorded.</p>		<b>To note</b>
<b>659</b>	<b><u>DATES OF MEETINGS FOR 2021</u></b>		
	<p>The date of the next Management Board meeting is: Thursday 23<sup>rd</sup> September at 1.30pm.</p>		<b>To note</b>





**Glasgow Centre for Population Health  
Management Board Meeting  
23 September 2021**

**GCPH as an anti-racist organisation**

**Background**

1. Across almost all measurements of health, Black, Asian and Minority Ethnic (BAME) people, have the worst outcomes. The COVID-19 pandemic has become yet another means of perpetuating health inequalities endured by BAME groups. Evidence accumulated over several decades shows that racism is a fundamental cause and driver of adverse health outcomes in ethnic minorities as well as inequities in health. Despite this evidence, it can be argued that public health has not paid sufficient attention to racism as a fundamental social determinant of health.
2. In June 2019 a paper came to the GCPH Board asking *how might GCPH usefully address issues of racialised under-representation in the sites of action within public health?* (GCPH Management Board paper 383) The original paper recognised the challenge presented to the Centre and wider Public Health from the persistence of racialised inequalities in power and representation. One area of activity was to consider how the Centre responds and develops approaches to ensure greater contribution of a diversity of voices to our priority setting. At the time there was awareness of underrepresentation in both the Centre's programmes of work, priority setting and our wider network. Discussion at the Board highlighted the urgent requirement to do better in understanding and addressing issues of racialised inequality and to do so in a manner that includes a diversity of perspectives and recognises wider expertise, particularly of those who have experienced structural racism and discrimination. The challenge and discomfort of hearing the experiences of systemic racism and discrimination was raised and it was stated that the responsibility for ensuring diversity within organisations (in their workforce and priority setting) lay with those organisations.
3. Further, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 outlines the General Equality Duty that requires public authorities in the exercise of their duties to '(A)dvance equality of opportunity between people who share a relevant protected characteristic and those who do not.'

## Establishing the GCPH Equalities Group

4. As part of a series of planned actions to progress equality mainstreaming issues, including racial inequality, the GCPH established its 'Equalities Group' in July 2020. The purpose of the group is to support the GCPH to mainstream equality across the organisation, including promoting 'diverse representation and inclusivity within our own organisational culture, practices and communications'<sup>1</sup>.
5. The Equalities Group is operating well and is well attended. Self-reported staff motivations for joining the group include - supporting change from within the organisation; an interest in applying equality policies; and to address concerns around lack of diversity in the team and across work programmes.
6. The Group identified a need for external expertise to support learning within the Centre concerning building competences, behaviours and practices that welcome, respect and champion Glasgow's diverse people and communities. The group has adopted an intersectional approach to the nine protected characteristics outlined in the Equality Act 2010. The Group organised five training workshops facilitated by external expert equalities agencies to support team members in furthering their understanding of contemporary equality issues. The workshops covered:
  - Obligations and protections under the Equality Act 2010, but also to consider the problematic nature of existing legislation and how we could think about moving beyond obligations towards good practice. Provided by West of Scotland, Regional Equalities Council.
  - An introduction to racism as a social construct by demonstrating how racism can look and feel and its impact on relationships at work. Guidance included steps to take to maintain an inclusive culture. Provided by Gillan Neish of Neish Training.
7. Key learning from the workshops was shared with the wider GCPH team and subsequent discussion has informed an internal report recommending ways to embed the key learning within the Centre's culture, practices and communications a recommendation from the Equalities Group is that priority is given to developing anti-racism practices and work across the team. Furthermore, racism has been highlighted as an urgent public health crisis within the Equalities Group learning and beyond. The GCPH is therefore developing a programme of work concerning racialised underrepresentation Within public health and has recruited to a dedicated post to progress this work.

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<sup>1</sup> Glasgow Centre for Population Health. *Exploring racial inequality*. [https://www.gcph.co.uk/resilience\\_and\\_empowerment/exploring\\_racial\\_inequality](https://www.gcph.co.uk/resilience_and_empowerment/exploring_racial_inequality) (accessed 16 August 2021).

