Management Board Meeting

Thursday 4th March 2021, 0930 – 1130 hours
Glasgow Centre for Population Health

AGENDA

1. Welcome and apologies – Prof Emma McIntosh, Ms Susanne Millar, Dr Michael Smith

Part 1: Regular Board Business

2. Minutes of last meeting, rolling actions and matters arising

3. General update   Paper GCPHMB/2020/408

Part 2: Performance, Review and Governance

4. Budget position: 1st April to 31st January   Paper GCPHMB/2020/409

5. Work Plan 2021-22   Paper GCPHMB/2020/410

6. Draft Budget Plan 2021-22   Paper GCPHMB/2020/411

Part 3: Strategic Development

7. Public Health Oversight Board   Paper GCPHMB/2020/412

8. AOCB

Date of next meeting

Thursday 3rd June 2021

Rolling Actions list (March 2021)

Board meeting date	Action	Responsibility	Update
10th June 2020	Formation of subgroup to progress recruitment of Director vacancy.	JB/MFS	On hold
2nd December 2020	Update Scottish Government on social gains work when available	PS/ GCPH	Awaiting update
2n December 2020	Respond to work planning discussion including discussion of: • 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	Dates being sought for meeting to develop further in context of new GCPH work plan

**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 2 December 2020
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
Mr John Matthews	Non-executive Board Member, NHS Greater Glasgow and Clyde
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Mr Gary Dover	Assistant Chief Officer, Glasgow City HSCP
Dr Michael Smith	Associate Medical Director for Mental Health and Addictions, 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 Alison Drever	Programme Director, CNS, University of Glasgow

			ACTION BY
642	**WELCOME AND APOLOGIES**		
	Prof Fischbacher-Smith chaired and welcomed everyone to the meeting. This is Ms MacNee's first meeting and introductions were made.		
	In addition to Prof Brown apologies were received from Mr Edgar and Ms Millar.		
	This will be Dr Smith's last meeting as he is retiring in 2021. The Board thanked him for all his contributions to the Centre governance over the years.		**To note**

643	**ROLLING ACTIONS AND MATTERS ARISING**		
	The September Board meeting note was ratified with no amendments.		
	Under rolling actions, it was noted that Glasgow City Council signature has now been added to the Memorandum of Understanding, that a subgroup was formed to progress the recruitment of the Director vacancy delayed due to COVID-19 priority, and that the communications plan for the mortality analysis and a list of support resources was circulated to the Board. Dr Seaman flagged up again that if there are any opportunities within partner organisations to speak on the findings please alert the Centre to them.		**Board**
	Related to this and the GCPH's role in helping to keep focus on continuing underlying inequalities, possibly through the Public Health Standing Committee, Dr Seaman reported that the committee has a COVID-19 focus currently but a GCPH paper has been taken to them and he received the impression more would be welcome. Dr de Caestecker confirmed this.		
	All other rolling actions are fulfilled or covered under agenda items.		
644	**GENERAL UPDATE**		
	Dr Seaman spoke to paper [GCPHMB/2020/404] highlighting the following points.		
	Governance and staffing – paragraphs 1-5 The developmental opportunity to backfill Dr Seaman's Programme Manager post for three months has been offered to Chris Harkins after interview.		
	Six of the GCPH team were redeployed to Test and Protect during the last quarter. The majority are now back and the Board recorded their thanks to them for their work. Jill Muirie continues to fill a senior coordinating role and Joe Crossland will be seconded to Public Health Scotland for six months for a Health Protection Advanced Practitioner role.		
	Regarding Management Board membership, Dr Smith has written to Dr Seaman and Mr Matthews to resign his position on the Board, given his upcoming retirement. He has been a valued Board member for seven years and provided a valued perspective on population mental health, and thanks were recorded once again for all his important input.		
	It was agreed that a population mental health perspective is an important one for the Board, which Dr Smith agreed with and advised he would be happy to have a discussion outside the Board around how to fulfil this. Prof Fischbacher-Smith agreed capturing the mental health and wellbeing is important, and that a discussion outside this meeting would be a good idea.		**Board/GCPH**

Developments and partnerships – paragraphs 6-16		

Developments and partnerships – paragraphs 6-16

The Centre's contributions to the Social Recovery Task Force (SRTF) and Economic Recovery work continue, and alongside Policy Scotland, GCPH has established an Academic Support group that supports and reports to the SRTF. As part of this a common set of outcomes have been established for the separate work streams of the SRTF.

There are also plans to help support the SRTF using micro briefings from GCPH work, and in partnership with Policy Scotland the commissioning of a briefing paper.

