



Management Board Meeting

Thursday June 3rd, 0930 – 1130 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/2020/413

Part 2: Performance, Review and Governance

4. End of year review 2020-21 Paper GCPHMB/2020/414
5. Budget position and projections 2021-2024 Paper GCPHMB/2020/415
6. Director recruitment subgroup update

Part 3: Strategic Development

7. GCPH and COP-26 Paper GCPHMB/2020/416
8. AOCB

Date of next meeting

Thursday 23rd September 2021

Rolling Actions list (June 2021)

Board meeting date	Action	Responsibility	Update
10th June 2020	Formation of subgroup to progress recruitment of Director vacancy.	JB/MFS	Meets after today's Board meeting (3 rd June).
2nd December 2020	Respond to work planning discussion including discussion of: <ul style="list-style-type: none"> • Overview of how projects relate to recovery process • Considering a theme of employment/ economy within work plan • Focus on the long term as well as responsive, including climate, mental health and how pandemic is impacting different groups. 	GCPH	Included in work plan update.
2nd December 2020	Scottish Government awareness of GCPH work and CNS in other directorates.	GCPH/ Ms MacNee	Initial meetings taken place. See General Update (3 rd June).
4th March 2021	Board vacancy- population mental health (previously Michael Smith)	Chair/ Dr de Caestecker	Awaiting update appointment of successor to Dr Smith in Associate Director of Mental Health role.
4th March 2021	Financial projections to take account of inflation and incremental costs of salaries to develop a proposal for Scottish Government.	GCPH/ Chair/ Ms Buchanan	Salary projections are provided in June Board pack. Further discussion will be necessary of funding arrangements taking account of actions below.

Board meeting date	Action	Responsibility	Update
4th March 2021	Responding to points raised by Prof Moore regarding whether there is opportunity to collaborate, Mr Dover about whether GCPH has the right partnerships in place and the Chair regarding addition efforts requiring additional resource in terms of engagement, influencing and impact, an outline is to be developed around what could be done in this area.	Dr Seaman/ Mrs Coyle	Discussion to continue in response to salary projections paper and possible mitigation going forward with outline of addition efforts to be brought to September Board.
4th March 2021	Reviewing the Feeley report on adult social care, post-election.	Dr Seaman/ GCPH/ Board/ Prof Watson	To add to future agenda item. Suggest considering how we could maximise value of item through additional invitees to Board? E.g Iona Colvin, Suzanne Millar and tie in with discussion of HSCP strategy refresh.
4th March 2021	WECCE paper on future of PHOB to be circulated to Board for comment.	Dr Seaman	Circulated.



**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 4 March 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
Mr Colin Edgar	Head of Communication & Strategic Partnerships, Glasgow City Council
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
Ms Janet Robison	Office Manager, 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
Ms Bernadette Monaghan	Director of Community Empowerment & Equalities, Glasgow City Council
Dr David Walsh	Programme Manager, Glasgow Centre for Population Health
Ms Jill Muirie	Programme Manager, Glasgow Centre for Population Health

			<u>ACTION BY</u>
651	<u>WELCOME AND APOLOGIES</u>		
	<p>Prof Brown chaired and welcomed everyone to the meeting.</p> <p>Apologies were recorded from Prof Emma McIntosh, Ms Susanne Millar and Cllr Michelle Ferns.</p> <p>The chair noted Dr Michael Smith's retirement as well as that of Ms Jackie Erdman. Both made valuable and distinct contributions to the Board over the years. It is hoped once their replacements are appointed to the NHS Board they, or their deputy, will be able to act</p>		

	as partner representation on the GCPH Board. The Chair and Dr de Caestecker to discuss this and provide an update.		Chair, Dr de Caestecker
652	<u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u>		
	<p>The December 2020 Board meeting note was ratified with no amendments.</p> <p>Under rolling actions and matters arising, it was noted that the formation of a sub-group to advance recruitment for the Director vacancy is still on hold, the need for a replacement for Dr Smith on the Board is noted, and Dr Seaman has a meeting with Ms MacNee to discuss connections and awareness of GCPH work in Scottish Government.</p> <p>Mrs Coyle also updated on a number of communications items. The 10-year anniversary of Understanding Glasgow was marked by social media activity and the creation of a short animation to promote its use – this juncture will also be used to commence a consultation exercise on its ongoing development and future. Discussions are underway about a potential workshop style event on the stalling life expectancy work towards the end of May/June.</p> <p>All other rolling actions are fulfilled or covered under agenda items.</p>		
653	<u>GENERAL UPDATE</u>		
	<p>Dr Seaman spoke to paper [GCPHMB/2021/408] highlighting the following points.</p> <p><u>Governance and staffing – paragraphs 1-3</u> This will be office manager Janet Robison's last Board meeting as she moves to a post at NSS. Dr Seaman recorded sincere thanks for Ms Robison's contribution over the last three years. A new post has been filled within GCPH with Ms Shruti Jain joining the team on secondment from Public Health Scotland. She will work with GCPH for a year, half time, as Senior Public Health Research Specialist working in relation to race and racialisation within public health.</p> <p>Dr Seaman recorded his thanks and appreciation to all the GCPH team for their response over the last year. The team have adapted to the challenges of the pandemic, remote working and in several cases new roles with minimal impact on productivity.</p> <p><u>Developments and partnerships – paragraphs 4-11</u> Dr Seaman focused on developments that illustrated GCPH's contribution to recovery activity and impact through informing and supporting partner responses to causes of health inequality. The Social Recovery Taskforce continues to be a key partner collaboration with GCPH contribution through the Academic Advisory Group. Chris Harkins has been working with Dr Seaman, Des McNulty, Sarah Weakley, and Prof Watson to manage the production of a series of micro-briefings, with the first one on the disproportionate impact of COVID-19 on disabled people recently published. Future briefings will focus on the experience of other specific population groups.</p> <p>The Public Health Oversight Board (PHOB) will be discussed further in a later agenda item. Dr Seaman also highlighted Ms Val</p>		

	<p>McNeice's joint post with Glasgow's Economic Development Team, where she has just submitted an expression of interest to the Health Foundation for funding to develop a Health Impact Assessment process for capital infrastructure projects.</p> <p>The Centre's contribution through evaluation of the pre-5 Child Healthy Weight programme, and work supporting the development of new pathways for referral in mental health and primary care were also highlighted</p> <p><u>Communications and activities – paragraphs 12-29</u></p> <p>Mrs Coyle updated that Prof Sir Michael Marmot, Prof David Williams and Sandro Galea have accepted our invitations to speak as part of the Seminar Series. Prof Marmot and Prof Williams will speak in May and Sandro Galea in the autumn. Dr Michael Smith also deliver a seminar in the autumn and he has invited Gary Belkin (Billion Minds Institute, NY) on our behalf on the climate and social crisis. Dates will be circulated for these as soon as they are finalised.</p> <p>In relation to the partnership arrangements, Mr Dover asked if GCPH feels it has the right ones, and that it's in the right place with them? Dr Seaman said he did, certainly with regard to the Council and city-level civic bodies where it feels like GCPH is well connected and able to support development of actions consistent with GCPH's purpose.</p> <p>Ms MacNee said she thought the micro-briefing was very helpful and she will share this widely within Scottish Government. Regarding the PHOB, how do we make sure the knowledge from this is disseminated widely and the learning shared nationally? There is also an opportunity to make a link between the mental health and primary care work and work in this area at a national level if they do not already exist. She also noted her interest in the forthcoming Seminar Series speakers.</p> <p>Prof Moore highlighted a call from the NIHR on transforming food systems and a meeting he has with Jill Muirie and Riikka Gonzalez regarding this and the Glasgow City Food Plan next week.</p> <p>The Chair formally recorded on behalf of the Board thanks to the Centre staff for all their work over the year, as well as thanks to Dr Seaman for his leadership through this difficult time. He also formally thanked Ms Robison for all her hard work during her time at GCPH.</p>		<p>Mrs Coyle</p>
<p>654</p>	<p><u>BUDGET POSITION: 1 APRIL 2020 TO 31 JANUARY 2021</u></p>		
	<p>Ms Buchanan spoke to paper [GCPHMB/2021/409], highlighting the Centre's financial position at end of January 2021.</p> <p>Despite the difficulties of the year the Centre is finishing the financial year very near budget, with just a fraction underspent. The core budget has a slight staffing underspend due to post vacancies and maternity leaves, and after a slow start in the research line this should be mostly caught up, with a couple of items to accrue.</p>		

	<p>In all, there will be a small underspend that should hopefully carry forward for work planned for the next year.</p> <p>Ms Buchanan gave reassurance to a query from Mr Matthews that these monies can be carried forward without penalty.</p> <p>The contents of the report and the forecast budget position were noted and approved by the Board.</p>		
655	<p><u>WORKPLAN 2021-22</u></p>		
	<p>Dr Seaman spoke to this paper [GCPHMB/2021/410] and gave a short high-level summary presentation [attached].</p> <p>Dr Seaman highlighted that the workplan is produced by the whole team. Following Board comments from the discussion at midyear (December 2020) the work plan highlights how our work connects to partner priorities.</p> <p>The overview presents what the plan responds to, how it builds on existing contributions, and how it aims to make a difference. It builds on GCPH influence so far, such as the mortality analysis, travel and transport work, and City Food Plan, and highlights the top-level partner priorities the Centre is supporting and aligning with in relation to population health and determinants at a city level such as, the economy and work, trends in the patterning of health and wellbeing outcomes, and place, environment and climate related factors.</p> <p>An overarching purpose statement has been developed, which all GCPH work should align with.</p> <p>Before Dr Seaman handed over to Ms Muirie and Dr Walsh who provided an update on their programmes of work, the Chair noted his appreciation for the level of detail in the workplan and both the medium- and longer-term perspectives presented. The Chair further noted the helpfulness of the slides, particularly the visual summary slides, and asked for the slides to be circulated to the group. Although the workplan is presented as draft with the opportunity for the Board to comment, the Chair asked the Board from a governance perspective to endorse and approve the updated purpose statement, the four programmes of work, communications approach, and the three priority areas of focus. This was agreed and approved by the Board.</p> <p>Dr Walsh gave a short presentation [attached] highlighting the work of Programme 2 under the areas of 1) analysing changing life expectancy/mortality trends, in particular highlighting the concerning stalling and rise in female mortality; 2) national and international mortality analyses; 3) health inequalities and their determinants; 4) “excess” mortality, including updating the 3 cities analysis and investigating the differences in lived experience of poverty in Scotland and England; and 5) Understanding Glasgow.</p> <p>The Chair agreed that updating the data and analyses is key but it is also crucial to communicate this to those responsible for policy so that it is used.</p>		<p> Board pres2.pdf</p> <p>Ms Lenagh-Snow</p> <p> Programme 2 March 2021.pptx</p>

<p>Ms Muirie, gave an outline [attached] on the work of Programme 3 Sustainable and Inclusive Places, including the aims, drivers, evidence, trends and policies, and how the programme is influencing change. Key areas of work for 2021-22 include the impact of COVID-19 on place, building on the COP26 small grants project, the Glasgow City Food Plan, active travel and air quality, community engagement and the University of Glasgow Engage Forum, and the implications of climate emergency for health and health inequalities.</p> <p>The Chair thanked everyone for a helpful update, which shows the importance of the work plans.</p> <p>There was a useful discussion with Board members on the workplan which included:</p> <ul style="list-style-type: none"> • Mr Dover asked about the trends in mortality. Dr Walsh updated that he has presented some of the city and countries analysis and this has been published. This analysis showed issues like stalling female life expectancy was a UK wide issue. The three cities work is being updated because the data is out of date. • Dr de Caestecker asked as we look at mortality, can we look at ethnicity, specifically in relation to the pandemic, or are we content that others are looking at that? Dr Walsh said there are others looking at that issue so we would need to make sure we are not duplicating work. Dr Walsh agreed to scope what work is being done on this by others and to identify if there are any gaps to consider. • Dr de Caestecker also asked about the volume of work and whether there is a need to prioritise and make sure we are not spread too thin? Dr Walsh said his work is done largely in collaboration and does not rest solely on him. • The Chair asked Dr Seaman's response to that, and whether regarding the ethnicity question it would be worth doing a quick scoping exercise to make sure there aren't any gaps in that analysis. Dr Seaman said there is a spread of core and developmental work, as we do expect some attrition from planned projects. It would be helpful if the Board could highlight the work they feel is key. Regarding the ethnicity query, we have Prof David Williams as a keynote speaker for the seminar series and we also have Shruti Jain commencing a new programme of work on race, racialisation and public health so there will be sharp focus on GCPH response in this area in the coming year. • Ms MacNee found the presentations very helpful and thought the aligning with partner priorities and pandemic recovery is a good way of framing the work of the Centre. From the partner point of view it is important to make links from the GCPH work to their work. • Mr Matthews questioned whether more measurement and evidence is required given what is already known about the extent of the issues and the importance of ensuring the evidence we already have is being utilised to influence and make change happen. The Chair agreed that the partners need to look at how they take the research into policy and support and enable change. 	<div data-bbox="1347 125 1401 188" data-label="Image"> </div> <p data-bbox="1273 192 1474 246">work planning pres SIPs 21_22 FINAL.pdf</p> <p data-bbox="1305 1196 1439 1227">Dr Walsh</p>
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	<p>Comments on the draft workplan including key priorities, any gaps or risks to delivery to be sent to Dr Seaman by end March 2020. The Chair emphasised that getting the communication part right is crucial so that this understanding and this need to make change is in a much wider community.</p>		All partners
656	<u>DRAFT BUDGET PLAN 2021-22</u>		
	<p>Dr Seaman spoke to this paper [GCPHMB/2021/411].</p> <p>This is in draft and there are some assumptions on income, including that the core Scottish Government contribution will remain at £1.25m for the year and that carry-forward is approved. It is important to highlight that the Centre has reached a point where staffing and accommodation costs are now greater than the core Scottish Government allocation.</p> <p>Under staffing Dr Seaman highlighted the ongoing secondment of a team member to Test & Protect and a maternity leave for another team member.</p> <p>The Chair highlighted three issues for the Board – the approval of this draft budget, the risk of the accrual, and the core contribution not keeping up with inflation and incremental costs. On this point the Chair suggested a piece of work with finance colleagues to confirm the figure required to take account of those inflationary and incremental core costs and to develop a proposal to the Scottish Government. The Chair offered his support with this work and subsequently discussions.</p> <p>A further issue highlighted was whether more resource is required for communications and engagement following the earlier discussion about the need to do more in this space or to do things differently.</p> <p>Although Mrs Coyle confirmed she would always welcome more resource, she highlighted the challenge in demonstrating how our evidence and the communication of that has influenced a policy change that we can then see has had a positive impact on population health – for example the mortality trends discussed earlier. However, there is always more that we can do and the planned communications review aims to address where the gaps and weaknesses in our comms and engagement work may be and where we should focus more effort.</p> <p>Prof Moore agreed that there is always more you can do to increase the uptake of evidence and to have impact but highlighted that compared to the other research organisations in this space, GCPH is a leader. He congratulated Dr Seaman for the coherent workplan and budget. Following the points already made about how broad and ambitious the work plan is, he asked if each programme of work should explicitly map who the Centre can work with to leverage further resource and to strengthen impact. This also links to the budget and external funding – there could be opportunities to collaborate and bring in more funding this way.</p>		Dr Seaman Ms Buchanan Prof Brown

	<p>Dr Seaman highlighted that our partnership and links with the NHS and GCC are clear but the links to UG are perhaps less so. A preferred approach would be embedded joint posts (e.g. with the Council on Inclusive Growth) rather than a number of small of separate projects as part of research grants, although these would be welcome within a coherent and planned approach.</p> <p>Regarding communications, the GCPH comms does rely on the infrastructure of our websites etc and we want to continue to invest in this mechanism. In terms of engagement, there was a discussion on what we could learn from lobbying with the EMT pre-COVID, for example on topics such as climate change learning and increasing inclusion of lived experience.</p> <p>The Chair supported the position that additional effort requires additional resource and new staff to take forward lobbying/influencing work. This should be part of the conversation with Scottish Government regarding the flat funding contribution meaning the organisation cannot develop or recruit. An action was agreed for Dr Seaman, Mrs Coyle and others to bring back an outline on what we could do to increase our influence and what that would require in terms of resourcing.</p> <p>Dr de Caestecker highlighted the importance of the Management Board not just critiquing the impact of GCPH work but asking what they as our partners and advocates are doing to turn our evidence into action. The Chair suggested it would be interesting for partners to update each other on how they take and use the work of GCPH within their own organisations. He suggested this would be a useful conversation for a future Board meeting.</p> <p>Prof Watson highlighted the Feeley report on adult social care provision in Scotland which proposes a major policy change – a centralised social care service similar to our health service which would have implications for Glasgow in terms of the ability to locally make decisions on social care and the way that it is delivered. The Chair agreed this is an important area and suggested we put a marker to revisit it post-election. If the new government accepts and implements the recommendations then we should consider whether GCPH has a role in assessing the longer-term implications.</p> <p>On a final point regarding impact and influence, Mrs Coyle highlighted that GCPH has consciously never acted as a lobbying organisation but rather tries to influence in a more nuanced way. It was also highlighted that the key resources for influencing policy are the programme managers, the strategic Director and Associate Director posts and our core partnerships.</p> <p>Taking account of the above discussion around future developments, the budget plan was approved for the coming financial year.</p>		<p>Mrs Coyle Dr Seaman</p> <p>All partners</p> <p>Dr Seaman</p>
657	<u>PUBLIC HEALTH OVERSIGHT BOARD</u>		
	Bernadette Monahan was welcomed to the meeting and spoke to the paper prepared [GCPHMB/2021/412].		

She thanked the Chair for the welcome and said she had found listening to the discussion very interesting. From her point of view GCPH's input has been very useful and helpful, especially Dr Seaman and others contribution to the PHOB and Social Recovery Taskforce.

The Public Health Oversight Board is currently going under a review and has been meeting on a monthly basis. There is real drive within the council to make better use of the increase in its structures post-pandemic to minimise duplication of topics and papers across its varying committees and forums.

The Chair asked for further detail on the form and function of the PHOB. Is it a Council committee that has co-opted outside organisations, or is it truly collaborative? Is it a sub-committee or a proper partnership? Ms Monahan said it probably sits somewhere in the middle. It is not a Council committee, but sits under the Community Planning Partnership and works as a policy committee. But she thought the idea that it could be a greater partnership across organisations could be included in the review paper.

The Chair asked whether the governance arrangements needed to be considered to ensure it could push forward on Council policy. Ms Monahan said that at the time the Board was set up it didn't have a particular public health focus.

Dr de Caestecker said at the time the PHOB was set up they were looking at the CPP and how it could influence change.

Mr Matthews said it came out of discussion with the leader of the council two years ago and the subsequent Health Summit but circumstances led to GGC not being as visible on leadership as they could be. The paper circulated perhaps shows that the PHOB has not been used as well as it could.

The Chair asked what more could be done. In response, Dr de Caestecker said actions have come out of the PHOB and the health summit. These could still be used as a basis for development and reflection on future priorities in light of a changed context.

Dr Seaman highlighted that the PHOB faced a similar challenge to the one GCPH faces in how you attribute change to the activity of a particular body and highlighted progress in general terms stemming from the Health Summit including the acceptance and centrality of the relationship between population health and the economy. Challenge also that the SRTF occupies a very similar space. Highlighted need for a space post COVID-19, where senior decision makers in the council and public health can come together to inform each other's thinking and ensure public health is considered in decision-making and that public health recommendations are actionable and practical.

The Chair said we recognise the good work that's been done, despite the pandemic, the need to look at governance structure, perhaps the need for a senior level group that concentrates on policy rather than the more operational Oversight Board. He thinks this needs to go back to PHOB.