## **GCPH becoming an anti-racist organisation**

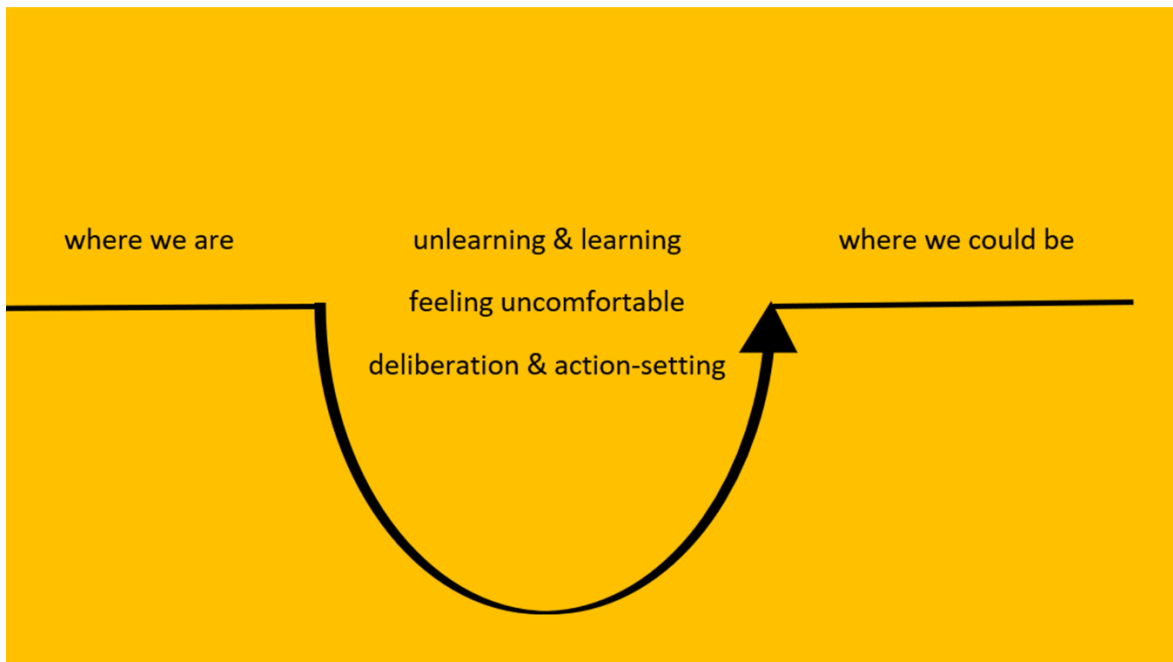
8. The work that the Centre is progressing on racism as a fundamental cause of health inequality, racialised inequality and under-representation in public health data, strategic priority-setting and governance is timely and progressive. However, it is imperative that while GCPH condemns racism in society, it does not sustain structural racism in its own culture, practices and communications. It is the recommendation therefore that the GCPH needs to become an anti-racist organisation.
9. The GCPH post on racialised underrepresentation has identified that the organisation needs to do more to lead from ‘the inside out’. This will involve important self-reflection to assess how racially inclusive the Centre is internally and whether the GCPH could do more to clearly and proactively tackle all forms of racism in our community. As part of the Centre’s core ethos, it is recommended that we build a long-term commitment to racial equality and work towards becoming anti-racist.

***“It is not enough to be non-racist, we must be anti-racist”. Angela Davis***

10. Being anti-racist<sup>2</sup> means:
  - you are actively trying to dismantle racism
  - you learn about your own privilege and biases
  - you speak up when it matters
  - you support anti-racist policies, and
  - much more [as determined by GCPH’s own learning and deliberation].
11. In becoming an anti-racist organisation, the GCPH will need to undertake the process of ‘collective unlearning’ and learning (baseline racial literacy), deliberation and action-setting (see Appendix). In developing an action plan the GCPH should record where and how it currently sits as ‘an anti-racist organisation’, the change it wants to become, how and when by (see Appendix). This process of self-reflection and deliberation to build understanding of, for example, how white privilege and bias shapes our views of public health and priority setting there in, will be extremely challenging. The wellbeing of GCPH staff is clearly an overarching priority however self-reflection of this nature should and will be uncomfortable. This process within the GCPH requires leadership, commitment and determination to ensure racial equality is central to all activity and moves beyond tokenism.

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<sup>2</sup> Kendi, X. I. (2019) *How to be an antiracist*.



12. This proposal was taken to the GCPH EMT in August 2021 and an action agreed was for GCPH to explore the provision of external support from an experienced facilitator in anti-racist practice. This should include looking at the whole system of GCPH as highlighted in the appendix. There was also discussion of whether GCPH should develop policies in addressing systemic racism given the existence of NHSGGC equalities policies. There was preference for GCPH influencing NHSGGC policies, but the internal work would be required for outward facing credibility on this issue. The issues of leadership at multiple parts of the GCPH system was also highlighted, at team level, future management arrangements and Board and EMT level. The current secondee developing our responses to racialisation and public health recommends that such a role becomes a core post within the GCPH structure in future.