The Scottish Migrant and Ethnic Health Research Strategy Group has several GCPH members and is currently undergoing a review of its terms of reference. GCPH future support to the group will be in developing a programme of seminars and speakers. Prof David Williams of Harvard will be approached to be first speaker.

Glasgow City Council has new international agreements and Sister City agreements signed with Pittsburgh, Berlin and Santiago. GCPH has been centrally involved in the groundwork work with Pittsburgh in recent years through the Rockefeller Resilient Cities network and Robert Wood Johnston Foundation funded collaboration and will continue to connect in areas of shared interest. Connections have begun to be made with Santiago with interest in achieving carbon neutrality and transport.

Communications and publications – paragraphs 17-37

Mrs Coyle spoke to this part of the update and noted that Communications team has been working to reduced capacity for the past few months due to Test and Protect reassignments, but have continued to sustain media activity, including three online seminars for PHINS and the launch of the City Food Plan and follow up events. All these worked well with strong attendance attended. The start of this year's seminar series was delayed but there are thoughts on possible future speakers. Thoughts are also being put into a Healthier Futures Forum type event, possibly around Dr Walsh's mortality and inequalities work.

The Understanding Glasgow website will be ten years old in January 2021 and there will be some activity around this and it will be used as an opportunity to think about how this project will be taken forward.

There was reassurance from the Board about any delay, as this is quite understandable and to be expected under the current circumstances.

Ms MacNee advised that she would be interested in any extra information that could be shared about the partnership work GCPH has begun in social gain research as this is relevant to her department. She also said that Mel Weldon from the COVID Public Health directorate would be interested in any work and links in Scottish migrant and minority ethnic research. Dr Seaman updated the social gain research was at an early stage and would update as soon as available.

Dr Seaman

645	**BUDGET POSITION: 1 APRIL 2020 TO 31 October 2020**		
	Dr Seaman spoke to paper [GCPHMB/2020/405], highlighting the Centre's financial position at end of October 2020. The figures do show a projected underspend, mostly consisting of salary costs due to difficulties recruiting under the current circumstances. The programme budgets did show some delay early in the year due to reassignment and shifted COVID-19 priorities but are starting to catch up. Main points to note are: • GCPH is looking to carry forward the budget line for a replacement for Welcome Wami. • The Community Link Workers evaluation is not going forward requesting to reallocate this money. • The website migration has been delayed by NHS procurement processes, as that department priorities concentrated on COVID-19 response. Unlikely this spent will happen within this financial year. Mr Mathews asked if there was going to be any cross-charging for staff redeployed to Test and Protect, raising the possibility any auditor may ask for this to be explained. Dr Seaman explained this is part of GCPH's response to the pandemic and will not be cross-charging. Several Board members agreed these are explained as temporary emergency redeployments. Dr Seaman highlighted that Joe Crossland's longer secondment will be cost neutral. Mr Dover asked if carry forwards are allowed under the Centre funding and Dr Seaman explained they were but at GCPH they are kept minimal.	**To note**	
646	**MIDYEAR REVIEW**		
	Dr Seaman spoke to this paper [GCPHMB/2020/406]. Dr Seaman highlighted the paper demonstrates that despite the challenges seen since March GCPH have reacted well to COVID-19 and supported the collective response to the pandemic. The original workplan was brought to the Board in March and a revised version in light of the COVID-19 crisis was tabled again in June, with five key priorities identified. Paragraphs 10 to 15 provide more information on how these priorities were undertaken and Dr Seaman highlighted the piece of work being developed around the predicted rise in distress and mental wellbeing need post pandemic, and the GCPH representation on key city strategy groups. He feels the Centre can show progress in all the five new priority areas. In terms of usual programme work progress can be assumed bar a couple of items Dr Seaman highlighted: - In programme 1 the second stage of the Sistema evaluation on evidence of educational attainment has been delayed due to Chris Harkins' new role and partner priorities being impacted by COVID-19. - In the same programme the evaluation of preventative approaches to housing and welfare for vulnerable groups		