	<p>Ms Monahan said it is going to be on the agenda for the 17th March meeting of the PHOB and can feed back to the WECCE committee on the 15th April.</p> <p>The Chair asked for the paper to be circulated to the Board for comment ahead of being submitted to WECCE. Board they would be happy to comment.</p>		Dr Seaman/ Ms Monaghan
658	<u>AOCB</u>		
	There was no other business recorded.		
659	<u>DATES OF MEETINGS FOR 2021</u>		
	The date of the next Management Board meeting is: Thursday 3 rd June at 9.30am.		To note



**Glasgow Centre for Population Health
Management Board Meeting
3 June 2021**

General Update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last Board meeting on 4th March 2021
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance and Staffing

1. The end of year report and final financial position for 2020-21 is included on agenda of today's meeting.
2. A meeting was held with Scottish Government colleagues to discuss engagement with GCPH work. Karen MacNee, (Director of Health Improvement Division), Jules Goodlet-Rowley (Head of Healthy Living Unit) and Lynn MacMillan (Head of Health Inequalities Unit) and Pete Seaman and Jennifer McLean (GCPH) were discussed connections between GCPH work plan to support pathways into influencing Scottish Government decision making as a means of demonstrating impact. They focussed on what Scottish Government need to know about and what could be scaled-up at a national level and have impact on policy issues. Areas of common interest included the food plan, community engagement and the economic work. The possibility of early insights and the use of 'good enough' evidence were discussed and links made with the Health and Social care Analysis Division made. We are exploring the potential for themed sessions with Scottish Government around shared areas of interest. Following this meeting, Jennifer McLean and Sarah Ward (CNS Research Associate) are meeting with Ms Goodlet-Rowley and colleagues to discuss learning and linkages related to Children's Neighbourhood's Scotland.
3. *Recruitment and Capacity.* Shruti Jain has joined us on secondment from Public Health Scotland for one year at 0.5 FTE. Ms Jain supported the development of the David Williams seminar and a work plan is being developed.

4. Interviews were held on Tuesday 1st June for the position of GCPH Office and Administrative Manager following Janet Robison's departure in March. Joe Crossland, our Communications Officer has extended his seconded to PHS Test and Protect until end of June at the earliest. Capacity is also affected by one long-term sickness absence (Programme Manager) and a member of the team on maternity leave (Public Health Research Specialist).
5. The subgroup to lead the recruitment and review of the GCPH management is due to meet on 3rd June after the Board meeting. It has been proposed that a Scottish Government representative is included on the subgroup.
6. *Future working practices.* The team has shown remarkable adaptability in the past year in responding to the need to work from home whilst still able to deliver and adapt work plans. Organisations are beginning to review the balance of office- versus home-based working with many identifying a 'hybrid' model of working practice as a likely and desirable outcome as restrictions ease. Within the team, it is understood that there is an appetite to build on some of the benefits of more flexible working arrangements. Following an initial conversation at the April Team meeting, a short -life working group is being established to review working practices as restrictions ease. This will look to find workable solutions and an agreed set of expectations around how the needs of GCPH as an organisation can be aligned with the benefits of more hybrid models of working. Working from home remains the current default situation, with the end of July stated in the Scottish Governments COVID-19 Route map as the tentative date for staff to start moving back to office accommodation.

Developments and partnerships

7. *Public Health Oversight Board (PHOB).* Following the discussion at the last Board meeting, the paper on the future of the PHOB was submitted to the Wellbeing, Empowerment and Community and Citizen Engagement committee (WECCE) of GCC. Recommendations were accepted to review its terms of reference, membership, strategic ambitions and report annually to the WECCE. Response to the paper included the assessment of a baseline measure of wellbeing is explored to monitor progress. The PHOB will now reduce its frequency with a focus on developing the strategic ambitions going forward and focussing on areas for a 'deep dive' to develop partnerships and strategy e.g., drug related deaths. GCPH 'Health in Glasgow' report (Bruce Whyte and Mairi Young) will provide a strong overview of current situation for discussion. The Terms of reference should also outline a means of linkage with NHSGGC Public Health Standing Committee.
8. *Future working with Public Health Scotland (PHS).* Building on the relationship between GCPH and PHS established through the race and ethnicity work, Pete Seaman and Russell Jones met with Claire Sweeney, Director, Place and Health to discuss future working relationships and engagement. Discussion focused on GCPH support for PHS developing its local programme of work through establishing PHS representation on the PHOB and providing links to GCPH's analytical work (Health in Glasgow report, see below and Understanding Glasgow profiles) to identify priority areas. Representatives from PHS will brief the team on their strategic plan.

9. *Funding bids.* A number of funding bids are in development with partners including Glasgow City, Council, Public Health Scotland and University of Glasgow:
- The second stage of the Health Foundation's Economies for Healthier Lives programme: Having been successful in the expression of interest stage, a bid entitled *Maximising the Health, Wellbeing and Economic Benefits Generated by Glasgow City Region's Capital Investment Programme* is due for submission by 3rd June. It proposes to develop and tailor 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. Further GCPH involvement is being developed and costed based on the skills and expertise of GCPH team members, particularly in terms of evaluation and in relation to previous work on the HIA of the 2014 Commonwealth Games.
 - *Second stage UKRI/NERC bid: Glasgow as a Living Lab Accelerating Novel Transformation (GALLANT).* Lead University of Glasgow is due for submission by the 3rd June. 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. GCPH lead, Russell Jones.
 - *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 is due for submission by 12th May. If successful, a collaborative partnership will adopt a post-humanist perspective to consider the complex hidden histories of environmental science 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. Based on GCPH's work/interest in equalities, we have been invited to be collaborative partner. GCPH lead, Russell Jones.
 - *The first stage for the UKRI funding bid: Food System Transformation* led by the MRC was submitted on 22nd April. If successful, GCPH involvement will be through the Glasgow Food Policy Partnership. GCPH leads, Jill Muirie and Riikka Gonzalez.
10. Glasgow City Council has been approached participate in a two-year project entitled *C40 Thriving Cities Initiative – Phase 2: Unlocking Sustainable Urban Consumption*. The project supports cities with new governance approaches, policy advice and behaviour change expertise to co-create action plans that foster new systems and economic activity leading to local, sustainable, equitable neighbourhoods that provide a good life, for all people, within planetary boundaries. During the first year the City is required to develop a City Portrait acknowledging existing targets, initiatives and impacts. Should

Glasgow decide to go ahead with the project, the GCPH has been asked by University of Glasgow to collaborate on developing the City Portrait.

11. The Glasgow Riverside Innovation District (GRID), a partnership between the University of Glasgow, Glasgow City Council and Scottish Enterprise is currently undertaking the development of a citizen-informed Prosperity Index. The aim of the GRID partnership is to create an environment which will boost existing collaborations with industry and encourage the formation of new ones in dynamic sectors of the economy. GCPH have been asked to participate in the workshops and to provide an objective contribution to the writing of the report.

Communications outputs and activities

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

Events and seminars

13. *Small grants creative outputs showcase, 9th March.* Grants were awarded to eight different projects to develop creative projects with children and young people to communicate their views on the impacts of climate change on health and wellbeing. The projects included virtual workshops and interviews, films, a digital magazine and the collection of air quality data on bikes. All those that attended were inspired and impressed by the innovation and creativity demonstrated by the children and young people in developing these projects. [A report of the event with links to the creative outputs is available.](#) A further small grants scheme will run this year, specifically for traditionally marginalised groups such as disabled young people, BAME and LGBTQ+ young people (groups recognised by the Equality Act 2010), care experienced young people, refugee and asylum seekers and individuals experiencing homelessness.
14. Professor David Williams delivered the second lecture in Seminar Series 17 on 12th May on '*How racism shapes our health*'. There was an enthusiastic response to this with over 800 people registered and almost 600 in attendance on the day. In the webinar, Prof Williams explained why, and how, race matters so profoundly for health and presented a range of evidence on the negative effects of discrimination on both physical and mental health. He outlined the insidious effects that implicit biases, unconscious discrimination and racialised frames of reference have in creating and maintaining the deep-rooted individual, institutional and systemic racism that pertains today. After sharing his insights, a panel of senior public health leads together with Prof Williams explored how we can begin to dismantle the racial discrimination that exists across public health institutions and systems in Scotland. The panel comprised Caroline Lamb, Chief Executive of NHS Scotland and Director-General Health and Social Care, Scottish Government; Claire Sweeney, Director of Place and Wellbeing, Public Health Scotland; and Agatha Kabera, Chief Executive of Baba Yangu (a mental health charity working with the African and Afro-Caribbean community). [The presentation slides are available on the GCPH website](#) and a recording of the webinar will be available soon. This will be shared widely with those that had registered, with the GCPH network and on social

media. We have received a good response to the seminar evaluation so far with an indication it has compelled people to reflect on what it means for their own thinking and practice. Of the 137 attendees that completed the evaluation, 87% said it increased their understanding of the issue; 81% said it had motivated them to take some form of action; and 94% said they will share the recording. A selection of the general comments received on the seminar were:

"I think this is one of those meetings that will stay with me and affect me both professionally and personally for a long time."

"Amazing presentation, enormously compelling."

"It was a wake-up call. Shocking statistics that jolted me out of my complacency."

"It will take a long time to digest and process the huge volume of scholarship, and its implications, but has been hugely powerful and moving."

This seminar is one component of the body of work and concerted public health effort being led by GCPH and Dr Ima Jackson, Co-Chair of the Scottish Migrant and Ethnic Health Research Strategy Group, in collaboration with Public Health Scotland, to develop understanding of racism and racialisation as fundamental determinants of health in Scotland. We have also heard from Health Improvement of intentions to use the recording of the event to inform discussions around service development.

15. On Tuesday 25th May, Professor Sir Michael Marmot delivered our third Seminar Series webinar entitled '*Social justice and health equity*' in which he presented his work on inequality, austerity and his 'build back fairer' report. This webinar also proved hugely popular with almost 1,000 people registered and 700 in attendance on the day. The combination of this number of people, and it being an online event, did not lend itself to the normal audience Q&A and discussion that we encourage at our seminars. In place of the normal Q&A we had a panel discussion with three invited guests and also invited questions in advance from those registered. Panel members were invited to ensure a diversity of perspectives, and beyond those focussed predominantly on poverty and austerity (as important as those are). The panel consisted of Dr Gwenetta Curry, Lecturer in Race, Ethnicity and Health at Edinburgh University; Prof Morag Treanor, Professor of Child and Family Inequalities at Heriot-Watt; and Marianne Scobie, Depute Chief Executive of Glasgow Disability Alliance. Discussion and questions focussed on how to address and action the evidence and challenge presented by Professor Marmot. His framing of action in terms of 'doing something, doing more and doing better' has resonated well with participants. [The presentation slides are available on the GCPH website](#) and the recording of the webinar will also be available shortly.

Forthcoming events

16. Other seminar series speakers confirmed include Michael Smith on mental health, Gary Belkin on the social crisis within the climate crisis, Sandro Galea on inequalities and COVID-19, and Talat Yaqoob on intersectionality. We are also seeking a speaker on

participative democracy. As always speaker and topic suggestions are welcome from Board members. All events are continuing to be planned to run virtually.

17. The *Glasgow City Food Plan* will be publicly launched at an online event on 15th June. Over the past two years, a team comprising Glasgow Food Policy Partnership, GCPH, GCC, Glasgow HSCP, NHS GGC and Glasgow Community Food Network has worked with over 80 stakeholders to develop actions for the plan which went out to public consultation at the end of last year. The plan aims to make the food system in Glasgow more Sustainable, Equitable and Healthy. Over 300 people have registered so far.
18. As part of the British Academy SHAPE (Social sciences, Humanities and the Arts for People and the Economy) initiative, we are hosting an online '*Community Conversation: The SHAPE of Post-Covid Communities*' on 17th June. This has been 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. We have invited community members, organisations, researchers, and policymakers to come together and explore the many meanings, value and power of collaboration and its importance for post-pandemic recovery. A total of 110 people have registered to date.

Publications

19. *COVID-19 Micro briefing 2: Consequences of the COVID-19 pandemic: exploring the unequal social and economic burden on women (May 2021)* Chris Harkins. This is the second paper in the series of micro briefings developed in collaboration with Policy Scotland, led by Chris Harkins. Written in collaboration with expert partner agencies, these are intended to support a range of partners and decision makers by providing concise, accessible overviews of current evidence concerning complex and evolving issues relating to the COVID-19 pandemic. They will also inform the work of the Social Recovery Taskforce. This second micro briefing was written with the Glasgow Women's Voluntary Sector Network and Wise Women and presents evidence on some of the key issues and mechanisms through which the pandemic has disproportionately impacted on women. The evidence is centred around seven themes: pandemic attitudes and impacts to mental health; essential workers; unpaid, informal care and household duties; economic hardship; violence against women; priority groups; and power and decision-making.

Forthcoming publications

20. The third micro briefing in the series is due to be published in June and will explore 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).
21. *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* (Bruce

Whyte, Mairi Young and Katharine Timpson). The range of health and social problems that affect Glasgow and its residents is well recognised and evidenced but is not a static picture with health directly impacted by government policy, economic forces and global shocks, as we have experienced with the COVID-19 pandemic. In this changing context it is important that trends in health, health inequalities and related socio-economic factors are monitored, interpreted, published, discussed and acted upon. This report documents trends in demographic, socio-economic, environmental and health indicators within Glasgow, and, in comparison to other places. In addition, the report summarises the emerging evidence on the impact of COVID-19 in the city and makes policy recommendations for how we should 'build back better, greener and fairer'. The report author, Bruce Whyte will liaise with PHS's Manira Ahmad to discuss how the findings can inform local plans.

Consultation responses

22. Response to Scottish Government consultation on the second Strategic Transport Projects Review (STPR2) (March 2021).

Journal articles

23. Garnham L, Rolfe S, Anderson I, Seaman P, Godwin J, Donaldson C. Intervening in the cycle of poverty, poor housing and poor health: the role of housing providers in enhancing tenants' mental wellbeing. Accepted for publication in *Journal of Housing and the Built Environment* 2021 (in press).
24. Walsh D, McCartney G, Minton J, Parkinson J, Shipton D, Whyte B. Deaths from 'diseases of despair' in Britain: comparing suicide, alcohol-, and drug-related mortality for birth cohorts in Scotland, England & Wales, and selected cities. *Journal of Epidemiology & Community Health* 2021 (in press).
25. Wami W, Walsh D, Hennig B D, McCartney G, Dorling D, Galea S, Sampson L, Dundas R. [Spatial and temporal inequalities in mortality in the USA, 1968-2016](#). *Health & Place* 2021; 70: 102586.

Digital

26. The annual website and social media analytics for the financial year 2020-21 shows a continuing steady growth. Both the GCPH and Understanding Glasgow websites experienced a 12% increase in users, with the figure for the GCPH website, a total of 45,821 users, and for the Understanding Glasgow website it was 90,027 users. Twitter is our main channel of social media communication and engagement and as of 31st March 2021, GCPH had 5,797 Twitter followers – a 5% increase on the previous year. Follower numbers increase by around one every day, showing steady, sustained growth. In addition to follower numbers, we can measure actual engagement by looking at the number of times users directly interact with our Twitter profile. This includes measures on number of retweets, replies, likes, mentions and profile views. For the year 2020-21 the GCPH Twitter account was engaged with 10,931 times – an 85% increase on the previous year. This is an encouraging figure which demonstrates that while our follower numbers are stabilising, the followers we do have are actively engaging with us.

27. The [March issue of the GCPH e-update](#) was circulated to our 3,000 network subscribers at the end of March. This included updates on our work on racial inequality, green recovery and climate change, and the importance of understanding pre-existing inequalities for renewal and recovery. The engagement rates for this were similar to previous updates with a 30% open and click rate.

**May 2021
GCPH**



**Glasgow Centre for Population Health
Management Board
3 June 2021**

End of year report 2020-21

Recommendations

Board members are asked to:

- Note progress over the year against the 2020-21 work plan and adaptations to our work in response to partner need during COVID-19
- Advise on successes or challenges documented to assist continuous improvement in GCPH's delivery and reporting
- Approve, or indicate amendments towards the approving of, this document as the official record of progress for the year.

This paper is presented in four sections:

1. Overview of 2020-21: Supporting pandemic response and recovery focused on creating the conditions for better and more equal health
2. Update on exceptions to progress at midyear
3. Demonstrating impact
4. GCPH outputs and activities 2020-21
5. Programme tables and individual project milestones

Section 1:

Overview of 2020-21: Supporting pandemic response and recovery focused on creating the conditions for better and more equal health

1. Our work plan for the year was published in March 2020 (GCPH Board paper 394) outlining a comprehensive set of programmes to deliver on **our purpose** of *working across the boundaries of research, policy, implementation and community life to generate insights and evidence and support new approaches to improve the city's health and tackle inequality*. Through this we enable our partners to achieve better and more equal health outcomes for Glasgow.
2. Achieving this rests on the Centre's work being translatable into practice, strategy and policy through close working with our core partners (NHSGGC, Glasgow City Council, Glasgow City Health and Social Care Partnership and the Scottish Government) and

other key actors in the voluntary sector and academia. Our work is underpinned by an understanding of how the Centre adds value to the range of partners who hold the levers to creating better conditions for improved and more equal health outcomes. Our six cross-cutting aims describe the added value the Centre contributes to addresses health inequalities. These are:

- I. Building and developing GCPH's reputation as a *valuable source of evidence, knowledge and insights* on the patterning and trends in health, inequalities and their determinants.
 - II. Supporting *through collaboration* the identification, development and assessment of promising investments and action to improve population health.
 - III. Maintaining a profile on *the social justice and inequality* implications of investments, interventions and policies.
 - IV. Maintaining a future perspective and *displaying leadership in considering new and emergent issues*.
 - V. The continued development of *GCPH as an exemplar organisation*, in its ways of working and delivering with a focus on use of evidence, insight, coproduction and community engagement in the development of responses.
 - VI. Evolving effective communications, to *maintain our position as a trusted voice on health inequalities in Scotland, diversify our audience* and providing outputs that support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities.
3. Although priorities in the public health landscape shifted radically in response to the COVID-19 pandemic and the mitigation and control measures it brought forward, our focus on our key and valued ways of working enabled a pandemic response that remained consistent with the above purpose and aims. We maintained a focus on addressing underlying social determinants of health and pre-existing vulnerability and built on positive examples of community, third and public sector response. Furthermore, our reputation for trusted evidence and insight positioned us a credible partner in shaping recovery priorities and plans for delivering a fairer, more equal, empowering and green recovery for the city's population.

Responding to the pandemic

4. After initial support for partners emergency response (that included six members of our team reassigned to Test and Protect) our work plan adapted to work with partners to support the planning and delivery of recovery strategies that foregrounded action to address the underlying determinants of health. Such work included: the provision of useable and accessible intelligence and evidence to both understand the impact of COVID-19 and evidence community-led responses in Glasgow's communities; the identification, development, and support for the responses likely to maximise impact on underlying determinants of population health and developing the partnerships necessary for delivery and providing expert contributions in the development and of city-wide and national recovery plans.