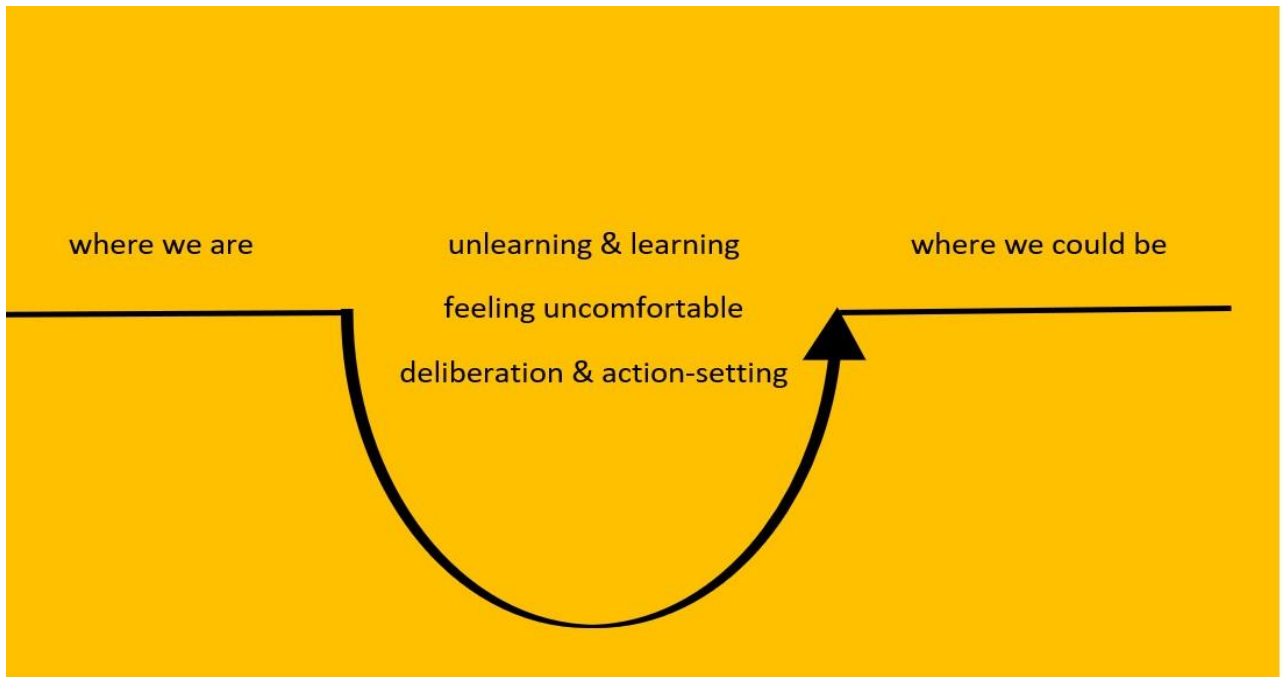
### Recommendations

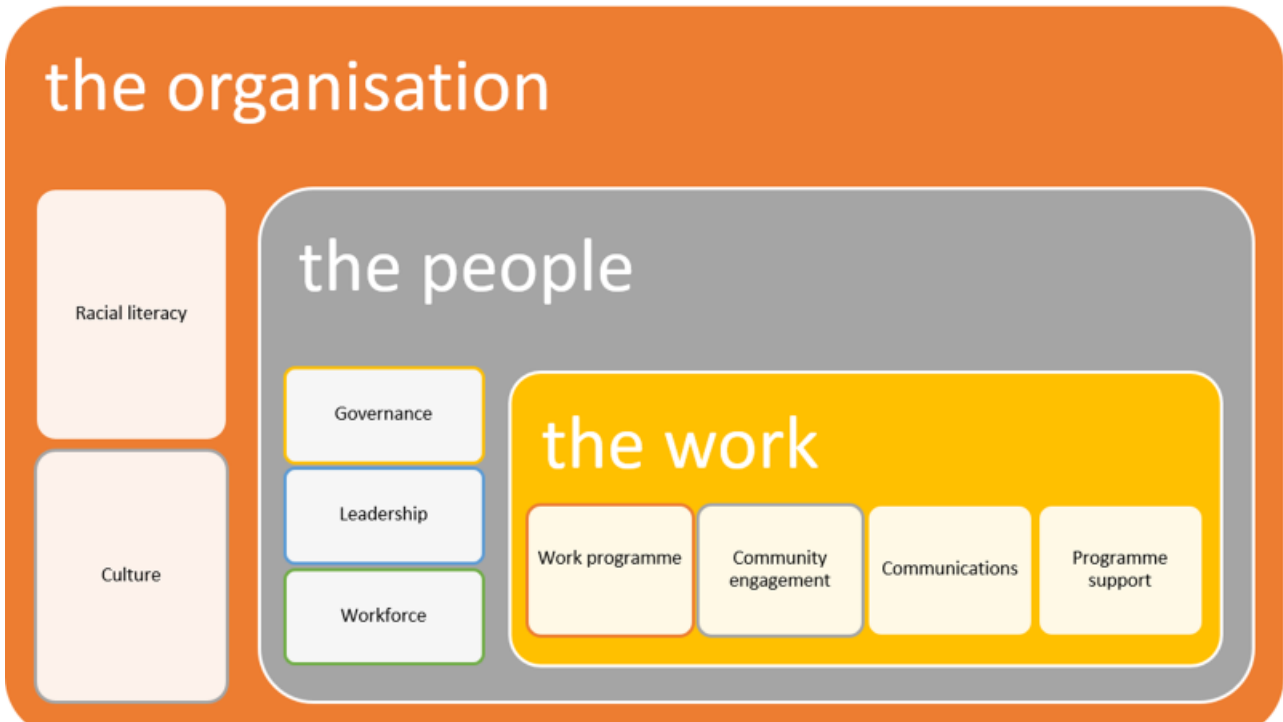

- Note the proposal that GCPH works to become an anti-racist organisation, consider the implications of the proposal and supports required.
- Discuss and advise on how we would know we are making progress in becoming an anti-racist organisation. In what areas? How would accountability for progress be handled? (See Appendix).
- The intersectional approach is highlighted, will being an anti-racist organisation include reflection on other historical silences and assumptions including disability? Should we be focusing on the broader equalities agenda?
- There are policies within the NHS, these should be the minimum – how much further should we go.

**Shruti Jain  
Chris Harkins  
Pete Seaman**

**August 2021**

**Appendix**



For each area, you might consider:

- Where and how does (or might) racism manifest?
- How do we know this?
- What change(s) do you think needs to be made?
- What can we do to address the issue?
- What resources do we need?
- Are there any obstacles, and how will we overcome them?
- When will we complete any actions?
- Who will be accountable for actions?
- How will you measure when they are completed?

for example:

1. Governance

Outcome	Key decision-making structures and forums at the GCPH include people from diverse backgrounds, and their work is credited.
Actions:	Develop a whole board and individual commitment to racial equality, diversity and inclusion, by 1) putting in on the agenda at least once a year 2) committing to unlearning and learning, and 3) taking action.
	Commit to recruiting a racially diverse board; and provide a safe and supportive environment for individuals to take part in discussions and decision-making.
	Hold the GCPH senior management accountable for setting and making progress on racial equality.
Resources:	<a href="https://www.strategy-business.com/article/How-board-directors-can-advance-racial-justice">https://www.strategy-business.com/article/How-board-directors-can-advance-racial-justice</a>

2. Leadership

Outcome	Visible advocate(s) for and champions of race equality and anti-racist practice internal and external to the GCPH.
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**Glasgow Centre for Population Health  