	has also seen delayed due to reassignment and partner COVID-19 priorities but is now on track.	
	- Programme 3 is the largest in GCPH but most work has gone ahead as expected. Some areas have been impacted, including the report on the bike hire scheme, the evaluation of 20MPH zones, and the development of a GCPH community engagement portfolio. The research bid for the New Scottish Diet was unsuccessful.	
	- The main exception to progress in programme 4 is that the proposal for supporting learning from the Community Link Workers project was not funded. The GCPH resource will be redirected to support work developing a pathway between Primary Care and Mental Health services.	
	- In the same programme the Social Prescribing pathfinder has not progressed due to the pandemic and the impact on Glasgow Life services.	
	Responses from the Board were:	
	• Mr Matthews will be meeting with the Leader of the Council and thought that an overview of all projects in the recovery process would be good for the next work plan.	**To note**
	• Dr de Caestecker said that the process cannot just be lots of unconnected projects, but she didn't think that GCPH is doing that. Looking forward, some GCPH work is very important to continue, such as the CNS work and the mortality work. She wondered if taking a theme such as Employment might be helpful? This will be extremely important coming up in recovery, and will impact mental health as well.	**To note**
	• Dr Seaman reported that the GCPH team will be meeting in the new year to discuss an overarching theme for the work, and he would suggest employment be widened out to Economy, which employment is an essential part of.	**GCPH**
	• Mrs Coyle thought perhaps the Centre could get better at communicating links between our separate pieces of work, and at telling a narrative of how the work connects. One point she has been considering was how much going forward our work needs to focus on COVID-19 specifically.	**GCPH**
	• Prof Moore empathised about the need to focus in when trying to get funding, but thought that part of GCPH's value is its broad knowledge and ability to be responsive. There is a risk in focussing in that the Centre could not be as responsive. He also advised the focus on the long term is important and although economy is important another big issue coming up is climate.	**To note**
	• Mr Dover said that GCPH has a need to respond to partners so there will always be a mix of work. He thought something around employment and economy would be good, but also including looking at what everyone else is doing around this issue.	**To note**
	• Dr Smith thought the Centre should look at what it is that links everything. COVID-19 has shone a bright light on things and priorities are really going to shift as the pandemic moves to being over. Does COVID-19 give us an opportunity to look at things a bit differently? There is an idea that mental health care and mental health thinking are due for a reckoning and this could be possible now. Looking ahead to climate change response, he suggested that Gary Belkin,	**To note**

	who works on climate change and mental health, might be a useful speaker.		**GCPH**
	• Prof Watson said that COVID-19 is a systematic pandemic. It is hitting different groups differently, and we should think about scarring and damage from this, and which are the groups who are going to fare badly in the future impact. He mentioned that UKRI are already looking at the post COVID-19 situation.		**To note**
	• Ms MacNee agreed with Dr Smith and Prof Watson. She will be looking at these issues at a national level rather than just a city one and thought to make GCPH work relevant going forward the Centre would need to look at this similarly. She would like to take a bit of time to discuss this with her department and come back with thoughts.		**Ms MacNee**
	• Prof McIntosh agreed with Dr de Caestecker about monitoring of employment but also felt the Centre should be thinking about education and school impacts. Educational attainment will impact employment and economy as well.		**To note**
	• Mr Matthews mentioned thinking about links horizontally, but also to think about those links perpendicularly – who is going to fund things and agree to changes.		
	• Prof Fischbacher-Smith mentioned revisiting the visual that was developed of what the Centre is and what it does.		
	• Dr Seaman agreed there was a lot to think of there – climate and economy, young people and schooling, possibly also training. Thinking of the work planning process, he is conscious that there is only one Board meeting before the March one when the 2021-22 work plan will be presented, and he should consider how to keep up with the Board, particularly Ms MacNee, perhaps by meeting early in the new year. This also raises the issue of funding and what we need to do to work towards that. He have discussions with the Programme Managers about future direction and focus, and make sure the future focus has a balance between evolving current work and developing new work.		**Dr Seaman/ Ms MacNee**
	• Prof Fischbacher-Smith suggested perhaps discussions outside the Board meeting might be done in a more developmental way.		**To note**
	• Dr de Caestecker asked if Ms MacNee could say when she might know about future funding? Ms MacNee advised she is doing divisional funding planning at the moment and is planning on funding being the same or similar to last year, but she is not in a position to advise when budgets will be confirmed.		**To note**
647	**RISK REGISTER**		
	Due to time restrictions, this item was rescheduled to the next meeting agenda.		**GCPH**
648	**CHILDREN'S NEIGHBOURHOODS SCOTLAND UPDATE**		
	Dr Seaman introduced Dr McLean and Ms Drever and the update on the Children's Neighbourhoods Scotland work covered in the paper [GCPHMB/2020/407].		