Provision of useable and accessible intelligence and evidence to understand and address inequality through recovery

5. Our research content, supported by our agile communications team, was able to adapt in the early stages of the pandemic to provide both emerging data from communities and evidence of approaches that would mitigate the impacts of both the pandemic and

long term social and economic consequences of the pandemic response. Outputs and responsive partnerships included:

- A rapid literature review *Supporting community recovery and resilience in response to COVID-19* identified from existing research particular subgroups at greater risk of increased impact from COVID-19, the psychological and mental health impacts and how future recovery plans can foster community resilience. The publication was aimed at those planning and delivering local and national responses to and recovery from the pandemic.
- Our partnership project with University of Glasgow, *Children's Neighbourhoods Scotland* supplemented their published evidence of close to real time intelligence from their community sites (highlighting insights into the impacts of COVID-19 on children and families) with reports on emerging practice in how services collaborated across sectors in response to the urgent and unanticipated need.
- A key agenda setting publication in collaboration with Public Health Scotland and the University of Glasgow '*Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge?*' made the case that recovery efforts should prioritise addressing the underlying sources of vulnerability that have led to the unequal impact of the pandemic; - "*the crisis before the crisis*".
- As member of Public Health Scotland Social Systems Recovery Transport Partnership, co-authored a report on '*Transport use, health and health inequalities: The impact of measures to reduce the spread of COVID-19*'. Describes transport use from March 2020 to September 2020 with recommendations made.
- Produced the first of a series of micro-briefings, shorter topic-based summaries of existing research aimed at supporting recovery efforts. The series is a collaboration with Policy Scotland and informs the work of the Social Recovery Task Force (SRTF).
- A synthesis of evidence: '*Changing urban contexts; delivering a healthy and inclusive green recovery for Glasgow*' brought together existing evidence relating to place-based factors on health and wellbeing combined with learning from studies published during the pandemic on these factors.
- These major outputs were accompanied by blogs and shorter pieces pulling out the recovery focused implications across GCPH's work programme.

Identification, development and support for the actions required to tackle underlying determinants of population health

6. A key function for the team is to help partners who create the conditions for improved population health (across the NHS, local authority, and voluntary sector) translate the evidence of the most promising investments to reduce inequalities into their planning and delivery. Key areas of impact this year has seen the culmination of several years attention on the development of a whole system approach to food cohere into a cross city Food Plan for Glasgow. The plan builds and 'locks in' much of the cross-sector responses to food issues seen during COVID-19 whilst maximising the conditions for health gain through city-wide commitments and actions to addressing food poverty, community food, better utilising food procurement and catering to support local economies and jobs and, addressing healthy weight and diet for under-fives. In the coming year, GCPH will host the Glasgow Food Policy Partnership which will oversee the delivery of the plan against a comprehensive range of indicators across six priority areas. Other action focused areas of progress included:

- As well as providing timely and accessible evidence, Children’s Neighbourhoods Scotland (CNS) is foremost an action research programme, bringing together residents, resources, and organisations to work together to better the lives of children, developing as well as evidencing responses required to improve the life chances of young people. Local Co-ordinators are now established in 6 communities to support the community-led development of the programme in CNS sites.
- The Centre has continued to work jointly with the city’s Economic Development Team to put health and wellbeing gain central to the city’s growth and recovery strategy (‘inclusive growth’). Focus of activity lies in areas of progressive procurement of goods and services and socially productive use of land and property with anchor organisations such as NHSGGC and Glasgow City Council. The approach aligns with that adopted through the City Food plan and works to ensure public sector investments provide opportunity and generate community growth within the city, stimulating jobs, business, and social gain.

Expert contributions in the development and of city-wide recovery plans

7. An important function of GCPH is not only providing evidence of what works in relation to improving health outcomes and reducing inequality but acting as an advocate for learning on the types of action that will result in better and more equal health. This is achieved our membership of key policy and strategy forums in the city, which since April 2020, has seen the addition of new groups established to align city recovery activity. Keeping evidence of effective approaches and evidence-based priority setting on cross-agency agendas is a key way through which we can bring about change in the shared understanding around what elements are necessary in tackling health inequality. Forums on which GCPH is currently represented include the Glasgow Economic Recovery Group (GERG), Social Recovery Taskforce (SRT) and the Public Health Oversight Board (PHOB).
8. CNS is well positioned for the learning of the community-led activity to influence wider policy, utilising reporting links to Glasgow’s PHOB, the Poverty Leadership Panel and West Dunbartonshire’s CPPs mental health group. Nationally, the work has informed Scottish Government publications on COVID-19 impacts of school closures and impact on families within the Education Recovery Group and Social Renewal Advisory Board reports.
9. The inclusive growth work links strongly to ambitions of the GERG and the GCPH’s contribution to the SRT has included the development of tailored outputs to support the process of priority setting (so far on COVID-19 in relation to disabled people, women, with a third planned on ethnicity). GCPH has also taken work to the SRT on CNS, the city-wide Food Plan, and community recovery from COVID-19. We have also provided expertise through supporting the development and delivery of social recovery related community engagement.
10. The Centre has also been a core contributor and participant in the PHOB and has led development work into its future priorities, remit and reporting that will continue into the new year. The PHOB is a key site for establishing and maintaining momentum on shared priorities between the Council, NHSGGC and other public sector bodies in the city.

Resources

11. The 2020-21 work plan was delivered against a budget of £1,546,000 comprised of core funding from Scottish Government (£1.25m), additional income for individual projects (£113,000) and an approved carry forward (£183,000) as detailed in the annual Budget Plan (GCPH Board Paper 395) and quarterly finance reports brought to the Board.
12. At the start of the financial year this supported staffing (including three externally funded attachments) of 22.5 full-time equivalent (FTE). The GCPH structure includes a Director (0.4.FTE) and full-time Associate Director, seven Programme Managers (with an additional post vacant and one funded by GCC), seven research specialist posts and two community engagement specialists. Our Communications and Administrative functions normally comprise an FTE of seven.
13. Other variations within the first six months of 2020-21 included a vacant Director post and a temporary backfill of a Programme Manager post (as a result of an acting-up arrangement to fill the Associate Director role). At the September Board meeting it was decided that the recruitment of a new Director to replace Prof Tannahill (who vacated the position in March 2020) would be revisited at the end of 2020-21. The first half of the year seen significant reassignment of staff to support Test and Protect including the reassignment of two Programme Managers (Jill Muirie for a six-month period and James Egan for four months), two Public Health Research Specialists (Lisa Garnham and Lynn Naven for three months), our Communications Manager (Jennie Coyle for one month), and one of our Communications Officers (Joe Crossland whose Test and Protect role has been made a secondment until June 2021).

Updates from the core GCPH programmes of work

14. The Centre's work plan is organised through four core programmes of work which are supported by a Centre-wide communications strategy and our administrative function. Led by at least one Programme Manager, the four Programmes are as follows:
 - Programme 1: Action on inequality across the life course
 - Programme 2: Understanding health, health inequalities and their determinants
 - Programme 3: Sustainable and inclusive places
 - Programme 4: Innovative approaches to improving outcomes
15. An update on the work of each programme and the communications function during 2020-21 is presented below. Key pieces of work have been highlighted. The sections on 'pathways to impact' set out the relationship between the programme activity and our characteristics ways of working (our six aims) and influence and impact upon local and national priorities. For specific project updates by Programme see the accompanying End of Year Programme tables presented in Section 5.

Programme 1: Action of inequality across the life-course

Aims and purpose

16. This programme focuses on experiences of poverty and socio-economic inequality as determinants of health outcomes, building evidence of the impacts that poverty and inequality have on health across the life course. In doing so it makes a significant

contribution to the Centre's focus on the social justice and inequality implications of investments and policy. Practically, it supports the development of new approaches to shift services more clearly towards preventative approaches. The programme works with communities to build community assets, local capacity and co-produce responses.

Progress and impact over the year

17. Despite the redeployment of programme team members and the reprioritisation of partner activity to support pandemic response, progress and impact has been made in the following areas:
 - *Children's Neighbourhoods Scotland* contribution to the development of approaches and contribution of evidence to support pandemic responses and recovery planning (see Paras 5 and 8).
 - A Scottish Government announcement of £3.17m to fund dedicated financial inclusion advisors to address mental health concerns caused by money and housing insecurity is a legacy impact of the Healthier Wealthier Children (HWC) partnership and learning. Learning from the GCPH 2019 report highlighting the success of embedded financial advice was cited as informing the policy decision.
 - Data collection within GCPH -led evaluation of pilot to support people moving from homelessness into sustainable tenancy. Working with four registered Social Landlords the work gathers evidence on addressing a key determinant of health inequality with strong pathway to translation and adoption with the inclusion of RSLs and dissemination in the coming year with working groups and planning structure such as NHSGGC Employability, Financial Inclusion and Housing groups and City Council Housing Welfare working groups.
 - *Support for the development of new approaches to responses to population mental health.* Work with the Associate Director of Mental Health Services (NHSGGC) scoping elements of innovation practice from elsewhere supported the development of Cluster Resource Teams as a pilot intervention to address unmet mental health need and utilise wider community support.
 - Progression of data collection exploring *the challenges associated with contemporary transitions to adulthood taking account of COVID-19's impact on perceptions of future prospects and aspirations.* Final report due in 2021-22 which will inform planning within Children's Services partnerships and Strategic Health Employability Groups to support the assessment of implications and identification of action.

Programme 2: Understanding health, health inequalities and their determinants

Aims and purpose

18. This programme produces new analyses to improve understanding of the trends in health inequalities and their determinants at a national, city and local level (and within an international context). The programme also has a key role in helping shape the Centre's broader activity in identifying emerging issues and aims to develop policy recommendations that can be used to influence policy locally and nationally. In so doing the work of the programme makes an important contribution to developing GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.

Progress and impact over the year

19. In respect of the programme's headline aim of improving understanding of the trends in health inequalities and their determinants, a number of reports and papers have progressed to publication 2020-21, or are nearing publication:

- *Policy recommendations for population health: progress and challenges.* (Walsh et al.). This report reviews the extent to which the 26 policy recommendations from the excess mortality synthesis have been implemented since publication of the report in 2016. The review presented a mixed picture with positive developments, in relation to Scottish Government policy around social housing provision, pre-school education, public sector pay, and more. In contrast, a number of areas were identified where either there has been very little progress (e.g. in relation to the 'poverty premium') or where changes have arguably not gone far enough (e.g. income tax rates and bands). Given the majority of powers required to address such inequalities are reserved to the UK Government, the work questions the extent to which the Scottish Government (and indeed local authorities) can effectively address such issues. Alongside media coverage, a commentary piece was published in [Public Health in Practice](#).
- *Annual PHINS webinars.* In response to requirement for social distancing this seminar was delivered as three separate webinars (also see Section 4). The first focused on understanding the impact of COVID-19 with reference to mitigation of wider impacts and multidimensional impacts. The second webinar drew attention to role of pre-pandemic policies in the creation of vulnerability and the scaling of mortality from COVID-19 against those caused by existing inequality. The third webinar included focus on the potential for a green recovery from the pandemic. The PHINS seminar is an important keynote event within public health and the programme's mortality analyses established shared commitment to recovery that addresses underlying structural inequality.
- *Understanding Glasgow* continues a popular source of intelligence and resource for local priority setting. Alongside continuing maintenance and updating, new children's indicators were added within year on learning, child health and wellbeing and development. *Understanding Glasgow* experienced a 12% increase in users to 90,000 over the year.
- Update of *Health in a Changing City* report. This report will include analyses updating trends in life expectancy by deprivation and neighbourhood within Glasgow. In addition, trends in housing, poverty and population within the city. The report is in the late stages of drafting with publication anticipated for June 2021.

Programme 3: Sustainable inclusive places

Aims and purpose

20. The purpose of this programme in 2020-21 was to support change to enable Glasgow to become a more inclusive, resilient and sustainable city. This programme's intent was to explore and promote action and investment that increase and equalise access to a range of health enhancing place-based resources including: good quality built and natural environments; clean air; public and active transport infrastructure; places and spaces for regular physical activity; nutritious, affordable food; cultural opportunities; social connections; and participation and empowerment.

Progress and impact over the year

21. The programme team adapted their work plan in response to the pandemic whilst maintaining a focus on enabling the city to become more inclusive, resilient and sustainable as described in the key pieces of work below:

- *Emerging work in response to COVID-19:* A synthesis report exploring the role of socio-demographic and place factors in shaping the Glasgow population's experience, behaviour and exposure to COVID-19 is informing responses through key forums such as the Public Health Oversight Board and the Glasgow Life Building Confidence group to aid return to shared and public spaces. Translation of research findings is also taking place through involvement in two of Public Health Scotland's Social System and Recovery Groups: one on Transport and one on Environments and Spaces. This has seen shared work to understand the impact of Covid-19 on these themes.
- *Glasgow City Food Plan:* Draft plan, taking account of COVID-19 responses from community and statutory sector, went to consultation and was launched at an event on the 8th October, with several online engagement events accompanying the consultation. Over 600 responses were received and reviewed and the plan was adapted accordingly. The Plan will be submitted for approval by the Community Planning Partnership and the Glasgow Food Policy Partnership will review and strengthen its membership to focus on delivery. An application was submitted for Glasgow to achieve a Sustainable Food Places Bronze award.
- *Active Travel:* The programme's collaborative partnership with Glasgow City Council and the Urban Big Data Centre at the University of Glasgow has focussed on understanding the impact of the pandemic restrictions and social distancing on transport trends, especially walking and cycling. The work has also developed innovative new ways to measure active travel and contributing to making administrative data more accessible via open data portals. The partners plan to monitor transport trends on streets in Glasgow to provide evaluative evidence for the 'Avenues' strategy.
- *Place Standard and community Engagement:* Empowering citizens to participate in decisions that affect them and their communities addresses a fundamental determinant of health inequality. Working alongside Public Health Scotland and Scottish Government to explore how to improve the Place Standard Tool and developed a new version which has been field tested and approved for use. We also launched the 'Engage' Forum in partnership with University of Glasgow where colleagues, students and community partners can build a network around public and community engagement.

Programme 4: Innovative approaches to improving outcomes

Aims and purpose

22. This programme utilises evidence and works to embed new approaches to improving health outcomes that utilise community and individual assets, build systemic resilience through a focus on prevention and community empowerment. It delivers the Centre's characteristic ways of working in relation to collaborative identification, development and assessment of promising investments and action to improve population health and a displaying leadership in new and emergent issues and challenges.

Progress update on 2020-21 key projects and deliverables

23. In 2020-21 there has been a primary focus on supporting delivery partners and stakeholders to further recover, adapt and respond to the impact of the pandemic on communities. Progress and impact have been made in the following areas:

- *The NIHR (National Institute of Health Research) Mobilising Community Assets project, CommonHealth Assets:* a realist evaluation of how community led organisations impact on health, our partnership with the Yunus Centre at Glasgow Caledonian University has been successfully funded. The focus of the work, evidencing the contribution to public health of community -led organisations represents an innovative approach and the fact that this area of work has historically been overlooked by the funder attests to the credibility of the partnership and the quality of the proposal. By evidencing processes currently not understood or captured within public health intelligence, the work will support the inclusion of community organisations within mainstream public health approaches.
- *Understanding and implementing the health dimensions of Inclusive Growth.* This partnership with the Economic Development department at Glasgow City Council aims 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 wellbeing and productivity). In light of the pandemic, the focus of the joint post has evolved to inclusive economic recovery, renewal and reform in Glasgow City and Glasgow City Region. A programme manager now sits within the Glasgow City Region Project Management Office (GCR) primarily to support community wealth building as an economic development approach. The work has had a particular focus on the pillars of 'progressive procurement of goods and services' and 'socially productive use of land and property', working with anchor organisations across the GCR.
- *Responding to race and racialisation within Public Health.* This work responds to demographic projections which will see increasing proportion of the Scottish population characterised by non-white BME backgrounds. The year saw the recruitment of a Senior Public Health Specialist to lead our work on race and racialisation in public health. Through an event designed to garner strategic recognition of the dual and intertwined issues of workforce diversity and public health priority setting, we have been working closely with partners in Public Health Scotland to increase the recognition of the issue racialised underrepresentation in public health data and systemic absences in ability to monitor the contribution of systemic racism on health outcomes. Connections with senior leaders in NHS Scotland and Public Health Scotland have been established and commitment to the issue secured. We have worked closely with the co-chair of the Scottish Government's Expert Group on Ethnicity and COVID-19, Dr Ima Jackson, in positioning this work.
- We maintain strong strategic collaboration with Glasgow City Council addressing the deepening of democratic processes within the city. This includes distinct GCPH contributions to the Social Recovery Task Force as well as significant discussions out with this forum. A programme manager with a social renewal brief is leading the development of a suite of pandemic 'micro briefings' in collaboration with Policy Scotland and a range of expert partner agencies. These micro briefings

are designed to support access to quality evidence among Social Recovery Task Force members and to enhance recovery policy and practice responses within the City. This post works to embed public health approaches in a wider local authority-led team, creating shared ownership of ideas, their development and implementation.

- The model of a joint public health/economic development post has been highlighted as an example of good practice in taking economic development approaches to improve population health and has been replicated by Public Health Scotland with the creation of an Organisational Lead, Regional Economies and Health.

Communications

Aims and purpose

24. The communications function supports the delivery of the GCPH work plan by using a range of communication channels and tools to maximise the exposure, reach and impact of our research and to create the space where discussion of responses can take place both locally and nationally.
25. The overarching aim of the communications function is to ensure our research is known, trusted, respected and valued and seen to have influence and impact on policy and practice across the public policy spectrum. It does so by maintaining our reputation for high quality and accessible communications, considering a breadth of audiences through varying appropriately communications channels and approaches. Also see Section 4 of this paper.

Progress update on 2020-21 key projects and deliverables

26. COVID-19 has necessitated adaptation for our communications function both practically and strategically. Practically, in how we deliver in our events and face-to-face engagement activities and strategically, in relation to the capacity of our partners, the media and general public to engage with and focus on issues beyond urgent and immediate impacts of the pandemic.
27. In the early stages of the pandemic we adapted the use of our digital channels to share information and resources on COVID-19 and focused on how we as an organisation were responding. A series of online briefings summarised past work offering useful evidence and insight in the pandemic context. These included our work on resilience, asset-based approaches, housing, and transport and travel. The series continued to highlight current work – the role of food in shaping health outcomes in uncertain times; headline findings from CNS relating to local responses to COVID-19; community resilience, and the power of communities.
28. To raise awareness of the role of poverty and inequality in pre-existing vulnerability to COVID-19, a communication strategy was produced to distil the key messages from the scientific publication of the latest mortality analysis aimed at a non-specialist audience and draw out policy recommendations. Outputs beyond the initial peer review article included a video abstract of lead author presenting the findings, key messages on GCPH website, an easy-to-read research summary, presentations with key stakeholders,

targeted social media activity, planned media coverage with the Herald, and a series of guest blogs to reflect on findings and further draw out recommendations.

29. The need for social distancing impacted our ability to hold events in the normal manner. Many events were adapted to be delivered online such as the PHINS seminar (which became three shorter events rather than the previous half-day event), the launch of the Glasgow City Food Plan consultation and engagement workshops, and the first lecture (Angela O'Hagan) of the 2020-21 Seminar Series. In planning the remaining seminars in the series, which will now be held later in the year, great care and effort has been made to ensure speakers are relevant to the current and global context and to support the furthering of key themes within the GCPH workplan.
30. In the coming year, the design of individual seminars is being developed as part of the adaption to remote delivery, increased numbers and the logistics of managing engagement between audience and speakers. This will include expert panels to respond and ask questions of speakers whilst bringing a diversity of perspectives and submission of audience questions prior to the event.
31. *Digital engagement metrics:* Our annual web and social media analytics show growth in engagement through our digital channels. Both the GCPH and Understanding Glasgow websites experienced a 12% increase in users, with the figure for the GCPH website, a total of 45,821 users, and for the Understanding Glasgow website it was 90,027 users. Twitter is our main channel of social media communication and engagement and as of 31st March 2021, GCPH had 5,797 Twitter followers – a 5% increase on the previous year. Follower numbers increase by around one every day, showing steady, sustained growth. In addition to follower numbers, we can measure actual engagement by looking at the number of times users directly interact with our Twitter profile. This includes measures on number of retweets, replies, likes, mentions and profile views. For the year 2020-21 the GCPH Twitter account was engaged with 10,931 times – an 85% increase on the previous year. This is an encouraging figure which demonstrates that while our follower numbers are stabilising, the followers we do have are actively engaging with us.