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**Health in a Changing City**

1. The GCPH published '*Health in a Changing City: Glasgow 2021*' on 6th August 2021. This report provides a comprehensive analysis of changes in population, socioeconomic, environmental and health factors over the last 20 years within and across the city, and in comparison, with Scotland. Although most of the analyses precede the Covid-19 pandemic, emerging evidence of the impacts of the pandemic is commented on.
2. The report highlights the changing deprivation profile of Glasgow, multiple inequalities experienced by children and young people, reductions in life expectancy and widening health inequalities, worsening mental health trends and increasing concerns over ethnic and racial inequality, racial discrimination and gender-based inequality experienced by women.
3. Many of the challenges the city currently faces were pre-existing prior to Covid-19 and these underlying social and health inequalities shaped and determined people's experience of the pandemic and its impact on them.
4. Some key findings from the report are:
  - Glasgow has become less deprived in comparison to the rest of Scotland over the last 20 years but remains the Scottish city with the highest concentration of people living in deprived circumstances and with high levels of child poverty, fuel poverty and food insecurity.
  - Children in Glasgow are more likely to live in the most deprived areas than any other age group and more likely to experience homelessness than adults. The report also notes inequality in mental health service provision for children.
  - Stalling life expectancy improvements in Glasgow and across the UK over the last decade, associated with austerity policies, have resulted in widening health inequalities and shortened lives: life expectancy has reduced for females and for those living in the most deprived areas of the city
  - The gap in life expectancy between the least and most deprived areas is now 11.6 years for females and 15.4 years for males.
  - Worsening mental health trends are reported, including extensive inequalities associated with gender, age, socioeconomic status and ethnicity, and evidence of