	Dr McLean and Ms Drever spoke to where the programme work is and where they are with some of the research in the project neighbourhoods [presentation attached]. Ms Drever explained the setup of CNS and who they work with, where they work (3 sites in Glasgow city, Clydebank, and 2 sites in Lanarkshire including rural areas), as well as how they work in each area. These area reports are on the CNS website if more information is needed. As part of the work the coordinators build a capabilities framework in coproduction with the local children and young people. Mental health came through very strongly as a theme from the children. Ms Drever spoke a little around how CNS responded and adapted to COVID-19. Dr McLean spoke some more about adapting the response to COVID-19 and highlighted reports and briefing papers that have been published, sharing and highlighting the local responses and collaboration, and some key reflections. Dr Seaman was interested in the need for new strategic partnerships and asked if there was any traction on that. Ms Drever updated that there is willingness to do this but how that happens and what it looks like is more challenging. Dr McLean highlighted that CNS put in a response to the Social Renewal Advisory Board for the call for ideas and that need for new partnerships was part of the response. Prof McIntosh thought this was very interesting and wondered if CNS wanted to link in with any of the capabilities work that is going on. She highlighted the quality of life issue as important. Ms Drever agreed that this is something that comes out strongly from the children themselves. Ms MacNee highlighted a lot of this work would be very relevant to the Scottish Government directorates and asked if CNS have linked in or would like some help with that? She will have a think and send the report on.		GCPH board meeting CNS .pdf **CNS** **GCPH/Ms MacNee**
649	**AOCB**		
	There was no other business recorded. Prof Fischbacher-Smith thanked everyone for their time and the GCPH for a huge amount of work.		**To note**
650	**DATES OF MEETINGS FOR 2021**		
	The dates of the next Management Board meeting is: Thursday 4th March at 9.30am.		**To note**

Glasgow Centre for Population Health
Management Board
4 March 2021

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General Update

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Recommendations

Board members are asked to:
- Note and discuss this update on progress since the last Board meeting on 2nd December 2020
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance and staffing

1. *Recruitment and Capacity.* We successfully interviewed for the post of Senior Public Health Research Specialist working in relation to race, ethnicity and public health. The preferred candidate, Shruti Jain, has requested a secondment from her current role within Public Health Scotland which is undergoing a process of approval with an expected start date of 1st March 2021.

2. *Our Office and Administrative Manager,* Janet Robison is moving on to join NSS, with her last day at GCPH on the 5th March 2021. We wish Janet all the best in her new role and the opportunity it brings. Janet has worked with us since November 2017 and has proved herself to be a highly competent, efficient and popular member of the team. This is a key role within the Centre and recruitment for a replacement will begin immediately. Thanks to Janet for her important contribution over the last three years.

3. Staff capacity remains under its full allocation. We have two members of the team reassigned or seconded to Test and Protect, one long term sickness absence and a member of the team on maternity leave. Capacity has also been impacted by school closures for members of the team with school-age children. To mitigate current under-capacity, Jennifer McLean has temporarily agreed to increase her hours from four days per week to full time for the remainder of the financial year to support work planning for 2021-22. Staff capacity and resource, including possibility of backfill of temporarily vacant posts will be reviewed within budget planning for 2021-22. It is worth highlighting the reduction in staff resource over recent years with long term vacancies including the shared Specialist post with NHSGGC and Director. Although the impact of these and

shorter-term vacancies have been absorbed across the team, the capacity to absorb the loss of any additional staff is severely restricted.

Developments and partnerships

4. *Social Recovery.* GCPH continues to contribute to the Social Recovery Task Force (SFRT) through the Academic Advisory Group. A key was in which this group is contributing to recovery efforts is through collaborative 'micro-briefings' with Chris Harkins and Pete Seaman on the editorial board alongside Des McNulty and Sarah Weakley of Policy Scotland and Nick Watson. Aimed at policy makers, the briefings providing concise and accessible overviews of current evidence about how the pandemic has shaped life, health and wellbeing with implications for inequalities, policy, and practice in the recovery period. The first briefing on the disproportionate impact of COVID-19 on disabled people was authored by Chris Harkins in collaboration with Glasgow Disability Alliance. Collaborating with partner agencies facilitates sharing both academic and practice expertise directly to policymakers and the public. Future briefings will focus on the experiences of specific population groups such as women and black, minority ethnic and migrant communities.

5. *Public Health Oversight Board (PHOB).* This body exists to progress action on the strategic ambitions of the Health Summit of January 2019. COVID-19 and the establishment of groupings such as the Social and Economic Recovery Task Forces have changed the strategic landscape with grey areas evident between the Terms of Reference of the PHOB and city recovery groups. Current work reporting to the PHOB includes Children's. Neighbourhoods Scotland, the city Food Plan work, city level mental health work and Public Health Scotland -led Gambling harms work. A review of the PHOB's coherence in terms of role, function and objectives both in term so of its internal working and external relationships has been made necessary. The GCPH Associate Director will draft a paper with Bernadette Monaghan (Director of Community Empowerment and Equalities, Glasgow City Council) and Shaw Anderson (Partnership and Development Manager, Community Planning) to take proposals for future direction to the Wellbeing, Empowerment, Community and Citizen Engagement City Policy Committee. An associated paper has been circulated for this Board.