Pathways to impact

32. Our digital engagement metrics highlighted above are useful indicators of the reach and awareness of GCPH if only providing limited insight in terms of our impact and influence. We know that it is our relationships and alliances, and the engagement that takes place in the delivery of our work, across the work plan that contributes to influence. Key processes where there is a role for the communications function include: reducing the gap between research activity, communities, policy and practice by opening up opportunities for two-way influence; by bringing different perspectives together to yield new insights and ways of working and extending the reach of our own work and outputs through others' networks. A specific ambition, shared with our community engagement and empowerment team, is to build and forge stronger relationships and alliances with those most affected by inequalities as a continuing area of development.

Forward look for GCPH in 2021-22

33. The year has seen GCPH, its programmes and communications function position itself well for supporting a recovery that has the reduction of the underlying drivers of health inequality at its core, working across dimensions of social, economic, service and spatial infrastructure recovery and renewal to maximise health gain. A new element that

developed over the past year and has gained momentum into 2021-22 is our work focusing of race as a fundamental determinant of health inequality. This brings a new part time secondment to GCPH to develop action both internally and externally in relation to workforce diversity and absences in data on the impact of racism on health- this absence itself a consequence of historical priority setting.

34. Our work plan for the coming year (GCPH Board paper 410) outlines our continuing programmes of work, responding to a three-fold set of priorities to be addressed within recovery and renewal: The economy and work; trends in the patterning of health and wellbeing outcomes and in the context of the climate emergency, place, environment and climate related factors. Our work with Glasgow City Council, as the core organising body for renewal from the pandemic at a city level, with its broad remit across areas of social, economic and cultural areas of action, will be important in ensuring the impact of that plan. We will continue to support the PHOB and Social Recovery Task Force locally in developing the new City Plan to include priorities and action likely to provide health gain.
35. Another area of opportunity relates to Public Health Scotland's development of its role locally within the Glasgow City region. Through the PHOB, shared interests in developing a work programme to address racialised inequality and GCPH's ability to provide evidence, through for example, *the Health in Glasgow* report scheduled for Summer 2021, the Centre will seek to develop its position in relation to PHS's emerging local focus bringing about demonstrable change that enable Glasgow's citizens to live healthy and meaningful lives.
36. The focus on the climate emergency will be to the fore in the city over the coming year, an area where the Centre's current work plan can offer much in terms of understanding the actions that can support the delivery of carbon-neutrality but in doing so, build in health and community benefits (active travel, food, spatial planning) with some new areas of development around climate justice and bringing to the fore perspectives not normally heard. Again, this is an area where the Centre has a history of strong working relationships with the Local Authority and other partners, which will position us well.
37. Finally, the maintenance of progress over a year that saw an overnight switch to home working and the wholesale revision of work plans could only be achieved due to the commitment of the team at the Centre, each other and our overarching purpose. Although the year has been difficult, it also brought out the best in the team. It is widely recognised that there are irreversible changes brought about by the experience of the pandemic and new ways of working have emerged we would wish to see continue. This stands as much for the innovation observed in communities in mitigating the impacts as the pandemic as to new expectations of how we work in teams. Over the coming year, it will be important that the Centre maintains its position as an exemplar organisation of new and effective ways of working as much in terms of our own working practices as much as helping others find new responses.

Section 2:**Update on exceptions to progress at midyear**

38. The midyear report (GCPH Board paper 406) showed a small number of projects not progressing as planned. This was to be expected given the shifting priorities of the team and our partners over 2020-21. The re-assignment of staff and a small number of long-term staff absences due to illness should also be taken into account. The table below updates on the 'core' projects within the work plan that had been flagged as either 'amber' or 'red' at midyear.

Project	Midyear status	End of year status
Programme 1		
Second stage evaluation of Sistema Scotland – Educational outcomes for participants in Raploch	Amber: Impacted by shifting priorities forced by COVID-19. Reported stage two analysis was delayed to Summer 2021.	Amber: The Sistema Evaluation Advisory Group which had overseen the evaluation has been disbanded and a new evaluation group is being developed to oversee a range of evaluation work across the Big Noise sites. Progress of the second stage evaluation will be reviewed as this group is convened.
Evaluation of preventative approaches to housing and welfare for vulnerable groups	Amber: Midyear saw the team reassigned to Test and Protect and decision to not proceed with preliminary scoping of health impacts of pathways of Universal Credit.	Green: On return to GCPH duties, the team re-connected with City colleagues and prioritised the evaluation of pilot work supporting people moving from homelessness into sustainable accommodation. This work is now progressing to a revised timescale.
Planned event on social determinants of mental health	Amber: event postponed at midyear.	Green: Change to planned activity. GCPH has contributed to development sessions with Specialist Mental Health service towards progression of pilot intervention to address underlying causes of mental health demand.
Programme 2		
Analytical projects delayed due to data availability.	Amber: Work to update trends on trends in life expectancy.	Green: Data gathered and analysed to include calculation of new local life expectancy estimates. To be published in June 2021
	Red: Decision taken to not continued research proposal of 'forced destitution' polices following shift in priorities of necessary collaborators.	Red: decision remains as midyear.
Programme 3		

Evaluation of Bike Hire scheme	Amber: delayed whilst awaiting access to dataset	Amber: Data still not available. Time resource has been used to contribute to PHS Social Systems recovery groups report- <i>Transport use, health and health inequalities: The impact of measures to reduce the spread of COVID-19.</i>
Place Standard community sessions	Amber: progress delayed in relation to community session in Bridgeton/Calton due to changing priorities of funder and social distancing requirements. Alternative approaches being discussed with Thenue Housing Association.	Amber: progress continues to be delayed due to capacity of staff at Thenue Housing Association. Discussions are ongoing about proceeding with a Place Standard session while adhering to social distancing requirements in the coming year.
New Scottish Diet	Red: Unsuccessful funding bid to develop 'Eatwell plate' form locally grown produce.	Red: As midyear update.
Programme 4		
Community link Workers developmental work	Red: proposal not funded at midyear. Resource redirected to supporting Cluster Resource Team Pilot.	Red: As midyear update.
Social prescribing pathfinder work	Amber: Led by Glasgow Life, work seeks the contribution of culture, sport, and leisure services to addressing inequalities and developing role of social prescribing. Not progressed due to pandemic priorities.	Amber: Awaiting restart by Glasgow Life. GCPH place factors and Covid-19 report is supporting GL's Building confidence work in the interim.
Seminar series	Amber: reduced frequency in first half of the year due to reassignment.	Green: Full schedule of seminar speakers of international standard for 2021-22.

Section 3:

Demonstrating impact

39. The work plan for 2020-21 included indicators of success to show how we would judge progress against our understanding of how we deliver impact. These were based on our six characteristic ways of working.
40. *Building and developing GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.* Success against this characteristic involves maintaining our position as a recognised and reliable source of analysis and reporting on the key health, social and demographic trends in Glasgow. We understand success in this area as the routine use of such evidence by service planners, decision-makers and citizens and consequently, the Centre's expertise being in demand, such as through our continuing role in the establishment of a monitoring framework for NHSGGC's ten-year Public Health Strategy.

Three-year indicators of success	Update April 2021
<p>The Centre's evidence on trends and patterning of health, along with evidence on the development and implementation of responses, will shape key population health activity in the city and nationally. Key examples may include:</p> <ul style="list-style-type: none"> • Expertise used to support key city-level and city-wide strategic work and partnerships such as NHSGGC's PH strategy monitoring, the implementation of Health Summit recommendations and other forums. Being able to demonstrate impact in shaping and use of insights produced by GCPH. • Routine use of population health data and analyses in accessible formats by service planners, decision-makers, citizens and communities. • Indicators of academic credibility in our research practice, evidence generation and analysis such as peer review publications and research funding. • New, and updating of existing, analyses that contribute to understanding of trends in the fundamental causes of health and health inequalities, including comparative analyses. 	<ul style="list-style-type: none"> • Team contribution to Public Health Oversight Board has included leading review of its remit and site for dissemination of key GCPH research and outputs including established reporting structure to Food Plan and CNS. Social Recovery Taskforce (SRTF) contribution has included creating new outputs ('micro briefings') to inform partner decision making. Inclusion of embedded programme manager in Glasgow Economic Recovery Group (GERG) has led focus on benefits of community wealth building approaches as central to Glasgow's economic recovery. • A range of publications have convincingly made the case for an equality focussed recovery including a quantification of COVID-19 mortality against continuing mortality from pre-existing inequality. • Understanding Glasgow resources updated and new Children's' profile produced (see Programme 2 update). • All listed publications, analyses and funding bids delivered – refer to individual programme updates. • Two substantial evidence summaries, firstly of learning from elsewhere on COVID-19 community recovery and, secondly on role of place -based factors published and informing key recovery forums in the city.

41. *Supporting through collaboration the identification, development and assessment of promising investments and action to improve population health.* Our evidence also includes a range of evaluative work designed to support the development of responses in key areas of policy and practice, locally and nationally, such as place-based approaches and promoting healthy urban environments; children and young people's

health, wellbeing and maximising opportunities across the life-course (delivery and evaluation of Children's Neighbourhoods Scotland).

Three-year indicators of success	Update April 2021
<ul style="list-style-type: none"> • Use of GCPH evidence, insight and collaboration to support the development, implementation and /or scaling of responses to key determinants of population health. • Evidence of having convened networks and intelligence to shape a new response, for example, in relation to mental health. • Delivering on Glasgow City Food Strategy through key leadership role to implement cross system response to healthy weight, food poverty, sustainability and inclusive economic growth. 	<ul style="list-style-type: none"> • Continuing GCPH contribution to roll-out and evaluation of CNS across six sites. • Collaborative development of Inclusive Growth action plan based on opportunities within the city around recovery. Includes funding bid for additional work to assess equalities impact of capital investments. • Coordination, consultation and publishing of whole city food plan and associated performance indicators.

42. *Maintaining a profile on the social justice and inequality implications of investments, interventions and policies.* All our work recognises poverty and socio-economic inequality as fundamental to shaping health outcomes. We define success in this area of our work as indicated in developing the understanding of how policy and practice can respond to the health consequences of inequalities in income, wealth and power. We also promote an awareness of the dynamic and changing nature of social justice and inequality underpinned by changes in the experience of the labour-market and welfare to promote changes in practice. This is illustrated suite of projects looking at new welfare responses to housing vulnerability and place-based working to support young people's outcomes.

Three-year indicators of success	Update April 2021
<ul style="list-style-type: none"> • Examples of evidence-informed responses to address social determinants of poor and unequal health in key welfare settings such as adults with complex needs and struggle to access support, Private Rented Sector Tenants and sustaining tenancy those moving from homelessness to RSL accommodation. • Targeted programmes to improve outcomes in places with high levels of poverty, applying place-based approaches. 	<ul style="list-style-type: none"> • Research and development input into design of Cluster Resource Teams as pilot to intervention to address increasing Mental Health demand and ensure more appropriate responses to distress. • Continuing evaluation of homelessness to secure tenancy intervention. • Continuing impact in national policy and resource allocation of Financial Inclusion services to mitigate poverty.

43. *Maintaining a future perspective and displaying leadership in considering new and emergent issues.* Identifying issues not yet on the radar of our partner organisations. This can be through analysis of trends or through a broadening of the range of perspectives to bring new aspects of a challenge into focus. There are a number of examples of GCPH bringing a new concern, or framing of an existing issue illuminating new responses, including our work on food, active travel, asset-based approaches and resilience and more recently, debt as a public health issue. Working in this way often requires staying with an issue over the long-term and convening networks of support and shared commitment over time.

Three-year indicators of success	Update April 2021
<ul style="list-style-type: none"> • Examples of GCPH's role in bringing a new concern, or new response to an existing issue, 	<ul style="list-style-type: none"> • Successful aligning ambitions on sustainability, inclusive growth and food

from the margins to the mainstream of understanding, policy and/or practice.	poverty with improving diet through publishing City Food Plan. <ul style="list-style-type: none"> • Work at a national level to understand gaps in evidence and priority setting in relation to racialised health inequalities in public health. • Development of work through multi-agency advisory group on understanding new health challenges in young people's transitions to adulthood.
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44. *GCPH as an exemplar organisation, in its ways of working with a focus on use of evidence, insight, coproduction and community engagement in the development of responses.* Alongside the evidence on trends and responses, one of the key ways the Centre supports change is by developing the ways of working necessary to respond to complex, cross-sectoral and cross-disciplinary challenges such as those underpinning poor and unequal health. Mental health, our food system, physical activity and healthy weight and place-based working are examples of approaches where joined up responses are required. We also promote the use of a diverse range of evidence for decision making, the importance of co-producing responses across organisational boundaries and with communities as necessary ways to develop and implement more effective responses.

Three-year indicators of success	Example milestones in 2020-21
<ul style="list-style-type: none"> • Demonstrable impact through establishing/maintaining a network convened around a problem whereby use of evidence, collaboration and co-production, a focus on social justice, and future perspective are adopted as an operating model. 	<ul style="list-style-type: none"> • Examples of development of whole-system food plan and consultative process, cross-sector contribution to priority setting within Economic development work and support for Community Engagement process within Social Recovery Taskforce. • Our race, racialisation and public health work built incrementally from an event and the priorities established in June 2019 and has subsequently established momentum across PHS, NHS Scotland and GCPH's wider network.

45. *Continue to evolve effective communications, to maintain our position as a trusted voice on health inequalities in Scotland, diversify our audience and produce outputs to support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities.* In the work plan, we outlined that we would continue to evolve our communications function to maximise the potential for dissemination and knowledge translation consistent with our strategic aims and purpose while being responsive to opportunities and challenges within the wider context. A key aspect of this is an alertness to the receptiveness of our messages with reference to our core partners priorities and pressures within the local and national context. To this end would seek where possible to collaborate with core partners (and other stakeholders as appropriate) to develop coordinated messaging, outputs and activities. Accessibility, reach and maximisation of impact needs to be balanced with our trusted position of being transparent in analysis and evidence-led. The year also sought aspiration to embed human stories of the lived experience of the issues our work addresses into our communications and messaging.

Three-year indicators of success	Update April 2021
<ul style="list-style-type: none"> • Reputation, trust and reach of GCPH and its work shows continual growth. • Work widely shared and accessible in a variety of formats. • Support processes of implementation and change. • GCPH outputs provided to decision makers at the appropriate time, evidence of planning for this and assessment of use. 	<ul style="list-style-type: none"> • Adaptation of outputs, including events has significantly increased reach. Shorter briefings, video abstracts, blogs, micro briefings and sharable content are responsive and relevant to end-user needs and preferences. • Some progress made on accessibility of written outputs and inclusion of audible outputs with further consideration required of provision in different languages. • Calendar of events throughout the year including Seminar Series, healthier future forums and smaller topic-based workshops. • Recovery focussed outputs designed to inform decision makers and aligned with strategic concerns (e.g. Social Recovery Task Force).

Section 4:**GCPH outputs and activities 2020-21****GCPH events and seminars**

Title	Date	Delegates
<p><i>PHINS 2020 webinar series – Webinar 1:</i> Multiple pathways – mitigating the wider impacts of COVID-19 responses (Margaret Douglas, University of Edinburgh)</p> <p>Moving beyond silos: using an intersectionality lens to understand the multidimensional crisis of COVID-19 (Anuj Kapilashrami, University of Essex)</p>	3 Sept 2020	234
<p><i>PHINS 2020 webinar series – Webinar 2:</i> The crisis before the crisis: pre-pandemic mortality trends in UK cities and countries (David Walsh, GCPH)</p> <p>Prioritising population health: calibrating COVID-19 deaths with mortality due to inequality in the UK (Ruth Dundas, MRC/CSO SPHSU, University of Glasgow)</p>	17 Sept 2020	187
<p><i>PHINS 2020 webinar series – Webinar 3:</i> How did we get here? The problems that COVID-19 has laid bare (Emma Congreve, Fraser of Allander Institute, University of Strathclyde)</p> <p>Realising a Green Recovery (Dave Reay, University of Edinburgh)</p>	1 Oct 2020	182
<p><i>Glasgow City Food Plan – consultation launch</i></p>	20 Oct 2020	96
<p><i>Seminar Series 17: Lecture 1 #CaringEconomyNow: A Call to Action</i> (Dr Angela O'Hagan, Reader in Equalities and Public Policy, Glasgow Caledonian University)</p>	25 Nov 2020	226 registered (118 attended)
<p><i>Conversation about Glasgow City Food Plan</i></p>	18 Nov 2020	64
<p><i>Glasgow City Food Plan – What will it mean for your business?</i></p>	8 Dec 2020	13
<p><i>Glasgow City Food Plan – FINAL</i></p>	8 Mar 2021	59
<p><i>Children and young people's views on climate change</i> Show case event from small grants scheme</p>	9 Mar 2021	89

Publications and consultation responses

Title	Date
Supporting community recovery and resilience in response to COVID-19 (Chris Harkins)	May 2020
Testing approaches to increase cancer screening in the Clyde Gateway area (Gregor Yates and Russell Jones)	May 2020
Policy recommendations for population health: progress and challenges (David Walsh, Matt Lowther, Gerry McCartney, Katrina Reid)	July 2020
Bikes for All evaluation: summary of overall findings (2018-2020) (Gregor Yates and Bruce Whyte)	August 2020
GCPH response to Scottish Government Town Centre Expert Review Group call for evidence on town centre revitalisation	August 2020
Exploring the cost of the pregnancy pathway (Commissioned report by Research and Marketing Ltd)	Sept 2020
GCPH response to Scottish Government Social Recovery Advisory Board call for ideas	Oct 2020
Mortality trends in countries and cities of the UK: a population-based trend analysis – research summary (David Walsh)	Nov 2020
GCPH response to Scottish Government Free bus travel for people aged under 19	Dec 2020
GCPH response to Scottish Government Scotland's Road Safety Framework to 2030	Dec 2020
GCPH response to Glasgow City Council Connecting Communities	Jan 2021
Changing urban contexts: delivering a healthy and inclusive green recovery (Gregor Yates)	Feb 2021
GCPH response to Glasgow City Council Climate Emergency Implementation Plan	Feb 2021

Commentaries and blogs

Title	Date
Our response to COVID-19 and thoughts for the future (Pete Seaman)	May 2020
Food in uncertain times (Riikka Gonzalez)	May 2020
Children's Neighbourhood Scotland: exploring local responses to COVID-19 (Jennifer McLean)	May 2020
What is community resilience? (Pete Seaman)	May 2020
Coping with the COVID-19 pandemic: the centre role of home (Lisa Garnham)	May 2020

Cycling through a pandemic (Bruce Whyte)	June 2020
The power of communities (Jennifer McLean)	June 2020
Walking during the lockdown in Scotland (Lisa Garnham)	July 2020
Policies to reduce health inequalities: where were we in Scotland pre-pandemic? (David Walsh)	July 2020
The unprecedented rise of mortality across poorer parts of the UK (Danny Dorling)	Nov 2020
Supporting community participation in research projects - part I and II (Monique Campbell and Cat Tabbner)	Dec 2020
The anatomy of a GCPH infographic (Sheena Fletcher)	Jan 2021

Journal articles

Walsh D, McCartney G, Minton J, Parkinson J, Shipton D, Whyte B. [Changing mortality trends in countries and cities of the United Kingdom \(UK\): a population-based trend analysis](#) *BMJ Open* 2020

McCartney G, Leyland A H, Walsh D, Dundas R. [Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge?](#) *Journal of Epidemiology & Community Health* 2020