- a growing inequality in service provision between children and young people and adults.
- Increasing evidence and concerns over ethnic and racial inequality, racial discrimination and gender-based inequality and violence experienced by women are highlighted.
5. Policy recommendations focus on addressing health and social inequality, tackling gender-based, ethnic and racial inequalities, prioritising mental health especially of children and young people and the need to accelerate action on climate change. There are also recommendations about building a fairer economy including prioritising sectors of the economy that have been undervalued but were identified as essential during the pandemic such as our care and food economy workers.
  6. Several rapid policy responses to the pandemic are highlighted, some of which were successful while others had unintended negative consequences. The most positive examples came from areas where marginalised people and those with direct experience of the issue were involved in decision making.
  7. As well as presenting our findings and key recommendations to the GCPH Board on 23<sup>rd</sup> September, we will be giving talks to the Social Recovery Task Force, the Public Health Oversight Board, Community Planning Partnership and NHS GGC's Public Health Intelligence Group. Additionally, we will be offering to present the report to community and voluntary sector organisations and possibly to schools.
  8. We would welcome the thoughts of members of the GCPH Board on how best to use this report to inform policy and service delivery and to which groups we should be directing our dissemination activities. We have some specific questions which we would like the Board to consider:
    - Are the policy recommendations clear and actionable?
    - How can some of these recommendations be taken forward?
    - How will you use the report findings and recommendations within your own organisation?

**GCPH**

**September 2021**





**Glasgow Centre for Population Health  
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23 September 2021**

**General Update**

**Recommendations**

Board members are asked to:

- Note and discuss this update on progress since the last Board meeting on the 3<sup>rd</sup> June 2021
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

**Governance and Staffing**

1. *Staffing.* Our new Office and Administrative Manager Lisa Paterson commenced in role on 26<sup>th</sup> July. Lisa joins us from NHSGGC where she worked as a Rota Manager in Elderly Peoples' Care. Jill Muirie, Public Health Programme Manager has opted to take an unpaid career break until March 2022 in the first instance to take on caring needs. Jill will keep in touch with the Associate Director intermittently over the break.
2. *Recruitment and capacity.* External funding will allow the recruitment of two short-term posts to support research delivery. NIHR funding via Yunus Centre, Glasgow Caledonian University (CommonHealth Assets: how community led organisations impact on health, wellbeing and health inequalities) to a value of £63,000 to GCPH will fund a Public Health Practitioner Specialist at 2.5 FTW for one year in the first instance. Funding secured from Glasgow City HSCP to fund evaluative work in relation to Integrated Community Hubs will fund a Public Health Research Specialist (full-time) for one year in the first instance.
3. *Post-covid GCPH working practices and return to the Olympia.* An internal short life working group has been established to explore and identify a set of shared opportunities and expectations as we plan for the return to the office and consider future GCPH working practices. A short paper has been developed to guide and inform the work of this group. A questionnaire has been developed to gather information on working practices to be circulated to the team soon and responses shared at a forthcoming team meeting. All team members can also discuss any concerns with their line manager. The return to the office will be undertaken in line with official guidance from Scottish Government and NHSGGC.

## Developments and partnerships

4. *NIHR Health Determinants Research Collaborations. Development of Expression of Interest.* Discussions with potential collaborators are taking place towards submitting an Expression of Interest to the above funding stream. The opportunity relates to building local authority capacity in research to understand and address wider determinants of health inequalities. A discussion paper has been drafted to lead initial conversations with potential collaborators. A council lead will be required but positive interest has been expressed from Glasgow City Council and Public Health Scotland.
5. *Glasgow City Food Plan was launched* at an online event on the 15<sup>th</sup> June after two-years in development. Over 300 delegates attended. The food plan team (Glasgow Food Policy Partnership, Glasgow Centre for Population Health, Glasgow City Council, Glasgow Health and Social Care Partnership, NHS Greater Glasgow and Clyde and Glasgow Community Food Network) worked together with over 80 stakeholders to develop actions for the 10-year plan.
6. *In June 2021 Glasgow Food Policy Partnership (GFPP) was awarded Sustainable Food Places Bronze Award* recognising Glasgow's success of taking a joined up, holistic approach to food and achieving significant positive change on a range of key food issues. GFPP has now secured an extra two years of funding to continue the city's work towards a silver award; this work is supported by Glasgow City Council. Glasgow Centre for Population Health is a key partner of GFPP and hosts the Partnership Co-ordinator.
7. *Health Foundation Bid.* Final stage of the Health Foundation's Economies for Healthier Lives programme: Having been successful in the expression of interest stage, a detailed bid entitled Maximising the Health, Wellbeing and Economic Benefits Generated by Glasgow City Region's Capital Investment Programme was submitted on 3<sup>rd</sup> June. Following a subsequent interview process, the proposal has been successful, subject to issue of a grant award letter. The project will involve developing and tailoring the Health Impact Assessment (HIA) process created for the Glasgow 2014 Commonwealth Games for application on capital infrastructure projects, such as the Glasgow Metro project. The Programme Manager, Health and Inclusive Growth (a joint post between GCPH and the economic development team at GCC) is a member of the bid team and the GCPH are the evaluation partner in the project. The Glasgow City Region Programme Management Office (PMO) are leading, and will manage the award of £350k, including payment for the time of a member of the GCPH team to support the evaluation work. Please note that public announcements of the award are embargoed until the paperwork is issued and signed.
8. *The Public Health Oversight Board.* A meeting took place between Council colleagues (Bernadette Monaghan, Shaw Anderson) and Public Health Scotland (Manira Ahmad, Claire Sweeney) in relation to PHS involvement in the PHOB. A number of areas of potential overlap of interests were identified, in particular in relation to drug-related deaths and addictions.
9. *Funding bids.* A number of funding bids are in development with partners including Glasgow City Council, Public Health Scotland and University of Glasgow:

- *Second stage UKRI/NERC bid: Glasgow as a Living Lab Accelerating Novel Transformation (GALLANT)*. Lead – University of Glasgow. GCPH lead, Russell Jones. Bid submitted. Reviewers’ comments will be made available on 16th September 2021 and responses to comments are due by 1st October 2021. The proposed 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 has been asked to be involved in supporting two strands of the project, community engagement and a whole systems approach. The extent of GCPH involvement and costings are under development.
  - *The first stage (for seed funding) of an AHRC/NERC bid: Reconciling the River Clyde: Hidden environmental hi(stories) and legacies of Empire*. Led by University of Glasgow. GCPH lead, Russell Jones. Submitted 12<sup>th</sup> May. Funding was successful for developing a partnership to consider the hidden histories that have shaped the river Clyde and its surrounding environment and explore the legacies determining the river’s course, for both human and non-human inhabitants.
  - *The first stage for the UKRI funding bid: Food System Transformation* led by the MRC was submitted on 22<sup>nd</sup> April. GCPH leads, Jill Muirie and Riikka Gonzalez. Funding bid was unsuccessful. MRC are now exploring options for other funding sources based on the school food compartment of the Glasgow City Food Plan.
10. *Children’s Neighbourhoods Scotland (CNS) staffing*. Rachel Cowper has taken over the role of CNS National Director following the departure of Alison Drever. Rachel joins the team from Inspiring Scotland where she led the design and implementation of the Thrive Outdoors fund, increasing outdoor play and learning opportunities for children across Scotland.

### **Communications outputs and activities**

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

### **Events and seminars**

12. As part of the British Academy SHAPE (Social sciences, Humanities and the Arts for People and the Economy) initiative, we hosted an online ‘*Community Conversation: The SHAPE of Post-Covid Communities*’ on 17th June. This was developed in collaboration with third sector representatives from Active Inquiry, West of Scotland Regional Equality Council, and Scottish Refugee Council as well as the Scottish Community Development Centre, freelance practitioners, campaigners, activists and researchers from GCPH and University of Glasgow. Over 100 people from the public, third, government and academic sectors came along to discuss what meaningful collaboration that shares power is, why we need to work together for post-pandemic recovery, and how this can be done. We are

working with a filmmaker to produce a short film about the collaborative processes behind the production of the event and a follow-up community conversation event on anti-racism and collaboration is in development. [A summary blog on the event has been published by Monique Campbell. A blog summarising her presentation at the event on 'Anti-racism: disrupting and dismantling systems' has also been published by Shruti Jain.](#)

13. The first lecture of Seminar Series 18 was delivered by *Professor Sandro Galea on Tuesday 31<sup>st</sup> August* via zoom entitled '*Priorities for post-COVID-19 public health: research, education and practice*'. Prof Galea joined us from Boston University where he is Dean and Robert A Knox Professor at the School of Public Health. In this seminar, he reviewed our response to Covid-19 in terms of what we did well and went right, what went wrong and why and the implications this has for the future of public health. He then outlined priorities for research, education, and practice agendas in the post-Covid-19 world. A panel consisting of Peter Kelly from the Poverty Alliance, Prof Vittal Katikireddi from the University of Glasgow and Prof Kat Smith from Strathclyde University participated by providing a response and discussion after Prof Galea's presentation. [Prof Galea's slides can be viewed on the GCPH website](#) and the recording and podcast will be available soon. Almost 300 people registered for the seminar, with almost 200 in attendance on the day.