6. A Glasgow Oversight Group for the work of Children's Neighbourhoods Scotland (CNS) in the three Glasgow sites has been established. Feeding into the PHOB the group consists city-level funders within GGC and NHSGGC and serves to advise and link the work of CNS to wider city forums and priority areas.

7. As part of a joint post with GCPH and Glasgow's Economic Development team, Valerie McNeice has submitted an Expression of Interest (EoI) to the Heath Foundation for funding to develop the Health Impact Assessment (HIA) process created for the Glasgow 2014 Commonwealth Games for application on capital infrastructure projects. If funded, GCPH would support the dedicated Capital Investments HIA Project Officer to refine and develop the HIA approach used in the Games by completing a literature review of existing HIA approaches, tools and key mechanisms by which capital investment is known to impact upon health. Stage 1 would analyse decision making processes used on current major capital infrastructure investments (City Deal and Barclays Campus) to identify the extent to which health and wellbeing impacts were considered. Stage 2 will use leaning to develop

a bespoke Capital Investment Health Impact Assessment tool (CIHIA) to be piloted on one small and one large planned project. The longer-term outcome is for the CIHIA tool to be refined and embedded within decision making arrangements. The work will be supported by Public Health Scotland and will require a second stage application if the EoI is successful.

8. The Associate Director and Bruce Whyte have met with Gary I'Anson of Police Scotland to advise on the development of their public heath approach. They are responding to increased activity in relation to drug related deaths, COVID-19 restrictions compliance and mental distress and trauma. Pete advised on the Police's potential role in addressing upstream determinants as well as downstream crisis and the need to align with wider activity, particularly in the area of mental health. It was suggested that the Police Scotland public health strategy returns to the Public Health Oversight Board after its next iteration for comment.

9. *International partnerships.* Glasgow City Council's announcement of a City Sister relationship with Pittsburgh, Pennsylvania as part of refreshed, post-Brexit international strategy (also seeing relationships formalised with Berlin and Santiago) marks the latest milestone in the relationship between the two cities. There has been considerable GCPH activity with colleagues in Pittsburgh through our involvement in the Rockefeller Resilient Cities network and our successful collaboration funded by Robert Wood Johnston Foundation in 2016-17, 'Global Solutions for US problems'. Pittsburgh explored the GCPH partnership model as a means of addressing socio-economic inequalities in the city and learning from the Pittsburgh whole system approach to food insecurity informed the early development of the cross-city food plan. GCPH will continue to connect with the work in areas of shared interest across all four cities including food systems, health and economic equity and climate adaptation.

10. Given the disruption of COVID-19 within the community sector, the collaborating team on the NIHR project describing and measuring the health impact of community-led organisations is requesting a delayed start to September 2021.

11. *Evaluating the pre-5 Child Healthy Weight programme.* Gregor Yates is leading the evaluation of the pre-5 Child Healthy Weight programme which is being led by Health Improvement teams and delivered in three Glasgow Neighbourhoods/areas: Drumchapel, Ruchazie/Garthamlock/Cranhill, and Priesthill/Househillwood/Pollok. This one-year project, which is funded by the Scottish Government, is taking a whole systems approach to supporting healthy weight in pre-5s across each neighbourhood. This will involve working with practitioners and local organisations to support families to access healthier and more nutritious food, as well as promoting a more active lifestyle.

Communications outputs and activities

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

Events and seminars

13. Following the launch of the *Glasgow City Food Plan* consultation in October, two further engagement events have been held. The first, entitled *Conversation about Glasgow City Food Plan* (GCFP) was held in November, aimed at people who live and work around Glasgow who had not yet engaged with the consultation and was attended by 66 people. The second event, entitled *Glasgow City Food Plan – What will it mean for your business?* was held in December and was aimed at Glasgow business owners involved directly in food growing/production/selling/catering. It was attended by 13 people and followed up with a survey on the Food Economy aimed at Glasgow businesses. A third invite-only event is planned for 8th March aimed at the themed working group members who helped develop the actions for the draft plan.

In addition to these GCPH led launch and engagement events, the Glasgow Community Food Network held a *Consulting Your Community* workshop that gave participants the skills to organise their own consultation events which led to various other community engagement events. Alongside these activities, responses were encouraged via social media to the online consultation hosted on the Glasgow City Council consultation page. In addition, Health Improvement Teams circulated a survey asking questions about the Children and Young People's section of the plan. Over the course of the three-month consultation period from the start of October to end-December, 500 responses from citizens, communities, businesses and organisations in Glasgow were received or collected. The GCFP team is currently going through all the responses before developing the final plan to be launched in Spring 2021.