Walsh D, Lowther M, McCartney G, Reid K. [Can Scotland achieve its aim of narrowing health inequalities in a post-pandemic world?](#) *Public Health in Practice* 2020

Wami W, McCartney G, Bartley M, Buchanan D, Dundas R, Katikireddi S V, Mitchell R, Walsh D. [Theory driven analysis of social class and health outcomes using UK nationally representative longitudinal data](#) *International Journal for Equity in Health* 2020

Davis A, Whyte B. [Making the shift to sustainable transport in Scotland](#) *Cities & Health* 2020

Robison O, Inglis G, Egan J. [The health, wellbeing and future opportunities of young carers: a population approach.](#) *Public Health* 2020

Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. [Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework](#) *BMC Public Health* 2020

Section 5:

Programme tables and individual project milestones

Programme 1: Action on inequality across the life course

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
CHILD HEALTH AND WELLBEING	Children's Report Card	BW, JM, MY	Core	<ul style="list-style-type: none"> • Publication of five report cards (March 2020) • Dissemination (March 2020 onwards) • Completion of Safety report card (April 2020) 	<p>The report cards on key themes relating to children and young people's health well-being in the Glasgow and Clyde Valley Region. The themes comprise: demographic trends and socio-economic context; poverty; environment/safety; healthy diet, weight and physical activity; mental health; 21st century issues.</p> <p>Project led by GCPH with support from NHSGGC, ISD, HS, Glasgow HSCP, Glasgow's Education dept.</p> <p>Given the profiles will be published in March 2020, the main activities in 2020/21 will be dissemination to interested parties including strategic groups in the NHS, local authorities and the third sector. This work will be undertaken in the six months post publication with review of usage,</p>	<p>Five report cards were completed. The safety report card was not completed due to lack of data and partner support, exacerbated by the COVID pandemic.</p> <p>Dissemination has been limited to social media due to the COVID restrictions.</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
					impact and opportunities for further activity taken.	
	Understanding, preventing and responding to adverse childhood experiences	DW	In development	<ul style="list-style-type: none"> (TBC): Advise SG on analyses of ACEs questions data collected within Scottish Health Survey (SHeS) (published Sept. 2020) (TBC) Prepare more-in-depth analyses of ACEs questions data (by end of year) 	With the systematic review (on the relationship between ACEs and childhood SEP) complete and published, the only remaining agreed tasks – at this stage – are to advise SG on analyses to be included in the SHeS publication, and potential for more in-depth analyses once those data are available (and can be linked to other data sources). This is to be confirmed.	Discussions with SG took place, and a plan of possible analyses was drawn up and discussed. However, with ACEs now seemingly less of a policy priority, any future work has been put on the ‘back-burner’.
	Evaluation of Sistema Scotland	CH, CT	Core	<p>The impacts of Big Noise participation on educational attainment and post-school destinations – Report (in development – Summer 2020)</p> <p>Researching the views of young children: learning from the Sistema Scotland evaluation (briefing paper, Summer 2020)</p>	<p>The evaluation is at an important juncture as the primarily qualitative methods of Phase 1 (2013 to 2018) are now concluded and the findings and learning is summarised in the ‘People change lives’ report.</p> <p>Phase 2 of the evaluation commences in March 2020 and involves quantitative outcome analysis. A reflective BP on creative methodologies with young people (Summer 2020).</p>	<p>Due to the pandemic and changing partner priorities, this work has been postponed for the foreseeable future. CH to reconnect with partners in summer 2021 to continue the work.</p> <p>The Sistema Evaluation Advisory Group which had overseen the intensive GCPH evaluation since 2013 has been disbanded and a new evaluation group is being developed to oversee a range of evaluation work across the Big Noise sites.</p>
CHILD POVERTY	Monitoring, advising and influencing the development of child poverty delivery plans across NHSGGC, local authorities and HSCPs	JE, LN, BW, KT	Core	<p>Ongoing to support and feed into Scottish Government annual child poverty action plans.</p> <ul style="list-style-type: none"> Attending meetings (2 monthly) of the NHSGGC Child Poverty Leads 	This work directly contributes to the Scottish Government’s priority to reduce child poverty as outlined in the Tackling Child Poverty Delivery Plan.	<p>Ongoing.</p> <p>The child poverty section of Understanding Glasgow has been updated and the information is being incorporated into a forthcoming GCPH report on demographic, health, socio-</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
				<p>Action Co-ordinating Network and Glasgow city Challenge Child Poverty Partnership + ad hoc development and planning sessions with all partners in NHSGGC</p> <ul style="list-style-type: none"> • Updating child poverty indicators on Understanding Glasgow and child poverty map of Glasgow to inform future action reports (BW/KT). Also keeping up-to-date with potential new indicators • Continuing membership of Glasgow's Child Poverty Sub-group 		economic and environmental trends in Glasgow.
MITIGATING THE IMPACTS OF CHILD POVERTY	Children's Neighbourhoods Scotland (CNS)	JM, CT	Core	<ul style="list-style-type: none"> • Continued support to CNS internal programme reporting, management and governance across all workstreams • Support to the new national programme Advisory Group • Ongoing support to the Programme Direction in relation to programme management 	<p>The work and roll out of CNS continues to develop and to become established in all the identified CNS community sites, with a focus on building relationships across the communities, adding value to existing activity and capacity to local organisations working with children, young people and their families.</p> <p>With funding and commitment from the tackling Child Poverty Delivery Plan, during 2020/21 all six CNS sites</p>	<p>Our partnership programme with the University of Glasgow, CNS continues to develop, expand in our neighbourhoods, and to adapt in response to the COVID-19 context. GCPH continues to provide high level management and governance support to the Programme Director and team members.</p> <p>CNS is now established in 6 communities (3 Glasgow City, 2 South Lanarkshire, 1 West Dunbartonshire), with 6 Local Coordinators in place to support the</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
				<ul style="list-style-type: none"> • Quarterly reporting to SG and local authority funders • Relationship and partnership building meetings and activities with partners across all six CNS sites • Workplan development for all Local Coordinators • Delivery of evaluation support training to CNS third sector partners by Evaluation Support Scotland (March to May 2020) • Publication of CNS annual report (April 2020) • Host organisation for the UK Communities network summer meeting (June 2020) 	<p>will be established - three sites with Glasgow City, 1 site in West Dunbartonshire and the small town and rural community sites in South Lanarkshire.</p> <p>A further 4 Local Coordinators will be recruited in partnership with sites (via Glasgow University) to work alongside the two current Coordinators. Individual workplans will be developed for each new member of the team to reflect the priorities and context of the local area they are working in.</p> <p>Establishment of a new national programme Advisory Group, comprising of national and local funders, academics and Business in the Community, provides guidance, advice and a critical perspective to the programme team.</p>	<p>community-led development of the programme in all sites. Workplans have been developed for all LC's in partnership with local stakeholders.</p> <p>At the onset of lockdown, a new piece of research was developed to document responses to, and the impact of, COVID-19 on children and families. The findings from 3 phases of research - in Glasgow, South Lanarkshire and with vulnerable migrant families was published from September to December 2020. has been published.</p> <p>A significant number of new CNS reports, blogs and resources were published in 2020-21. This includes annual report (19-20), the capabilities research model, capabilities and mental health in West Dunbartonshire, vulnerability and resilience literature review, rural literature review and number of blogs. Redevelopment of the website to include specific local area pages.</p> <p>CNS hosting the summer meeting of the UK Communities network was postponed. First meeting of the new CNS Advisory Group also postponed due to the pandemic.</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
						Ongoing monthly team meetings, monthly Local Coordinator and 6 weekly Senior Leadership Team meetings. Ongoing 6 monthly progress reporting and budgetary monitoring to SG and LA partners.
YOUNG PEOPLE	Youth transitions	LN, JE	Core	<p>A multi-disciplinary advisory group is in place to co-produce a proposal for work on young people's transitions to independent adult life</p> <p>A research brief has been developed and is going through the procurement process. Date of award of the research contract will be 23rd March 2020, with the research process spanning 6 months. Final report by October 2020</p>	<p>This project was established to identify and work with partners' engaging with some of the key transition challenges facing young people moving into early adulthood. Work is being informed by preliminary investigations of the literature, exploratory meetings with personnel involved with young people, work carried out with the GCPH team, and Advisory Group deliberations, to inform direction of the work, which will focus on transitions among youths from different socioeconomic positions.</p>	<p>Due to the onset of COVID-19 and lockdown coinciding with the initiation of the Young People's transitions project, the timings have had to change. The research contract was awarded to The Lines Between in April 2020 but redeployment of the NHS Procurement function to service pandemic requirements meant that a contract was not awarded until summer 2020.</p> <p>Advisory group meetings have since taken place to consider access to young people. The Lines Between, with support from GCPH developed and submitted an ethical approval application for the research to UofG ethics committee in early 2021 and approval was awarded in April 2021 with a start date of 10th May for the research. The aim is to carry out 5 focus group discussions with 6 people in each, across the socio-economic spectrum.</p> <p>Ongoing 2 monthly Advisory Group progress meetings. Expected end date/final report – December 2021.</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
ADULT AGES	Universal Credit	JE, KT	Core - in development	A briefing paper discussing the potential public health effects of Universal Credit. This will inform future thinking about follow-on action. A final draft copy of the Briefing Paper is expected to be completed by summer 2019	A draft copy of the paper is in the early stages of development. The wider public health implications of new, more extensive forms of conditionality will be a central theme.	Due to the pandemic and some key programme staff moving over to temporarily work on the NHS GGC Test and Protect this developing work was suspended. Programme priorities were shifted to focus on 1 of 3 work strands from the "Universal Credit: Welfare and Housing Support" – see next section.
	Universal Credit: Welfare and Housing Support	JE, LN, KT	Core	<p>1) Simon Community: data collection May 2020</p> <p>2) Private Rented Sector: data collection Feb-Mar 2020</p> <p>3) RSL pilot: Feb- Jun 2020</p> <p>Completed analyses Summer 2020 and final report expected Winter 2020</p>	<p>This GCPH evaluation will involve 3 areas of new service delivery:</p> <p>1) The Simon Community providing support for homeless people, including rough sleepers and those with complex needs, who struggle to access support.</p> <p>2) Support for people in the Private Rented sector (PRS) affected by the benefit cap and welfare reforms, to prevent homelessness and ensure sustainability of tenure.</p> <p>3) A pilot supporting those moving from homelessness accommodation into a tenancy operated by 4 Registered Social Landlords (RSL). The project aims to tackle barriers, such as starting a new tenancy in arrears, and ensure an increased likelihood of a sustainable tenancy.</p>	<p>GCC contacted GCPH to re-establish this work strand, which was suspended during wave 1 (Mar 2020). It was agreed that priority 3 would be progressed - involving 4 RSLs.</p> <p>During phase one (Nov '20 - Jan '21) online interviews were completed with 4 RSL managers, 2 Flexible Homeless Outreach Support Service (FOHSS) managers, 2 Scottish Welfare Fund managers, 1 City Building manager (furniture package)</p> <p>In phase two 2 (Feb – May '21) online staff group interviews with RSL and FHOSS were completed. Data collection in phase 3 (Jun '21 onwards) will focus on seeking services users' views and secondary data analyses.</p> <p>It is envisaged that the advisory group will be reconvened late Summer. Within the context of COVID, the ethics</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
					Initial advisory group meeting to take place Feb 2020 - University of Glasgow ethics application submitted to undertake RSL tenants' interviews.	application will be re-visited before undertaking tenants' interviews.
	Social determinants of mental health	Leads: JE and T Lakey (NHS GGC); LN, KT, MY, JE, BW	Core	Seminar - 20 April 2020 Summer 2020 onwards: develop new links to explore whole system approaches towards good mental wellbeing	An established GCPH/NHSGGC working group was set up to address two primary aims: 1) Bring together a group of stakeholders to increase our understanding of the wider determinants of mental health 2) Explore with partner agencies what a future whole system approach towards good mental wellbeing could look like. Around 50-60 stakeholders will be invited to a Spring 2020 seminar. The Understanding Glasgow indicators and the Glasgow Game will be used to address the above two aims. Following on from the seminar, it is envisaged that the GCPH/NHSGGC working group will create new learning/research links to explore future whole system approaches towards good mental wellbeing.	Change to planned activity. GCPH has contributed to development sessions with Specialist Mental Health service towards progression of pilot intervention to address underlying causes of mental health demand.
	Public health impacts of gambling	CH, DW, JE	In development	Briefing paper summarising a literature review concerning the interaction of low income, debt and gambling (April to June 2020)	This briefing paper is designed to introduce the public health impacts of gambling and its complex interaction with socioeconomic disadvantage, low income and debt.	GCPH team members are now contributing to a range of WSA sub-groups as well as the overall steering group.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
				GCPH input to Whole Systems Approach (WSA) to tackling gambling-related harm within Glasgow City, led by SCOTPHN	The literature review may be structured around key questions. GCPH are in conversation the WSA team to determine an effective contribution.	CH to develop a 'micro briefing' to explore the evidence relating to the impacts of the pandemic on problem gambling.
NATIONAL AND LOCAL GROUPS	<ol style="list-style-type: none"> 1. Welfare Advice and Health Partnerships (WAHP) Scottish Advisory Group 2. Scottish Welfare Reform and Health Impact Delivery Group (HIDG) 3. NHS GGC planning groups: Financial Inclusion; Employment and Health; *Public Health and Housing; **Mental Health prevention (Prevention, Early Intervention and Health Improvement Workstream (Adult Mental Health strategy) 4. Cost of the School Day (CoSD) 	<p>JE</p> <p>JE</p> <p>JE, LG*</p> <p>LN</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>		<ol style="list-style-type: none"> 1. Established forum for the Scottish Government, COSLA, NHS Scotland, Local Authorities and Third Sector bodies to discuss WAHP. 2. HIDG provides a forum for the Scottish Government, COSLA and NHS Scotland, Third Sector bodies and others to consider the impact of welfare reforms on population health and demand for NHS and health and social care services. 3. * Public Health and Housing is a short-term working group: GCPH planned outputs on welfare and housing support and Tenant participation in the private rented sector report. ** Prevention, Early Intervention and Health Improvement Workstream (Adult Mental Health strategy): this new mental health working group's priorities covers childhood themes (relational development; nurturing communities, child 	<ol style="list-style-type: none"> 1. Due to the pandemic and key personnel changes, this group has not met regularly. 2. Due to the pandemic and key personnel changes, this group has not met regularly. 3. Ad hoc input to Financial Inclusion and Health and Housing groups (JE). Input to Employment and Health (VM). Input to Mental Health groups (KT & PS). 4. The CoSD Steering Group has been disbanded and work is currently being reported to the Challenge Child Poverty Partnership. 5. As the work of this group is not directly aligned with GCPH work, the GCPH representative stepped back from the group, on the understanding that support will be available on an ad-hoc basis whenever needed. The director of CNS is also on the group which appears to be an appropriate fit.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
	Steering group - Glasgow city 5. Shine Advisory Board (Schools Health and Wellbeing Improvement Research Network)	LN	Ongoing with plans to review. Ongoing – 2 meetings per annum. Replaced FC on Board		poverty) and self-harm / suicide prevention. 4. Focus remains on expanding CoSD to other schools across the schools estate and providing training and raising awareness using the established toolkit. 5. Newly formed group to provide independent external review, advice and support on the operation and strategic development of SHINE.	

Programme 2: Understanding health inequalities and their determinants

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
UNDERSTANDING GLASGOW: THE GLASGOW INDICATORS PROJECT	Development, maintenance and updating of health and wellbeing indicators for Glasgow.	BW,KT,MY, KMcl, SF	Core	<p>Updating UG is an on-going process through the year.</p> <ol style="list-style-type: none"> In-year updates of key indicators (of health, population and poverty) dependent on when new data are released Updates of majority of other sections by commissioned analysts Updates of children and Glasgow indicators by mid-2020 	<p>Developing and updating the content of Understanding Glasgow (dependent on support from external partners and staff resources). ISD staff will be updating a range of sections (including a major revamp of the economic participation section) in spring of 2020.</p> <p>Updating the following children's indicators: (1) Learning, with nursery registrations in Glasgow using data from CHANGE evaluation report; (2) Health, with (2019) NDIP report; (3) Wellbeing and Development, with Cyberbullying data from Child Report Card. Updating Glasgow Indicators, Social Capital, with social media data from Child Report Card.</p>	<ol style="list-style-type: none"> Updating of key indicators completed. Comprehensive update of older sections of the website completed. Work completed.
EXCESS MORTALITY RESEARCH PROGRAMME	<ol style="list-style-type: none"> Policy recommendations from excess mortality report: assessment of progress. Aspiration to update three city mortality and 	DW	1: core; 2: in development/discussion	<ol style="list-style-type: none"> Completed by mid-2020 Decision on progressing by Summer 2020 	<ol style="list-style-type: none"> Brief report/paper being written synthesising the original recommendations, a policy update for each, and an overall assessment of progress. With NHSHS (Matt Lowther, Katrina Reid, Gerry McCartney (GM)). Subject to capacity/resources (NB), an update to the original analyses (which were published 	<ol style="list-style-type: none"> Report published July 2020 (alongside some media coverage), with commentary journal paper article also published in Public Health in Practice). Analyses undertaken (with Public Health Scotland) and in fact now completed. Write-up for journal paper in early 2021/22.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
	deprivation analysis.				10 years) would potentially be informative.	
NATIONAL AND INTERNATIONAL MORTALITY ANALYSES	<ol style="list-style-type: none"> 1. Life expectancy, housing, poverty and population trends within Glasgow 2. Mortality trends analyses paper 3. Mortality analyses: age, period and cohort effects analyses 4. Analyses of poverty and mortality in USA (for comparison with mortality in Scotland) 5. Update of comparative international mortality trends (i.e. the Sick man of Europe report) 	BW (1-3,5), DW (2-5)	1-4: core 5: under discussion	<ol style="list-style-type: none"> 1. Analyses to be undertaken in spring of 2020 and report completed by summer of 2020 2. Paper published by Summer 2020 3. Two journal papers and broader, overall, GCPH summary report to be published by end of 2020/21 4. Journal paper to be written and submitted by early 2020 5. Report and potential academic paper (March 2021) 	<ol style="list-style-type: none"> 1. Work to include updating trends in life expectancy by deprivation and neighbourhood within Glasgow. In addition, trends in housing, poverty and population within the city will be included in a final report. 2. Descriptive paper summarising austerity-related mortality trends for 4 UK countries and 10 UK cities. With NHSHS (Deborah Shipton, Jane Parkinson, GM, Jon Minton). 3. Analyses focusing on age, period and cohort effects in mortality in UK countries and cities (with NHSHS colleagues above). 4. Analyses completed by Welcome Wami prior to his departure; those to be summarised within journal paper. With MRC-SPHSU (Ruth Dundas) NHSHS (GM), Boston University (Sandro Galea, Laura Sampson), University of Oxford (Danny Dorling, Ben Hennig). 5. Planning for this work anticipates the timing and access to relevant population and mortality data. to update previous analysis of Scottish 	<ol style="list-style-type: none"> 1. Data gathered and analysed, including calculation of new local life expectancy estimates. A report is likely to be published in June 2021 2. Journal paper (and associated media coverage) published. 3. Journal paper written, and currently (following revisions etc) with Journal of Epidemiology & Community Health; GCPH report delayed and will be written in 2021/22 (incorporating updated analyses). 4. Journal paper (with extensive mapping analyses) just accepted for publication at Health & Place. 5. No progress on this paper due to COVID impact.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
					mortality trends compared to other Western European countries, with sub-analysis by age, gender and disease category. This would essentially be a 10 year update and therefore a pertinent time to assess progress and new challenges. The analysis and focus will also be discussed with Gerry McCartney (NHS Health Scotland).	
CHILDREN'S REPORT CARDS AND NEIGHBOURHOOD PROFILING	Potential new profiles in response to partner demand	BW	Core	n/a	We remain open to and encourage ideas from partners and end-users for new topics and profiles, dependent on resource and capacity.	Five children's report cards were published in the autumn of 2020. Dissemination has been limited to social media by COVID situation.
BREAST FEEDING RESEARCH	Journal paper on the health economic benefits of breast-feeding	BW	core	Resubmission to PLOS ONE in April 2020.	BW working with 'Tomi Ajetunmobi and three other co-authors on paper.	This work has stalled due to 'Tomi's PhD work.
PUBLIC HEALTH STRATEGY	Development of monitoring framework for NHS GGC's Public Health Strategy	BW, DW	core	No specific 'milestone': input to be provided if required	BW to engage with the new NHSGGC PH intelligence partnership. This group will be taking a look at the requirements for PH intelligence including monitoring the PH Strategy.	No progress to report. Meetings were cancelled due to COVID-19 situation
HEALTH INEQUALITIES AND THEIR DETERMINANTS	<ol style="list-style-type: none"> 1. Longitudinal cohort inequalities analyses 2. Understanding differences in the experience of 	DW (1-9), KT (2), BW (4)	1-5: core 6-9: in development/ under discussion	<ol style="list-style-type: none"> 1. Paper published by middle of year 2. Report/paper (with recommendations for future work) by end of 2020 	<ol style="list-style-type: none"> 1. Publishing paper on Welcome Wami's analyses of different aspects of social class on health inequalities. 2. Scoping work to inform possible future research aimed at 	<ol style="list-style-type: none"> 1. Journal paper published in International Journal for Equity in Health. 2. Work (led by KT) was delayed by COVID-19; however, good progress has still been made, with some sort