### **Forthcoming events**

14. As with last year, the annual *PHINS seminar* in 2021 will be held as three online webinars in place of the half day event. Each webinar will last one hour, comprising two 20-minute presentations, and 15 minutes of questions and discussion. These will run from the end of September to mid-October and will focus on the following topics:
- The continuing impact, and legacy, of COVID-19 in terms of homelessness and mental health – *30<sup>th</sup> September at 10am*
  - The commercial determinants of health – *7<sup>th</sup> October at 10am*
  - Approaches to addressing post-COVID societal inequalities: community wealth-building; and addressing climate change – *21<sup>st</sup> October at 10am*
15. We are delighted that *Gary Belkin*, Founder of the Billion Minds Institute, New York and Visiting Scientist at the Harvard School of Public Health will deliver a seminar on '*The social crisis within the climate crisis*' for us on *Wednesday 10<sup>th</sup> November* via zoom. In this seminar, Dr Belkin will explore what climate change means for population mental health, the need to redesign the mental health system, what a 'next system' looks like and what we need to do get there. He will show that as the effects of environmental and climate change grow in severity, reach, frequency and mental health and social impact, so do will the demands on an already over-burdened mental health system. He will argue that the 'social climate' – emotional resilience, social ties, collective efficacy – requires consideration in the face of climate challenges to create a mental health ecosystem that contains the resources to respond to the most serious levels of need, illness and impairment, but also the prevention and mitigation of the psychosocial implications of the current climate emergency.
16. Other events in development include an event on participative democracy, policy and action-focussed workshops on the Health in a Changing City report, follow-on workshops

from Prof Williams seminar to explore different aspects of racialisation in public health, 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. As always seminar series speaker and topic suggestions are welcome from Board members. All events are continuing to be planned to run virtually.

### **Reach and influence**

17. Members of the team continue to contribute to a range of other organisation's events, meeting groups and forums. Over the coming months this includes:
  - Children's Neighbourhood Scotland (CNS) has created a short film to meet a request from Scottish Government to support and inform the development of the new Child Poverty Action Plan, including the voices of children and young people on barriers, impact of poverty and enablers and solutions young people feel could alleviate and mitigate poverty. An accompanying report 'Addressing the impacts of poverty for children and young people in Scotland: Current activity and future ambitions. Progress Report to the Scottish Government (August 2021) has also been submitted. A further piece focused on the views and voices of children and young people in relation to wellbeing and alleviating the impacts of poverty is in preparation.
  - The Scottish Government's Islands Team have also contacted CNS, levered in part by the existing relationship CNS has with Scotland Rural College (SRUC) to improve awareness of child poverty in the islands. Currently available data is a blunt tool in identifying the children/communities most vulnerable and Scottish Government are keen to explore and evaluate markers for rural poverty are and what local place-based solutions can be put in place to mitigate and alleviate the impact for the children in those locations. An outline options paper has been submitted for consideration.
  - David Walsh and Bruce Whyte speaking at a 'Glasgow People's Health Inquiry' run by the People's Health Movement Scotland.
  - David Walsh delivering a webinar for the University of Sheffield and input on excess mortality and inequalities at an NHSGGC 'Grand Round' CPD seminar.
  - Bruce Whyte presenting the findings of the recently published HEAT analysis of active commuting to the UCI Cycling World Championship 2023 - Legacy and Impacts Group, to the Design and Engineering team of Sustrans Scotland and at an active travel seminar and to a group of active travel organisations. He will also deliver a talk on Demographic and health trends in Govan for Glasgow Together for Childhood.
  - Chris Harkins was a keynote speaker alongside Richard Wilkinson at a Citizen's Advice Bureau conference on debt, health and the pandemic.
  - Presentations on the Health in a Changing City report to the Public Health Oversight Board, Public Health Intelligence Group, Executive Group of the Community Planning Partnership, the Social Recovery Task Force and the Community Planning Partnership.
  - Gregor Yates and Russell Jones presenting on the small grant project at the 2<sup>nd</sup> World Forum on Climate Justice being held virtually 21-23 September.
  - A display of the outputs from the small grants project is being planned at both Lateral North and Glasgow City Chambers during COP26.

18. David Walsh has also been invited to give evidence to the Scottish Parliament Health, Social Care and Sport Committee roundtable evidence session on health finance and sustainability. He will give evidence on 28<sup>th</sup> September. David has also been invited to provide expert input by the UK Government Open Innovation Team for a 'Levelling Up' event for senior civil service leaders being held in October.

## Publications

19. [Health in a changing city: Glasgow 2021. A study of changes in health, demographic, socioeconomic and environmental factors in Glasgow over the last 20 years](#) (August 2021) Bruce Whyte, Mairi Young, Katharine Timpson. Further detail and discussion on the report and recommendations will feature as separate agenda item. On publication, the report was featured as an exclusive on the front page of the print version of the Herald and [two](#) separate articles on [the Herald website](#). It was also picked up by the [Glasgow Times](#), [Glasgow Live](#), the [Times](#), the [BBC News website](#) and in an [Alliance Scotland blog](#). A dissemination plan has been developed with a focus on ongoing conversation and development of the policy recommendations.
20. [GoWell Briefing Paper 23: The GoWell Panel: exploring the practical application of the GoWell community engagement and empowerment model](#) (August 2021) Cat Tabbner. This briefing paper looks at the practical application of the GoWell community engagement and empowerment model. It describes the process of co-designing a community engagement approach with stakeholders and community organisations in the GoWell study areas, how this contributed to the empowerment of the citizens involved, and what was learned about community engagement and empowerment as a result. [A series of accompanying learning snapshots were also published](#).