14. *Mental Health and Primary Care Development.* As part of the work supporting the development and test of feasibility of new mechanism to manage demand for mental health and distress, GCPH supported the Associate Director of Mental Health (NHSGGC) in the design of a development session with key stakeholders in primary care and specialist mental health. The need for patient and community engagement and co-production in both design and headline outcomes were highlighted and will be incorporated into our plans moving forward.

15. S*eminar Series 17: Lecture 1. 25 November 2020. #CaringEconomyNow: A Call to Action.* Delivered by Dr Angela O'Hagan of the WiSE Centre for Economic Justice, this seminar discussed the gendered dimensions of the care economy and presented the findings and recommendations of the Commission on a Gender Equal Economy. In the seminar, Angela argued that putting care at the core of our economic model is part of the healing from the pandemic which has exposed the fragmented and under-resourced care infrastructure and the underlying inequalities particularly experienced by women, disabled people, and people of colour. Angela outlined how a caring economy delivers on equality, sustainability, and wellbeing, and offers a coherent approach to public investment and the allocation of public finance. A total of 223 people registered for event, with 118 attending. The podcast of Angela's seminar is available to listen to here.

Forthcoming events

16. GCPH will be holding a virtual event with a targeted audience on 9th March 2021 in the lead up to COP26. The workshop will showcase the outputs resulting from our recent *small*

grants scheme where organisations were awarded a grant 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 include, but are not limited to, virtual workshops and interviews, films, a digital magazine and the collection of air quality data on bikes.

17. GCPH are collaborating with the University of Glasgow as part of the SHAPE (Social sciences, Humanities and the Arts for People and the Economy) initiative sponsored by the British Academy. An initial activity is an online *community conversation* event which we will host in the spring to inform and develop a showcase of case studies that demonstrate the true meaning, value and power of collaborative research and its importance for post-pandemic recovery. Based on this initial community conversation we will: i) facilitate a group to select examples to showcase; ii) provide a platform to showcase and bring the work together to raise its profile and engage decision makers in what it means for recovery and building back fairer; iii) later in the year, will hold a launch event bringing communities, researchers and policymakers together to view and consider the outputs and respond to them with an emphasis on what they mean for policymaking.

18. Planning is underway for further speakers and topics for Seminar Series 17 and 18. As usual, speaker and topic suggestions are welcome from Board members. This includes an invite to Prof David Williams from Harvard on developing our understanding of racism and racialisation as fundamental determinants of health within Scotland and specifically his work on measuring and evidencing the impact of racism on health; and an invite to Gary Belkin on the social crisis within the climate crisis which would broaden both the mental health and climate emergency conversations. We have received a positive response from Prof Sir Michael Marmot and Sandro Galea both of whom will speak on inequalities and COVID-19, from a UK and international perspective, with dates being confirmed. Speakers are also being sought on the topics of participative democracy, intersectionality, mental health and climate change. We are also reviewing how we can fill the gap in our events schedule from the absence of our bi-annual GHFF events and other face-to-face workshops. We hope to hold events on the stalling life expectancy work, how to achieve net-zero and some mini learning series events on various topics. All events will continue to be planned to run virtually.

Publications

19. [Changing urban contexts: delivering a healthy and inclusive green recovery for Glasgow](#) *(February 2021) Gregor Yates.* COVID-19 has re-emphasised the importance of space, accessibility and the quality of the built and natural environment to health and wellbeing. This report highlights that the unique physical and spatial characteristics of Glasgow have meant that the experience of living during the pandemic has varied greatly across the population. Typically, people with existing vulnerabilities and fewer resources have been the worst affected – both in terms of exposure to the virus and through the impacts of containment policies. The report explores the role of these socio-demographic and 'place factors' such as housing, spatial features, neighbourhood resources and transport and travel, in shaping the Glasgow experience, behaviour and exposure to COVID-19. It advocates whole systems approaches which encourage community participation to

support recovery and transition from the pandemic and offers a range of recommendations to facilitate the fair distribution of the city's built and natural resources.

20. *COVID-19 Micro briefing 1: The disproportionate impacts of the COVID-19 pandemic on disabled people (January 2021) Chris Harkins.* This is the first in a series of micro briefings, we have 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 first micro briefing was written with the Glasgow Disability Alliance and presents a range of evidence relating to the disproportionate impact of the pandemic on disabled people. It makes clear that a variety of mechanisms explain this including elevated clinical risk, the worsening of existing poverty and inequalities, barriers in accessing vital services and the disruption of vital health, social care and other essential services. It calls for the sustained involvement of disabled people in designing pandemic recovery policy, practice and research at the local and national levels which must be mainstreamed to ensure the effectiveness of public service responses and maximise the potential to 'build back fairer'. An infographic to aid dissemination has also been developed.