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
	<p>poverty and deprivation between Scotland and England</p> <ol style="list-style-type: none"> 3. Modelling the effects of changes to (a) Scottish income tax rates/bands and (b) levels of devolved social security benefits on health and health inequalities 4. Understanding the health benefits of active commuting 5. Austerity and mortality group 6. Systematic review of socio-economic inequalities in mortality 7. Forced destitution of asylum seekers 8. Public understandings of health inequalities project 9. (Possibly) exploratory longitudinal analysis work 			<ol style="list-style-type: none"> 3. Paper/report by early/mid 2020 4. Journal paper/report by end of 2020/21 5. Co-author of policy recommendations report; other ongoing contributions to group 6. TBC. Currently delayed by partners 7. Awaiting commitment from key partner 8. TBC 9. TBC 	<p>understanding what is already known about the theory and measurement of poverty, deprivation and inequality across different markers of socioeconomic position and intersectionality.</p> <ol style="list-style-type: none"> 3. With NHSHS colleagues (Liz Richardson, Deborah Shipton and others), we have used the NHSHS 'Triple I' tool to examine these two sets of issues. Initial analyses are complete; further analyses and writing-up to follow. 4. 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. This is using the Scottish Longitudinal Study with colleagues from MRC-SPHSU (Ruth Dundas and Wellcome's replacement) and University of Edinburgh (Graham Baker, Chris Dibben, Zhiqiang Feng Paul Kelly). 5. To contribute to a Public health Scotland -led programme of work exploring different aspects 	<p>of report to be produced in 2021/22.</p> <ol style="list-style-type: none"> 3. Analyses successfully completed, but publication blocked by Public Health Scotland. A new set of analyses (based on income tax policies proposed in this year's parliamentary election) will be undertaken in 2021/22, with all the analyses (previous and new) included in a new journal paper submission (subject to approval by PHS). 4. Project is now proceeding but was massively delayed because of COVID-19 (no access to secure data at National Records of Scotland) and staffing issues. All outputs will now be in 2021/22 instead. 5. Publication of recommendations report was blocked by Public Health Scotland. However, the recommendations will now hopefully be incorporated into a new report to be published in 2021/22 which will aim to summarise all the evidence in relation to changing mortality rates across the UK. In addition, I now co-lead the research group, and a number of new projects are now under way.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of Year update (April 2021)
					<p>of the recent changing mortality trends that have been linked to UK Government 'austerity' policies. With multiple partners including NHSHS.</p> <p>6. Contribution to various aspects of the project (including write-up). However, this is led by NHSHS (GM) and MRC-SPHSU (Vittal Katikireddi) (with others also involved: University of Oxford (Aaron Reeves)) and has been delayed. Unsure of precise contributions this year.</p> <p>7. Assisting Scottish Refugee Council (SRC) and partners to establish new research into the costs of the UK Government's policy of 'forced destitution'. With SRC, NHSGGC, UoG and Govan Community Project.</p> <p>8. University of Edinburgh-led project. Commitment to advisory meetings.</p> <p>9. Developmental work to assess the potential use of Scottish longitudinal data to undertake various policy-relevant analyses e.g. in relation to of drugs misuse, educational attainment and aspects of mental health.</p>	<p>6. Delayed by others (due to work pressures created by COVID-19).</p> <p>7. This was discontinued because the key partner (Scottish Refugee Council) withdrew.</p> <p>8. No personal involvement in the past year; however, contributions to a write-up are expected imminently.</p> <p>9. No progress due to other commitments.</p>

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NATIONAL AND LOCAL GROUPS	<ol style="list-style-type: none"> 1. Annual PHINS seminar 2. Input to ScotPHO collaboration in terms of steering group, news alerts, web pages and evaluation 3. Scottish Health Survey Advisory Group 4. GGC Health and Wellbeing Survey 5. GGC Secondary School Children's HWB survey 6. Scottish Migrant and Ethnic Health Research Group 	DW (1, 2, 6) BW (1-5)	All core	PHINS seminar likely to be in September 2020	<ol style="list-style-type: none"> 1. Organising programme for seminar. 2. Includes ongoing maintenance of web site sections and contribution to steering group and 'ScotPHO leads' groups. 3. Ongoing contribution. 4. Ongoing contribution to advisory group. 5. Ongoing contribution. 6. Ongoing contribution. 	<ol style="list-style-type: none"> 1. Highly successful series of three online webinars was held in September/October. 2. Contributions made throughout the year to this ongoing commitment. 3. Continued to attend meetings. 4. No meetings. 5. No meetings. 6. Continued involvement in this group is currently unclear.

Programme 3: Sustainable inclusive places

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
SUSTAINABLE TRANSPORT AND TRAVEL	Bikes for All evaluation	BW, GY	Core	Final evaluation report to be published summer 2020	Write-up of evaluations findings from full two years of baseline and follow-up surveys issued to participants.	Published in Summer 2020.
AIR QUALITY	Air quality and low emission zones	BW	In development	Dependent on involvement in research opportunities	Our involvement in recent years has been in an evaluability assessment of Glasgow’s Low Emission Zone and the review of CAFS. Further work on air quality may develop but there is nothing to report on currently.	No work on air quality was undertaken this other than submitting a GCPH response to the 2 nd Cleaner Air For Scotland strategy (CAFS 2).
SUSTAINABLE TRANSPORT AND TRAVEL	Collaborative research to evaluate the health impacts of major changes to Glasgow’s transport infrastructure	BW, JM, CT	In development	As a collaborator on various bids for new research	<p>An NIHR bid last year to evaluate the health and air quality impacts of the Avenues programme and Glasgow’s LEZ, were unsuccessful.</p> <p>Further research bids with a focus on the same programmes are being developed in collaboration with UBDC and MRC units at University of Glasgow. Bids likely to be submitted in Spring 2020.</p>	<p>No further research bids have been made. The Avenues programme has been delayed by COVID and COP-26. During the period of the pandemic.</p> <p>During the COVID period our collaboration with the Council and UBDC has developed. CCTV images from more than 40 sites are being used to count pedestrians and vehicle traffic. Blogs on the impacts of walking and cycling during the early phase of the pandemic have been published.</p> <p>An academic paper on cycling trends in Scotland during the pandemic is being prepared for submission to a journal.</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
						Planning the monitoring and evaluation of new Avenues close to construction is progressing.
	Active commuting research	BW	Core	Journal article being written for submission in spring 2020 A more detailed GCPH report on all work will be published after the journal article (summer/autumn 2020)	Analysis of Census travel to work/study trends from 2001 and 2011 (C) (incorporates HEAT analysis of the health impacts of walking and cycling and an estimate of the contribution that walking and cycling commuting journeys make to achieving the guidelines for physical activity.)	This article was submitted in October and reviewers' comments were received in March 2021. A revised paper addressing the reviewers' points is about to be re-submitted.
	Monitoring active travel trends	BW	Core	On-going	To continue to monitor active travel trends including casualties, and a broad range of environmental trends (via Understanding Glasgow).	Understanding Glasgow has been updated and as detailed above analysis of cycling and walking trends during the pandemic have been undertaken and published.
	Report on city bike hire scheme	LG, BW	Core	To be completed in April 2020	This will be a short report on 5 years of the bike hire scheme, noting growth in usage, bike hire stations and future expansion of scheme.	Not progressed because bike hire data could not be accessed
	Planned introduction of city-wide 20mph speed limit in Glasgow	BW, JM	In Development		If introduced, GCP will seek to evaluate impact depending on combined commitment of relevant partners.	No progress
	Active Travel seminar	BW, JM	Developmental	Possible event	Active travel event possible linking to Council cycling strategy. BW will be working with Adrian Davis on a paper about co-benefits based on the 2019 active travel workshop.	Paper published on the co-benefits of making the shift to active and sustainable travel in Cities and Health.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
	Active travel data analysis	BW	Developmental		<p>As a result of negotiations with GCC, GCPH and UBDC are negotiating access to a wide range of city-wide transport data (pedestrian counts, cycle counts, traffic counts, etc.).</p> <p>These data will support research bids but also present an opportunity to test out the utility of administrative data in assessing changes in transport modes across Glasgow. Therefore, early analysis of the said data in collaboration with UBDC (if obtained) is hopefully a possibility.</p>	<p>This work has progressed during the pandemic as described above.</p> <p>A number of blogs have been published stemming from this work:</p> <p>In addition, GCPH is building an inventory of new transport infrastructure in Glasgow.</p>
	PHS Social and System Recovery: Transport group and Environment and Spaces group	BW/RJ	Core – this is additional in-year work as a result of COVID-19		BW was invited to join Public Health Scotland's Social and System Recovery: Transport and Sustainability group in March 2020. This later split into a transport (BW) and an environment and spaces group (RJ).	<p>The transport group has published a first report in October 2020, Transport use, health and health inequalities: The impact of measures to reduce the spread of COVID-19.</p> <p>Follow-up work will focus on interventions to reduce private car travel and increase active and sustainable travel. Current specific focus is on road space reallocation. The Environment and Spaces group published 4 reports.</p>
HEALTHY URBAN ENVIRONMENTS	Health Foundation project using Place Standard	RJ, GY, MC	Core	To deliver Place Standard sessions in two communities in Glasgow	Assist in organisation, delivery and write-up of Place Standard sessions alongside GCC and Thenu Housing Association.	Project didn't align with Health Foundation's timings but decision was made to continue with project alongside GCC and Thenu Housing Association. Delayed due to COVID-19. Currently exploring a project with Thenu.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
	Housing through Social Enterprise study	LG	Core	Project completion Dissemination of learning	Recommendations from this study will be written and disseminated with input from a wide range of housing and public health partners – relationships and work is therefore ongoing and expected to project beyond the formal ‘end’ of the project in June 2019.	See update in Prog 4.
	Tenant participation and activism in the Private Rented Sector: literature review	LG	Core	Project completion Dissemination of learning	This project is funded by CaCHE and being carried out in partnership with the University of Stirling, TPAS Scotland and Generation Rent. Dissemination will be a core part of the impact of this project and is expected to extend well beyond its formal end in September 2019. Further, this project is being carried as a pre-cursor to a larger, longer-term project into the experiences of tenants in the PRS. External funding is being sought.	See update in Prog 4.
	Health and Place paper	GY	Core		Developed after section on health and place in COVID context completed for HSCP paper. Focus on impact of COVID for Glasgow population in relation to place and environmental factors.	Published in Feb 2021.
SUSTAINABLE FOOD	Developing a Glasgow City Food Plan (including consultation period, launch and	JM, RG	Core	Draft City Food Plan (April) Consultation (April to June) Final City Food Plan (September)	Supporting, coordinating and enabling the development of a Glasgow City Food Plan, underpinned by the core values of health, equity	Due to COVID-19 the development for GCFP was delayed, and the draft plan went for consultation on the 5 th October with launch event taking place 8 th

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
	supporting early implementation)			Launch and implementation (October)	<p>and sustainability. Working with stakeholders on the project management team (GCC, Glasgow City HSCP, NHSGGC, GCFN) and Glasgow Food Policy Partnership members. This will involve finalising the draft plan, managing a consultation and engagement period, development of the final plan, launch and implementation.</p> <p>This also involves supporting the Sustainable Food Cities coordinator post which is employed by Glasgow Community Food Network.</p>	October. The consultation was open until 31 st December and a series of online engagement events were organised to accompany this. Over 600 consultation responses were received and these were reviewed on January-February 2021. The plan is now waiting for final approval of the Community Planning Council on the 11 th May. The plan will be launched at an online event in early June 2021.
	Pre 5 Child Healthy Weight Project	GY, RJ	Core	Providing evaluation support for project	Successfully supported HSCP bid for Scottish Government funding (£200,000) to pilot a whole system, community food nurturing programme with families of pre-school children combining action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods.	Developed overall Theory of Change with Project Team March 2021. Will continue to work with project on evaluation.
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	MC	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. To be determined 	<ol style="list-style-type: none"> 1. Building on existing relationships, continue to develop appropriate network(s) to support CEE. 2. Working collaboratively with UofG and community stakeholders, develop a resources to help build knowledge, understanding and confidence in community 	Launched #UofG Engage Engagement Forum in Feb 2021 in partnership with GCPH. The forum is a new space for students, colleagues and community partners interested in public and community engagement to come together, share ideas, network and build a community.

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	community engagement work				<p>engagement and empowerment in research and academic staff in GCPH and UofG.</p> <p>3. Supporting the overall development of equalities work through collaboration with a number of equalities-focused partners.</p>	<p>Since the Forum launch, we have held 4 events (sharing learning around digital engagement, collaboration, civic engagement, and an informal conversation cafe); recorded 3 podcasts and published 7 blogs to share diverse learning and experiences.</p> <p>Established equalities Working Group in July 2020 and arranged 5 workshops for GCPH staff with external equalities expert organisations: West of Scotland Regional Equality Council, Neish Training, Stonewall Scotland, Glasgow Disability Alliance - focusing on the Equality Act 2010, anti-racism, LGBTQIA+ allyship and accessibility and inclusion of disabled people and organisations in our work at all stages.</p> <p>The Equalities Working Group also facilitated a Team Meeting Part 2 to share learning with the wider GCPH team.</p> <p>Supported GCPH to work with Radiant and Brighter to ensure fair and supportive recruitment process for racialisation post.</p>
	Provide professional support to build community engagement into a targeted portfolio of GCPH/UofG/Social Research Hub projects	MC		To be determined	<ol style="list-style-type: none"> 1. Small grants programme 2. Glasgow City Foodplan support 3. The SHAPE of Post-Covid Communities Community Conversation Event/Programme development 	<p>Worked with the project team at every stage of this project.</p> <p>Worked with project team to support online engagement events throughout the consultation phase of the programme.</p>

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						<p>Worked with Comms team, #UofGEngage Forum colleagues and third sector partners to co-develop and co-produce a community conversation event considering the importance of collaboration with communities to inform post-pandemic recovery. The event will take place on 17th June and we will produce a short film of the process and digital event.</p>
	<p>Practical application and delivery of CEE across the GCPH programmes.</p>	<p>CT, MC</p>			<p>See individual projects for milestones</p>	<p>A two-part GCPH blog was published that synthesised the recent and available evidence reported by third sector groups in the city. This blog promoted by the Citizen Participation Network.</p> <p>Supported the Young People's transitions to successfully gain ethical approval ready for fieldwork to commence. Advised on strategic approaches for engaging young people by ensuring linkage with Glasgow's youth networks.</p> <p>Support for GCPH Comm's development of work relating to lived experience. Coordinated meetings with Shelter Scotland to discuss their Time for Change approach. Support provided in relation to community engagement to widen participation.</p>

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						<p>Supported CPAG Jury to effectively give direction and advice to the commissioned researcher organising the jury. Two advisory group members successfully recruited.</p> <p>NIHR Community Assets Following the confirmation of the successful NIHR bid, developed a strategy paper for the Lived Experience panel for this project.</p>
	Support and develop CEE within place-based projects and the wider GCPH work programmes as a cross cutting approach	CT, MC		<ol style="list-style-type: none"> 1. Event 2. As per detail for other projects as listed 	<ol style="list-style-type: none"> 1. Lead the development of a co-design process another #Helfy (Healthier Futures Forum event focused on young people). 2. See other projects listed across the work programme. 3. Opportunistic support as required. 	<p>Learning has informed the Small Grants programme and the young people's transitions pilot.</p> <p>Netherholm and the Place Standard tool: advising a community-led area association about using the tool to understand and report on local views and aspirations for their neighbourhood as part of their efforts to acquire a plot of land using land reform legislation.</p> <p>A paper that supports researchers and community engagement specialists to navigate the spectrum of qualitative research and community engagement theories and methodologies has received one round of feedback that will be used to develop a draft for wider comment from the GCPH team.</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
						Developed a new monthly team community engagement round-up. New CEE team email address for internal communication.
	Support and develop CEE amongst partners in delivery	CT, MC	Development		<ol style="list-style-type: none"> 1. Following on from the EUROCITIES workshop, work with GCC Community Empowerment Services to share learning and support increase in quality and sophistication of CEE approaches to align with good practice. 2. Reactive and developmental work including events like Fire Starter and taking tabletop object to any relevant events or conferences. 	<p>Supported Glasgow City Council Community Empowerment Services to undertake phone and digital community engagement to inform the Social Recovery Taskforce. This involved developing a new tool – a guide on conducting telephone-based community. A digital community engagement workshop featuring a bespoke wellbeing session, was developed for understanding young people’s views on social recovery.</p> <p>This work has also involved supporting this service, and partners, to develop a report that advises the taskforce on key strategic considerations for effective community engagement to support its work on recovery and renewal.</p> <p>Sustainable Glasgow in Neighbourhoods, Regeneration & Sustainability at Glasgow City Council asked for community engagement advice on its draft Climate and Ecological Emergency Plan. The GCPH will be a partner both in terms of place-based approaches and community engagement.</p>