## Forthcoming publications

21. The third and fourth micro briefings in the series will be published in Autumn. The third explores the evidence concerning the disproportionate impacts of Covid-19 on BAME populations and the implications for inequalities, policy, practice and future research. It is being written by Chris Harkins and Shruti Jain in partnership with the Coalition for Racial Equalities and Rights (CRER). The fourth has been written in collaboration with Children's Neighbourhoods Scotland 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.

## Consultation responses

22. [Response](#) to Scottish Government consultation on the Cleaner Air for Scotland 2 strategy (May 2021).
23. A response to the Scottish Government Child Poverty Delivery Plan 2022-2026: Consultation and call for evidence is being prepared.

## Journal articles

24. Baker G, Pillinger R, Kelly P, Whyte B. [Quantifying the health and economic benefits of active commuting in Scotland](https://doi.org/10.1016/j.jth.2021.101111). *Journal of Transport and Health* 2021  
<https://doi.org/10.1016/j.jth.2021.101111>

## Media

25. In addition to the media coverage of the Health in a Changing City report outlined in paragraph 21, other aspects of our work featured by the media over the past few months are listed below.
- The Herald article on 'From sick man of Scotland to the most desirable...a new vision for Shettleston' included a quote from Russell Jones talking about the new strategic framework for the east end (July 2021).
  - The Herald article on 'Big Noise in Scotland: What is it, where are they based and more' includes GCPH evaluation of Sistema (June 2021).
  - The Herald article on 'Glasgow allotments and food plan could transform city's health' (June 2021).
  - Glasgow live article on 'The Glasgow train line which illustrates the stark social and health inequalities that exist in the city' mentions GCPH (May 2021).

## Digital

26. In July, David Walsh participated in [The Health Foundation podcast](#) alongside Sir Harry Burns on 'Low life expectancy in Glasgow: and what to do about it'.
27. Alongside communications colleagues at Cycling Scotland, the University of Edinburgh, Paths for All and Sustrans Scotland, there was a co-ordinated promotion of the recently published journal article on the HEAT analysis of active commuting which Bruce Whyte co-authored. This included a [news article](#) and infographic on our website, social media activity and a press release from Sustrans Scotland welcoming the analysis. There has been much interest in the analysis and dissemination will continue at a range of forums.
28. The [Summer issue](#) of our e-update was circulated to our 3,000 network subscribers at the start of September. The engagement rates for this were similar to previous updates with a 30% open and click rate.
29. We are experiencing significant delays with the tendering and procurement of a number of digital projects. These include an animation to communicate the key messages on stalling life expectancy and the migration of the GCPH and Understanding Glasgow websites to a new content management system. Each of these projects have significant budget attached which have already been carried forward from the last financial year.

**September 2021**  
**GCPH**



**Glasgow Centre for Population Health  
Management Board Meeting  
23 September 2021**

**Budget position: 1<sup>st</sup> April 2021 to 31<sup>st</sup> August 2021**

**Recommendations**

The Management Board is asked to note:

- The Centre's financial position for the period April 2020 to August 2021 detailing expenditure of £510,827 against a budget of £1,542,889.
- The 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	£129,230

**Commentary on Table 1**

1. At this early point in the year, it is expected that the allocations aligned to the programme lines will be fully committed as the year progresses.
2. Income has been received from Glasgow City HSCP for the Mental Health Pathway evaluation at £100,000 rather than £60,000 which accounts for the majority of the over recovery evident in the appended table. In addition, the recovery of some prior year income in relation to an outward secondment has been received.
3. The staffing budget had been set on the basis of some known vacancies continuing throughout 2021/22 and consequently is tracking fairly close to break even. Provision had been made for input from Public Health however given the current demands on the Public Health directorate it is perhaps unlikely that the Directorate will be able to offer "ring fenced" hours therefore an underspend is likely to generate from this. In addition, a member of staff has requested a career break.
4. Whilst it remains relatively early in the year the forecast position indicates an underspend of around £100,000 is likely, however dependant on progress in respect of the Mental Health Pathway work it may be possible to align a commitment against this work up to the value of £100,000 in total.
5. Board members are requested to:
  - Note the contents of this report

**Fiona Buchanan  
7<sup>th</sup> September 2021**