Consultation responses

21. Response to Scottish Government consultation on the Cleaner Air for Scotland Strategy (February 2021).

22. Response to Glasgow City Council consultation on Climate Emergency Implementation Plan (February 2021).

23. Response to Glasgow City Council public conversation on Glasgow's transport future (Connecting Communities) (January 2021).

24. Response to Scottish Government consultation on Scotland's Road Safety Framework to 2030 (December 2020).

25. Response to Scottish Government consultation on free bus travel for people resident in Scotland aged under 19 (December 2020).

Digital

26. The Understanding Glasgow website was ten years old at the start of 2021. Launched in January 2011, the project set out to create and present, in an accessible and engaging way, a set of health and wellbeing indicators for the city. Its aim was to improve understanding of health and its determinants in Glasgow and to be a tool whereby inequality could be highlighted and monitored, and progress measured. Centred around the 12 key domains to present a dynamic interlinked view of different aspects of health and life in the city, the site now contains in excess of 190 indicators across these 12 domains and a further seven domains focused on children's health and wellbeing. Other resources added over the last decade, include case studies of community projects using

asset-based approaches, a series of short films about life in Glasgow and a section on using the data in educational and policy settings. Health and wellbeing profiles have also been added, covering 60 different areas in total: Glasgow as a whole, the three sub-sectors within Glasgow (North East, North West and South Glasgow) and 56 neighbourhoods across the city. Building on the children and young people's profiles, the newest addition to the resources are the Children's Report Cards published in February last year.

The occasion of the tenth anniversary of the website was used to promote it widely and encourage new and old users to visit it. A short animation has been developed to help promote it on social media and has had over 400 views on Twitter and YouTube combined to date. This juncture will also be used to commence a stakeholder consultation exercise to gather feedback on the resource to inform its ongoing development.

27. Our infographics remain a popular part of our digital communications output and in early January we published a blog on the approach we take in developing our infographics and the different types we have produced over the years. In December we also published a two-part blog on community participation by Cat Tabbner and Monique Campbell. These discussed six contextual factors which are important for supporting community participation in research projects during the ongoing COVID-19 pandemic.

28. The winter issue of the GCPH e-update was circulated to our 3,000 network subscribers at the start of January. The engagement rates for this were higher than usual with a 45% open rate and a 55% click rate.

29. Work is underway to develop an animation or series of animations to raise awareness of the stalling life expectancy analysis previously presented to the Management Board. At that time a communications plan for the work was also developed which outlined a range of outputs and activities to support dissemination. We anticipate the animation would be used in a variety of ways – for example, as part of background briefing material; on social media; and at events – with the purpose being not just to raise awareness of the issue but crucially to ignite the national and local conversation that needs to happen on the issue and how to reverse these trends. A communications and dissemination plan and an evaluation plan will also be developed for the animation.

February 2021
GCPH

Glasgow
Centre for
Population
Health

Glasgow Centre for Population Health
Management Board Meeting
4 March 2021

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

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2020 to January 2021 detailing expenditure of £1,127,493 against an annual budget of £1,549,032.

Commentary on Table 1

There are a number of points to note in respect of the current budget position:

1. The current year budget has been set as follows

   - Scottish Government Allocation   £1,250,000
   - Income deferred from 19/20   £186,032
   - Income expected 20/21   £113,000

2. Due to a delay in the commencement of the NIHR Community Assets programme the £30,000 of funds expected to come in for this project are now likely to be received in financial year 21/22.

3. Income associated with a Mental Health Event - £1,000 - has not been received as the event did not take place due to the diversion of attention to the COVID-19 response.

4. The staffing budget includes a funding provision for input from GGC Public Health which is not currently charged.

5. The Programme Manager post which was vacant April – Oct. has now been filled from within the Team leaving a Band 7 vacancy as a consequence. A further vacancy from November (secondment to Public Health Scotland) and two periods of Maternity Leave will all contribute to an estimated 8% underspend in respect of staffing.

6. Commitment to programme expenditure lines has increased in Quarters 3 & 4 and is likely to reach a near breakeven position.

7. Recruitment of the Racialisation Post has recently taken place via a secondment from Public Health Scotland. This has facilitated the accounting for this commitment which will straddle 2021/22.

8.   The analytical post funded in partnership with the University of Glasgow has also been delayed in recruiting a replacement for Dr Welcome Wami, however in recognition of this commitment a provision has been processed within the current year accounts.