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						<p>Gambling harms: advice has been provided to the ScotPHN gambling harms project.</p> <p>NHS Health Scotland Health Foundation bid to understand how capital spend in the Glasgow City Region Deal. If successful, SCDC will lead the community engagement and we will act as a knowledge broker, giving advice to enable NHS Health Scotland understand community development approaches to health inequalities.</p> <p>NHSGGC data protection and information governance staff sought community engagement advice. Advice was given on relevant standards and tools, signposting them to relevant networks and groups that support involvement of people with protected characteristics.</p>
	Develop dialogue and a potential collaborative to evaluate aspects of the Community Empowerment Act in terms of impacts on inequalities	JM, CT	Development	Possible event to explore collaborative approach to evaluation (currently uncertain)	This project is a possible continuation of work that began in 2017/18 which evolved from the work on power as a health and social justice issue.	On hold.
PHYSICAL ACTIVITY	Analysis of Glasgow Life membership trends by area and demographic groups	GY, BW	Development	Dependent on Glasgow Life input and willingness to share data	Request to produce report showing changes to profile of Glasgow Life Membership over time across demographic groups, SIMD and area.	Work not possible due to effect of pandemic on Glasgow Life membership and use.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
					Report could cover changes were achieved (e.g. working with community groups) and offer ideas for how to recruit people from under-represented groups/areas.	
CLIMATE EMERGENCY, ADAPTATION, MITIGATION AND RESILIENCE	Strengthen and communicate the public health implications of climate change, build understanding about climate justice and facilitate dialogue about equitable approaches to achieving carbon neutrality goals.	RJ, JM, GY, MC, KT, KM	Core/in development	<ol style="list-style-type: none"> To award small grants for audio/visual projects and hold event in runup to COP26 to showcase projects Range of projects to be determined in discussion with GCC and NHSGGC 	<ol style="list-style-type: none"> To develop a small grants programme targeted at schools/community organisations working with young people to explore ideas on the climate emergency. Hold an event and write report. Explore additional opportunities for collaboration with other organisations on climate change work/ projects, including, for example, Sustainable Glasgow, GCC, Public Health Scotland, Sniffer, Public Health Evidence Network (PHEN) and the Centre for Climate Justice. 	<p>Small grants programme went ahead with some changes (e.g. allowing virtual engagement and extending deadline) to adapt to COVID-19. Virtual event showcasing outputs held March 2021. Continue to explore opportunities to further utilise and showcase outputs.</p> <p>Continuing conversations and bids for funding with Sustainable Glasgow, GCC, Sniffer, Creative Carbon Scotland and Centre for Climate Justice on project relating to climate change engagement. GCPH a named partner in Climate Emergency Implementation Plan. Developed GCPH climate change infographic.</p>
HOLIDAY FOOD PROGRAMME EVALUATION	Working with the MRC on developing a research bid	JM	In development	To be determined	Working with colleagues in the MRC on a bid. GCPH role unclear.	Did not proceed.
SUSTAINABLE FOOD PLACES (SFP) BRONZE AWARD APPLICATION	Working towards SFP bronze award for Glasgow	RG, JM	Submitted	A draft due 29 th January Final application deadline 15 th April 2021	Gathering details of all food related work happening in Glasgow to support the city (rather than GFPP) winning the national bronze award.	RG submitted the application in April after city-wide data collection about food work up-to-date. The applicant-cities will be notified in June whether they have been successful.
THE NEW SCOTTISH DIET - DISRUPTING AND	Working with UofG and GFPP partners to facilitate and support	JM, RG	In development	To be determined	Support research to develop and implement a New Scottish Diet (NSD) – i.e. an EatWell Plate grown in	The bid from UofG was not successful, but there might be other research

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TRANSFORMING SCOTTISH FOOD SYSTEMS	the development of stage 2 bid				Scotland (i.e. healthy and sustainable), with a good case made for the focus in Glasgow.	opportunities to work with them in the future.
TRANSFORMING GLASGOW'S SCHOOL FOOD SYSTEM	Working with UofG to support the development of stage 1 UKRI bid	JM, RG	In development	To be determined	Support research bid to evaluate the school food component of the Glasgow City Food Plan	Will find out this summer if will progress to the next stage.
SUPPORTING PROCESSES OF CHANGE	<ul style="list-style-type: none"> • Consultation responses • Ad hoc presentations • Advice and information • Community Plan/Planning • Reducing inequalities • Monitoring trends e.g. updating Understanding Glasgow • Balancing research and practice 	All	Core	Ongoing	Ongoing engagement with a variety of partners to embed considerations of health and wellbeing.	<p>GCPH responded to the Town Centre Renewal consultation in August 2020.</p> <p>We contributed to a range of consultations: Connecting Communities, The Town Centre Review Group's Call for Evidence Free bus use for under 19s, the new road safety framework, the revised Cleaner Air for Scotland strategy, the GCC Climate Change Implementation Plan and the SG's second Strategic Transport Projects Review (STPR2). All have been published on the GCPH website.</p> <p>GY and CT collated learning from GCPH's first adult work experience placement that took place in 2019.</p>
REPRESENTATION ON EXPERT PANELS, STEERING GROUPS	<p>Member of the Glasgow City Active Travel Forum</p> <p>Regional Transport Strategy Advisory Group</p>	<p>BW, JM</p> <p>JM</p>		<p>Attend quarterly meetings</p> <p>Extended Short life group (2 years)</p>	<p>Provide support and input as required. In particular, support development of 5 pilot projects aimed at improving the school run.</p> <p>Provide advice and input at regular meetings, to contribute public health and health inequalities evidence to development of a regional transport</p>	There has only been one meeting since the start of the pandemic

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					strategy (following on from our contribution to the Glasgow Connectivity Commission).	
	Represent GCPH on Obesity Alliance Scotland	JM		Ongoing, review at end 2020/21	Obesity Alliance in Scotland will be a forum for organisations working in obesity prevention to collaborate to influence policy and practice. GCPH will bring an inequalities perspective.	No meetings since lockdown.
	Place Standard review group	RJ		Ongoing, review complete Autumn 2020	Review of the Place Standard to explore what's working well and improve areas to make it easier to use – develop a second version of the Place Standard.	Continuing. Place Standard 2 complete and field tested and approved. Will be published after election.
	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.	Ongoing conversations with Clyde Gateway No meetings since lockdown.
	Sport and Active Glasgow Group	GY		Ongoing	Support the work of this group using GCPH evidence and make links with relevant work across the city.	Group has not met since lockdown.
	GCV Green Network Partnership (Steering Group and Board)	RJ		Ongoing	Shape the work of and provide support for the GCV Green Network.	Continue to bring considerations of population health and inequalities to work of partnership.
	Working group on spatial planning's contribution to Public Health Reform	RJ		Ongoing	Explore policy changes needed to deliver PH priorities in spatial planning and how best to achieve that change.	Group hasn't met since lockdown due to focus on COVID-19 response.
	Scottish Landscape Alliance – working group on Landscape and Health	RJ		Ongoing	Work alongside various partners to develop a review of the evidence on landscape and health, a logic model showing pathways to health outcomes, a communication strategy, etc.	Review completed. Launch of report in October 2020.

Programme 4: Innovative approaches to improving outcomes

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
PROMOTING COMMUNITY-BASED PARTICIPATION	Exploring barriers to participation among disabled populations	CH	Core	Joint publication with Glasgow Disability Alliance - May 2020	<p>The purpose of this paper is to highlight a range of important and urgent issues which adversely impact on the lives of disabled people.</p> <p>To do this a range of evidence, statistics and insights are presented in relation to these issues. Also presented are definitions and narratives relating to historical and contemporary discourses on disability, and important contextual information relating to the UK and Scotland's current disabled populations.</p>	<p>Complete.</p> <p>Micro-briefing published in January 2021.</p> <p>Member of the Social Recovery Task Force Disability workstream.</p>
ASSET BASED APPROACHES	Community focused approaches that mobilise people as assets	PS/JM	Core if funded	<p>If successfully funded by NIHR:</p> <ul style="list-style-type: none"> Engagement with community-based partners Recruitment to the LE panel Development of schedule and focus of meetings Identification of meeting locations 	<p>Work undertaken in partnership with Yunus Centre at Glasgow Caledonian University, and academic and community-based partners from across the UK.</p> <p>GCPH will lead the Patient and Public Involvement strand of the project. This will require the establishment, planning and management of UK wide 'Lived Experience' panel meeting six times over 3 years to shape and influence</p>	<p>Ongoing.</p> <p>Project successfully funded.</p> <p>Project start date has been delayed until September 2021 due the impact of COVID on community-based organisations. 3-year project.</p> <p>All planning, governance, and staffing aspects of the project underway.</p> <p>Working with GCPH Community Engagement Specialist to develop PPI</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
				<ul style="list-style-type: none"> • First LE panel meeting in January 2021 • GCPH contribution to the project group • GCPH contribution to the Project Advisory Group 	the research plan and participate in activity relevant to the study phases and contribute to the Project Advisory Group.	<p>Lived Experience Panel strategy to inform approach, recruitment, key considerations and planning of panel meetings and content. CLO engagement workshop planned for June 2021 to initiate recruitment process.</p> <p>PS is a member of the Project Management Group which meets monthly, JM is a member of the Research Management Group.</p>
	Embedding asset-based approaches and perspectives in community-based setting: Children's Neighbourhoods Scotland (CNS)	JM/CT	Core	See Programme 1 plan for specific programme milestones	<p>Detailed in the Programme 1 workplan.</p> <p>During 2020/21 all six CNS sites will be established, three sites with Glasgow City, 1 site in West Dunbartonshire and the small town and rural community sites in South Lanarkshire.</p>	<p>Ongoing.</p> <p>Our partnership programme with the University of Glasgow, CNS continues to establish in 6 neighbourhoods, and to adapt in response to the COVID-19 context.</p> <p>All 6 sites established with a community-based Local Coordinator in each.</p> <p>See Programme 1 end of year update for full end of year update.</p>
	Partnership working and sharing learning	JM	Core	Dissemination of learning, supporting collaboration and sharing learning	<p>Provide support, advice and input in a sustained way to local and national group as they understand, embed and evaluate asset-based working.</p> <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. 	<p>Ongoing</p> <p>Study nearing completion, awaiting opportunity to comment on final draft report and academic study outputs.</p>

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
					<ul style="list-style-type: none"> • Member of Expert panel for evidence synthesis NIHR bid being prepared by Edinburgh University. • Advisor to GP Postdoctoral Fellow CSO funded study exploring community responses to managing long term conditions. • Author of editorial as part of the 10 year review of 'A glass half full' by Foot and Hopkins. Due to be published in Spring 2020. 	<p>Study not funded.</p> <p>Project has been postponed due to COVID pandemic. Awaiting start-up date.</p> <p>Published in December 2020. Presented at launch webinar reflecting on development of asset-based approaches in Scotland.</p>
HOUSING	Impacts of housing and the home on mental wellbeing for low income households	LG	In development	Scoping review, project plan and funding	<p>The first stage of this project is a review of existing evidence on the pathways from housing, through the emotional connection to the home and the resilience this can provide, to mental health and wellbeing outcomes. The focus on low-income households is due to the recent rise in such households in the Private Rented Sector and our focus on reducing inequality.</p> <p>Following this review, a new piece of primary research, which addresses known gaps in the evidence, will be designed. Funding will be sought.</p>	Owing to maternity leave for 12 months from January 2021, this review will be completed in 2022. We have commitment from partners at the University of Stirling that funding for future housing research will be picked up in 2022 in line with this time scale.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
					The project will draw on our existing relationship with the Housing department at the University of Stirling (Steve Rolfe), CaCHE and with housing organisations in and around Glasgow.	
VOLUNTEERING AND PARTICIPATION	Understanding volunteering participation	RJ/GY	Core	In development	<p>Develop a project to explore perceptions of how to increase volunteering in a community setting, particularly among under-represented groups.</p> <p>Support development and launch of Volunteer Scotland-led work on volunteering participation in Glasgow in relation to demographic, socio-economic factors/ behaviours/ attitudes/ outcomes.</p>	<p>Two projects were scoped – one on how volunteering has changed for those previously engaged in mega-sporting events and another with Mutual Aid groups and how they are transitioning to address mental health issues. Mutual Aid project did not proceed because of pressing demands on those in Mutual Aid groups we approached. The other project was put on hold due to new work providing evaluation support for Childhood Obesity project for HSCP.</p> <p>Published with GCPH input. Planned to host event but cancelled due to pandemic.</p>
PARTICIPATORY BUDGETING	Glasgow City Council 2021 PB mainstreaming	CH	In development	In development	Working collaboratively with Glasgow City Council and partners to support the development of PB across all council wards and to embed mainstream PB within Council budget allocation by 2021.	GCPH continues support for Glasgow City Council's PB agenda through contributions to the Social Recovery Taskforce.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
						CH beginning evaluation of Glasgow City Council's Parks and Greenspace PB initiative. The findings from this will be framed as mainstreaming learning and will be considered within the Social Recovery Taskforce.
SOCIAL PRESCRIBING	Community Link Workers developmental work	PS/JMu	Core	Workforce development event Spring 2020	Through membership of CLW Steering group and Contract Monitoring group, GCPH are supporting the learning evaluation of the CLW role out through a staged approach to building commitment and resource. Stage 1 is an initial exploration with practitioners of the Glasgow narrative of CLW impact leading to, if approved and funded, qualitative work with practitioners and ultimately, service -users.	Not funded by Primary Care Improvement Plan.
	Social prescribing pathfinder	PS	In development	Contribute according to expertise in evaluation. Proposal autumn 2020	GCPH involvement in cross-city group developing bid to Robertson Trust for evaluation of new intervention using culture and leisure services to improve population health outcomes. GCPH developing evaluative aspects.	Due to impact of COVID-19 on lead partner Glasgow Life's services, this work has not progressed since April 2020.
	Evaluation of the Clyde Gateway cancer screening initiative	RJ/GY	Core	Draft report to Steering group by April 2020, final report for steering group by May 2020.	Ongoing work initiated last year involving a process evaluation of the Clyde Gateway led Cancer Screening Inequalities project. Evaluation has involved synthesising existing monitoring information and interviewing	Complete.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
				Dissemination to Scottish Government by summer 2020	members involved in the delivery of the project.	
RACE AND RACIALISATION		PS	Core	Event with Public Health Scotland summer 2020 Attachment/ placement to develop GCPH response to racialisation	Two activities stemming from GCPH event, Race and racialisation as fundamental causes of health inequality and identified need for action to address representation issues in public health priority setting and decision making.	New GCPH Specialist for Race and Racialisation took up post in February 2021, on a part-time seconded basis from PHS. GCPH has joined and shaped terms of reference for revised Scottish Migrant Ethnic Health Research Strategy group.
INCLUSIVE GROWTH	Health and inclusive growth in Glasgow city	VM/CT	Core	Local authority level plan to be produced by end March '20. Next steps / follow up work TBC.	VM on a short-term placement within the economic development department of Glasgow City Council to explore what would be different if health and wellbeing were central to economic decision making in Glasgow city. The action plan will be based on opportunities within the city over the next five years and will consider key issues such as the scope and scale of change required, the key challenges in moving towards a more inclusive economy, and potential delivery models. Next steps/follow up work TBC.	Shift in focus of work (in light of pandemic) to inclusive economic recovery, renewal and reform in Glasgow City and Glasgow City Region. VM now working with Glasgow City Region Project Management Office (GCR) to support community wealth building as an economic development approach. Particular focus on the pillars of 'progressive procurement of goods and services' and 'socially productive use of land and property' with anchor organisations across the GCR.
DEVELOPING A PERSPECTIVE ON EVIDENCE	Knowledge matrix	LG	Core	Ongoing contribution to discussion.	Ongoing work initially contributed to by VM.	Ongoing, albeit with a focus on COVID-19.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
SEMINAR SERIES		PS/JC	Core	Six seminars across work plan year with follow-on activity where interest.	Scope and collate potential speakers for series and curate speaker list for the year to reflect broad range of innovative perspectives broadly linked to public health.	April 2020 seminar postponed until Nov 2020 and held as webinar. Two further SS17 webinars organised for May. See Communications update for further information.
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"> • 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 • Population Health Working Group • Knowledge is Power Advisory Group. 	Ongoing PS continues to contribute to these key strategic groups - NAFFA, Guy's and Thomas', PHOB, PHIG, PHEN and Social Recovery Task Force. Clyde Gateway Population Health Working Group has not met since March 2020. Knowledge is Power Advisory ongoing but no meetings scheduled.

Communications

Area of Focus/ Communications channel	Project	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
PUBLICATIONS						
PUBLICATIONS	Written research outputs	JCr, JC, lead authors	Core	Dictated by Programme workplans	Range of publications to communicate and disseminate new findings – includes research reports, briefing papers, policy briefings, responses to consultations and calls for evidence.	Timing & focus of some planned publications impacted as work programmes adapted to respond to the pandemic. At start of pandemic, publication & dissemination of new outputs was halted unless related or relevant to COVID-19. .
	New GCPH booklet	JC	Core	May 2020	This will provide a short description of GCPH including our role and niche, what we focus on and why, and how we work. For use by staff and partners; and at events, conferences, and meetings.	Text developed but design & print of booklet on hold as not required during current restrictions on face-to-face meetings & events.
	At-a-glance findings summaries	JC, JCr, research leads	Core	Dictated by Programme workplans	Key priority is to ensure concise and accessible summaries are available with a focus on actions and recommendations for policy and practice.	Structure and format developed. Finding summary produced for UK mortality trends analyses. Particularly useful for long reports and journal papers.
EVENTS						
EVENTS	Annual Seminar Series	JC, PS, CF	Core	Final SS16 seminar April 2020 Six SS17 seminars to be held from Autumn 2020 to Spring 2021	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	Timing and number impacted due pandemic, staff reassignment & capacity. April 2020 seminar postponed until Nov 2020 and held as webinar. Two further SS17 webinars organised for May.

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					improving the city's health and reducing inequality. Curated and organised in collaboration with others where possible. All seminars are recorded and podcast to maximise reach. Where appropriate, morning-after workshops will be held.	
	Healthier Future Forums	JC, CF, Prog Managers	Core	Autumn 2020 Feb/March 2021	These provide an opportunity to hear and discuss new findings emerging from GCPH and others from particular projects, or topics important to public health. Open to our network.	Pandemic and restrictions impacted on timings, format and topics. Several webinars held in the autumn including three PHINS webinars, food plan consultation launch and several food plan stakeholder engagement workshops.
	Topic-specific workshops and seminars	JC, CF, Prog Managers	Core	Dictated by Programme workplans	As above but for invited audience with a specific knowledge or remit on the topic. Smaller in scale to HFF events.	As above
	Exhibition stands at conferences and other events	Comms team	Core	Annual NHS Conf –June 2020 PHINS seminar – Sept 2020 SFPH Conf – Nov 2020 Others as appropriate.	These allow us to engage in opportunities to raise our profile presented by partners and others through their events. In addition to conferences listed, we will respond to opportunities that emerge throughout the year where capacity and budget allow.	All postponed due to pandemic.
DIGITAL						
DIGITAL	Day-to-day management and	SF, JC	Core	Ongoing	Ongoing utilisation of these tools to build our online audience and share	Importance of our digital channels to communicate and engage increased

Area of Focus/ Communications channel	Project	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
	development of our three websites (GCPH; Understanding Glasgow; and GoWell), our social media channels (Twitter, Facebook) & our audio and visual channels (YouTube and PodBean/Spotify)				our work widely. Linking our work into topical issues that are trending, online conversations and awareness campaigns is an important aspect of our social media engagement.	during pandemic & ongoing restrictions. During initial stage of pandemic adapted use of digital channels to share useful info and resources on COVID-19 and how we as an organisation were responding. New series of blogs developed. Annual web and social media analytics show positive growth and engagement of these channels. Further detail is provided in the narrative section of end-of-year report.
	Migration of GCPH website	SF, JC	Development	Tender and commission by May 2020 Migration over summer 2020 Complete Sept 2020	The current content management system (CMS) on which our websites run has become outdated, necessitating a move to a new CMS. This will be used to make some functional improvements. This includes the ability to hyperlink graphics and easier use of graphics and multimedia content; responsive design for mobile optimisation and display on different screen sizes; and additional accessibility features.	Has not been possible to tender or commission due to procurement capacity. Moved to 2021-22 work plan. Timescales dependent on NHSGGC procurement.
	Migration of Understanding Glasgow website	SF, BW	Development	Timescales tbc – depends on capacity of BW and UG partners	From a technical standpoint, as above. However, this work will be more complex from a project management perspective as more people and organisations are involved in uploading and editing content on UG site and this needs to be considered re timescales.	As above, moved to 2021-22 work plan. Timescales dependent on NHSGGC procurement.

Area of Focus/ Communications channel	Project	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
	Infographics	SF, research leads	Core	Spread over course of year. At least 6 new infographics to be produced over year	These are a useful tool for highlighting new findings and raising awareness of our work and different topics, particularly on social media.	Ongoing.
	Expansion of digital resources to include audio recordings, talking-heads and short films, and animations	SF, JCr, RF, JC	Development	TBC but aim to produce one new output each month	A priority in 2020-21 is to expand our digital resources to communicate our key messages via the spoken word through audio recordings, short talking-heads from team members, films and animations. These will be produced in-house and used on our website and social media.	Team have been unable to access and test out new camera equipment or editing training during restrictions & also impacted by staff capacity. Priority for 2021-22. Recording of webinars has enabled these to be shared widely after the events. For example, the recording of David Walsh presenting at the PHINS seminar has been used to help disseminate the stalling life expectancy research findings more widely. Short animation produced in-house to promote the GCFP launch and the 10 th anniversary of the Understanding Glasgow website
	Newsletter to GCPH network and GCC elected members	JC, JCr	Core	Bi-monthly (Feb, Apr, June, Aug, Oct, Dec, Feb)	Main newsletter is circulated to our 3,000 subscribers to highlight past, current and future activities and directs them to website for further information. A tailored newsletter circulated to GCC elected members.	E-update circulated & published in May, July, Sept, Jan & March. Subscriber numbers have increased by 205 over the year, now standing at 2719
MEDIA						
MEDIA	Coverage of key publications in mainstream media (print, radio, TV and	JC, research leads	Core	Dictated by publication topics, findings and timings but aim to achieve coverage of at	We take a considered approach to seeking media coverage of our work generally reserving it for particularly newsworthy findings or topical	During pandemic, responded to media enquires in normal way i.e. commented if and where we could and signposted to other sources of expertise. When

Area of Focus/ Communications channel	Project	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
	online) and in other orgs' and specialist publications and websites.			least two key publications/areas of work over year in national news outlet	issues. We use a mixed approach to this including press releases, exclusives and op-eds.	commenting, highlighted the continuing influence of social determinants and existing inequalities and indicated examples of good work we are aware of in partner responses or intelligence.
	Media monitoring	SF, JCr	Core	Ongoing	Daily monitoring of the media for GCPH mentions, relevant/topical issues team should be aware of and awareness of how issues are being reported.	Ongoing
COMMUNICATIONS REVIEW	External review of communications and stakeholder analysis	JC, JMCL, PS	Development	Commissioned by end- April 2020 Review complete and reporting end-July 2020 Refreshed Comms Strategy Sept 2020	In-depth review of comms to identify strengths and gaps in strategy and networks, assess whether comms are effective and suggest improvements, and better understand how to capture and expand measurement of effectiveness and influence of our comms.	Timescales impacted, mainly due to re- prioritisation and capacity. Moved to 2021-22 work plan.
FRAMING OF MESSAGING	Ongoing priority of how to frame messages to maximise influence and impact across totality of channels.	JC, JCr, SF, MC	Development	Autumn 2020 – plan of how to take this forward	This includes balancing the use of 'framing' approaches alongside our trusted impartiality, transparency and evidence-led messaging; and ambition to embed human stories to depict lived reality of issues we focus on. Connects with growing interest in the recognition and valuing of lived experience as data which informs development of services and policy responses.	Timescales impacted, mainly due to re- prioritisation and capacity. Moved to 2021-22 work plan.
JOINT COMMUNICATIONS	Key public health priorities it is	Comms team and	Development	Will arise over year	Likely topics:	Good progress on activity/communication on several of

Area of Focus/ Communications channel	Project	Leads and team members	Core/In development	Project delivery milestones for 2020-21	Description/Comments	End of year update (April 2021)
ON KEY PUBLIC HEALTH CHALLENGES	important our messaging and comms connect with and support. Ambition to collaborate with others to develop joint messaging, outputs and activities.	research leads			<ul style="list-style-type: none"> • developing understanding on the causes and responses to stalling life expectancy • climate emergency and opportunities COP26 presents to highlight PH and social justice implications and responses • the health dimensions of an Inclusive Economy • taking a whole-systems approach to issues, e.g. on mental health, and the development of a city-wide food strategy • developing a response to racial inequality and the changing demographics at a local and national level. 	these PH priorities but led by GCPH as opposed to joint messaging as partner priorities have changed in the short-term to focus on the pandemic.
MONITORING AND REPORTING	Collation and review of standard measurement metrics	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 tracking or following longer term engagement of outputs and activities to assess which formats, activities and topics gain the most traction.	Ongoing



**Glasgow Centre for Population Health
Management Board Meeting
3 June 2021**

Budget position: 1st April 2020 to 31st March 2021

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2020 to March 2021 detailing expenditure of £1,392,389 against an annual budget of £1,549,032.

Commentary on Table 1

1. The outturn at the end of Financial Year 2020-21 has resulted in a modest underspend as forecast.
2. The majority of the under spend relates to movements within pays as detailed in the report covering the period to January 2021.
3. Program expenditure is reporting a near breakeven position on a net basis having captured all outstanding liabilities.
4. Provision has been made to fund both the racialisation post and the Glasgow University analytical post in 2021-22.
5. Work is ongoing around plans for a communication review which was not able to progress in 2020-21.
6. An outline of GCPH salaries and overheads projections 2021-25 is presented as an Appendix for discussion.
7. Board members are requested to:
 - Note the contents of this report
 - Note the forecast budget variance at £129,230 net favourable
 - Agree the carry forward of these funds to support GCPH Budget Plan for 2021-22.

**Fiona Buchanan
17th May 2021**

2020-21 Financial Plan					
<i>Income</i>	<i>Planned 2020/21 - updated £</i>	<i>Actual to March £</i>	<i>Forecast Out- turn £</i>	<i>Forecast Variation from Budget £</i>	
I 1	Annual SG Allocation	1,250,000	1,250,000	1,250,000	-
I 3	Other Income	113,000	90,946	90,946	22,054
	Total Income 20/21	1,363,000	1,340,946	1,340,946	22,054
I 4	Carry Forward from previous years	186,032	186,032	186,032	-
	Total Available 20/21	1,549,032	1,526,978	1,526,978	22,054
Expenditure					
Research:					
E 1	Action on Inequality	10,000	1,915	1,915	8,085
E 2	Understanding Health Inequalities	51,500	56,630	56,630	(5,130)
E 3	Sustainable Inclusive Places	15,000	16,900	16,900	(1,900)
E 4	Innovative Approaches to Improving Outcomes	25,000	23,280	23,280	1,720
E 5	New Project Developments	40,000	50,000	50,000	(10,000)
E 6	Training & Development	12,500	2,954	2,954	9,546
E 7	Allocation to Networks	1,750	1,800	1,800	(50)
	Total Research	155,750	153,479	153,479	2,271
Communications:					
E 8	Communications	60,000	16,113	16,113	43,887
	Total	60,000	16,113	16,113	43,887
Management and Administration					
E 9	Centre Management, Admin & Running Costs	25,000	9,432	9,432	15,568
E 10	Accommodation Costs	120,000	114,445	114,445	5,555
E 11	Core Staffing	1,183,530	1,099,527	1,099,527	84,003
	Total Management & Admin	1,328,530	1,223,404	1,223,404	105,126
	Total Expenditure	1,544,280	1,392,996	1,392,996	151,284
	Balance	4,752	133,982	133,982	(129,230)

Appendix

GCPH salaries and overheads projections 2021-25

GCPH is funded primarily through a core grant from Scottish Government. For the last three years this has remained level at £1.25m (with an additional £25,000 in 2019/20).

The core grant pays for a team of 25 representing a Full Time Equivalent of 21, our accommodation and running costs and the communications budget. Additional activity is funded via external funding and additional one-off partner contributions. To enable this happen evenly over financial years, the liberal use of carry forwards has been a necessity.

As employees of NHSGGC, GCPH salaries are tied to the levels set by national salary negotiations. For some time, we have known that the current situation of level funding would not keep up with salary inflation and staff increments as the team progress through bands.

Employment contracts are underwritten by NHSGGC. This means there is an obligation on behalf of the Heath Board to honour employment in the case of GCPH no longer existing.

Our Board accountant, Fiona Buchanan, has provided an outline projection of salary costs, working on an assumption of 3% salary uplifts. Headline salary costs made on an assumption of all current post remaining filled highlights the following yearly costs:

2021-22	1,169,420
2022-23	1,334,336
2023-24	1,374,336
2024-25	1,415, 597

For the current year, a combination of vacant posts and external funding substantially mitigates the risk of overspend. However, if the Centre is to return to its full staff resource in subsequent years, there will be reliance on external funding to meet core staff costs. Even with current vacancies, passing the £1.25m breakeven within core funding is likely to be surpassed as uplifts associated with latest pay agreement is passed on. We are advised that the unprecedented situation of an overspend would result in a recovery plan being agreed with NHSGGC.

Options to avoid future overspend

- Our Scottish Government core grant is maintained at a level that takes account of salary inflation and subsequent NHS pay agreements. This would allow the Centre to maintain the current level of activity and have autonomy over its work plan going forward. It would also allow the development of longer-term 3-5 year plan with accompanying engagement strategy.
- Other core partners make a contribution to headline core costs such as salaries. This could be through the funding of specific posts. A current example includes the Inclusive Growth Programme Manager post funded by Glasgow City Council. This sees a GCPH team member seconded for two years. This option can support time limited, focussed work on a shared concern. NHSGGC have also historically made a financial contribution to core staffing through providing the salary of the Director post, currently vacant.
- Not filling posts as vacancies arise with GCPH focussing on a smaller programme of work. Whereas we should always review our core priorities, approaching it in this way would reduce our ability to plan. It should be highlighted that employee retention at the Centre remains high which is viewed as a sign of success. When posts do become

vacant it can often be through reassignment or secondment requiring posts to be kept open.

- As a short-term measure, a marginal cost saving could be made around a renegotiation of our accommodation costs given the demonstrated ability for the team to work in an agile, less office bound way. Whereas there will always be value in having a physical base, flexible workstations and meeting spaces, the costs of this could lessen as hybrid working is established. However, given accommodation costs currently stand at £118,000 per annum the saving would not be substantial in the long term.

Discussion

At the March 2021 Board meeting there was discussion of the potential of additional funded work to focus the Centre's engagement and impact. A draft proposal for this will come to the September Board meeting outlining costed options. Part of additional costs for such work could be achieved in the short term with flexible use of salaries saved through secondments or vacancies. Advice from the Board on what additional value GCPH could offer in terms of engagement, in line with the Centre's purposes and aims, would be welcome at this stage.



**Glasgow Centre for Population Health
Management Board
3 June 2021**

Climate change and health: GCPH contribution

Recommendations

The Board are asked to:

- Note the range of past and present activity on climate change, climate justice and health and wellbeing.
- Advise on how we can maximise the impact of our climate related work and contribute to activities surrounding COP 26.
- Advise on how GCPH can contribute to Glasgow's climate and ecological emergency commitments to assist in providing a legacy from COP 26.

Background

1. Climate change is a large-scale, long-term shift in the planet's weather patterns and average temperatures, with trends showing a move towards warmer, wetter and less predictable weather in Scotland. This will challenge established ways of living globally and here in Scotland, with implications for service delivery, governance, the environment and biodiversity, communities and individual decision-making. Public health has an important role in shaping this agenda, both in terms of protecting our population from the adverse impacts of climate change and in shaping a transition towards more sustainable living.
2. Climate justice can be considered both in terms of how people contribute to, and are impacted by, climate change. A range of socioeconomic factors can shape people's experience of climatic events, including income, housing tenure, geographical location, affordability of damage insurance and how well connected they are to protective or supportive services.

Brief overview of previous work

3. Action to tackle climate change aligns well with many public health priorities – for example, improving air quality and creating sustainable and resilient neighbourhoods, food systems and transport options. The Sustainable and Inclusive Places Programme includes several programmes of work that highlight the importance of sustainability to public health, but there is now a greater onus on ensuring that this work contributes towards tackling the city's climate emergency. This includes the work on active travel,

healthy urban environments, contribution to the Glasgow and Clyde Valley Green Network Partnership and the development of a Glasgow City Food Plan.

4. There have also been projects that have been specifically designed with climate change in mind. These include Weathering Change, an action research project exploring community resilience in the face of climate change, and a Small Grants Scheme which supported organisations working with children and young people to produce creative outputs on the impacts of climate change on health and wellbeing. We have hosted seminars to highlight and stimulate discussion on climate change and health and have considered the sustainability of our own organisational practices. We have also contributed to the Sustainable Glasgow Partnership and the Public Health Scotland Social System and Recovery Groups on Transport; and Environments and Spaces.

Planned climate related work

5. We will continue to develop our work related to climate change and health in the coming year. A brief description of the range of GCPH work in this area is presented below:

Sustainable Transport and Travel

- Work with the University of Glasgow Urban Big Data Centre to inform our understanding of planned changes in Glasgow's sustainable transport infrastructure.
- Disseminate results of the analysis of the health economic value of walking and cycling commutes in Scotland.

Healthy Urban Environments

- Widely disseminate the recently published Health and Place report, particularly in relation to a green recovery. Further develop specific recommendations tailored to relevant audiences incorporating learning from responses to the pandemic.
- Work with University of Glasgow in developing the second stage of a UKRI/NERC "Changing the Environment" bid. If successful, the project will deliver 5 work packages which address environmental challenges to develop the underpinning evidence for the potential co-benefits of individual environmental solutions (climate resilience, carbon mitigation, economic, social and health and wellbeing), as well as their collective impact on the city system.

Sustainable Food Systems

- Support the Sustainable Food Cities coordinator post.
- Following the finalisation of the Glasgow City Food plan and developing monitoring framework, support implementation of the plan.
- Provide evaluation support for a pre5 Child Healthy Weight project.
- Work towards Sustainable Food Places Bronze Award.

Climate emergency, adaptation, mitigation and resilience

- Continue to explore opportunities to disseminate outputs of small grants scheme.
- Develop Round 2 of small grants scheme to diversify voices to children and young people from traditionally marginalised groups. A workshop will be held to showcase the outputs in the lead up to/during COP 26.

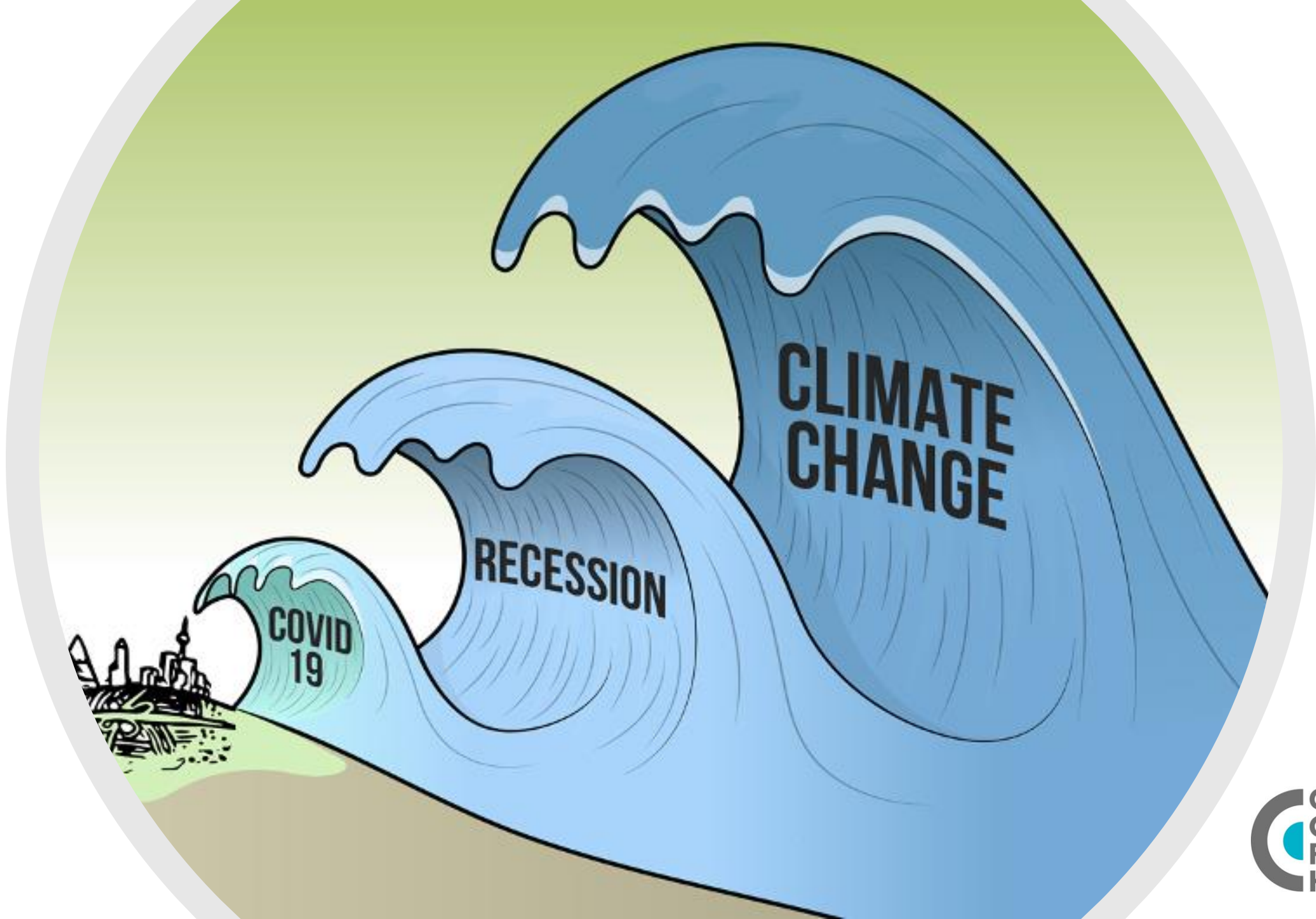
- Publish a synthesis of existing GCPH work in the lead up to COP 26 relating to climate change, highlighting the likely impacts of climate change on population groups and public health rationale and steps needed for Glasgow to become carbon neutral.
- Support Glasgow City Council and the University of Glasgow in the development of a TCI C40 Cities profile, an initiative seeking to achieve an ecologically safe and socially just City that lives within the means of the living planet.
- Support the publication of a WHO Glasgow City climate change and health profile.

Communications and Community Engagement

- Host seminars on climate change and climate justice with a focus on health and wellbeing. Gary Belkin, the founder of the Billion Minds Institute has agreed to speak on the “social climate” crisis intertwined with the global climate crisis, particularly in relation to mental health. Currently exploring possible speakers on climate justice.
 - Explore the possibility of holding a focused community conversation on the climate emergency through UofGEngage.
6. In addition, we will continue to participate in various networks, partnerships and steering groups ensuring that issues of social justice, inequality and the social determinants of health are considered. Examples include the Sustainable Glasgow Partnership, Active Travel forums, Glasgow’s Climate Emergency Implementation Plan, PHS Social System and Recovery Groups, GCV Green Network Partnership, Place Standard Alliance etc.

Russell Jones
June 2021

Climate Change and Health: GCPH Contribution



Previous Work

Sustainable
Inclusive
Places
Programme

Climate –
specific
projects

Planned Climate Related Work

Healthy Urban
Environments

Sustainable
Transport
and Travel

Sustainable
Food
Systems

Climate
Emergency,
Adaptation,
Mitigation,
Resilience

Communications
and community
engagement

Climate
related
networks

Request from Board:

Advise on how we can maximise the impact of our climate related work and contribute to activities surrounding COP 26.



Advise on how GCPH can contribute to Glasgow's climate and ecological emergency commitments to assist in providing a legacy from COP 26.