9.   An allocation of funds (£20,000) to a ten-year refresh of the Three Cities analysis (Liverpool, Manchester & Glasgow) as approved by the board has been progressed.

10.   Due to the situation with COVID-19 response it has been challenging to progress the necessary work to update websites for both GCPH and Understanding Glasgow and to complete a communications review. It is hoped that this work can progress in financial year 21/22 and therefore we request it is considered as part of the budget planning process for the incoming year.

11.   Board members are requested to:

    •   Note the contents of this report.
    •   Note the forecast budget variance at £123,040 net favourable.

Fiona Buchanan

11th February 2021

2020-21 Financial Plan

		Planned 2020/21 - updated £	Actual to January £	Forecast Out-turn £	Forecast Variation from Budget £
	Income				
I 1	Annual SG Allocation	1,250,000	1,250,000	1,250,000	-
I 3	Other Income	113,000	85,946	85,946	27,054
	Total Income 20/21	**1,363,000**	**1,335,946**	**1,335,946**	**27,054**
I 4	Carry Forward from previous years	**186,032**	**186,032**	**186,032**	**-**
	Total Available 20/21	**1,549,032**	**1,521,978**	**1,521,978**	**27,054**
	Expenditure				
	Research:				
E 1	Action on Inequality	10,000		10,000	-
E 2	Understanding Health Inequalities	51,500	46,630	51,500	-
E 3	Sustainable Inclusive Places	15,000		10,000	5,000
E 4	Innovative Approaches to Improving Outcomes	25,000	23,280	25,000	-
E 5	New Project Developments & CLW	40,000	40,000	40,000	-
E 6	Training & Development	12,500	2,347	5,000	7,500
E 7	Allocation to Networks	1,750	1,800	1,800	(50)
	Total Research	**155,750**	**114,057**	**143,300**	**12,450**
	Communications:				
E 8	Communications	60,000	10,669	11,000	49,000
	Total	**60,000**	**10,669**	**11,000**	**49,000**
	Management and Administration				
E 9	Centre Management, Admin & Running Costs	25,000	9,147	15,000	10,000
E 10	Accomodation Costs	120,000	88,734	120,000	-
E 11	Core Staffing	1,183,530	904,886	1,104,886	78,644
	Total Management & Admin	**1,328,530**	**1,002,767**	**1,239,886**	**88,644**
	Total Expenditure	**1,544,280**	**1,127,493**	**1,394,186**	**150,094**
	Balance	**4,752**	**394,485**	**127,792**	**(123,040)**

Glasgow Centre for Population Health
Management Board
4 March 2021

Work plan 2021-22

Section 1: High level overview

1. The Glasgow Centre for Population Health (GCPH) was established to understand and identify solutions to support improvement in population health and the reduction of inequalities. Focussed on Glasgow but with applicable learning for elsewhere, this is achieved through the generation of trusted and reliable evidence and practical support for partners working to create better and more equal health across the city, the city region or nationally.

2. This year's work plan was developed in the context of COVID-19's impact on health and its underlying determinants in the city. In particular, we are led by partner interest in COVID-19's disproportionate impact on particular population groups leading to renewed and cross-sector interest in using recovery to address long-term underlying structural determinants of health inequality. GCPH have an established position as a source of credible and practical evidence, insight and explanation of the causes and patterning of health inequality. Further, we can demonstrate a key role in the development of multi-agency responses to mitigate their impacts and tackle their causes. In the context of cross-sector renewal efforts in the coming year, where a focus on addressing the underlying determinants of health inequality will have renewed and shared focus, GCPH will seek to utilise its current and developing knowledge and practice to support partner efforts to build back a fairer, more equitable and sustainable city. In pursuing this outcome with our core partners and others, we will seek to address underlying determinants and drivers of headline population health outcomes.

3. **Our purpose for 2021-22**

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

We will achieve this through the generation and development of policy and practical responses to shift the underlying determinants of health inequality. This will be underpinned and guided by evidence and analysis of the patterning of key population health trends, their causes and the development and evaluation of preventative and mitigative responses with out partners in service delivery and communities.

In 2021-22, our work will support recovery and renewal in relation to the shared outcomes of a fairer and greener economy and creating connected, inclusive and empowered communities and places. In doing so, we seek to understand and promote the practices, polices and processes that will translate longer term into improved healthy life expectancy and a narrowing of health inequality.

The structure of this work plan

4. The work plan is in three sections. This section describes the strategic underpinning of our activity across multiple programmes, contextualising the work within an understanding of how GCPH delivers impact complete with associated indicators of success. An 'At a Glance' table (Section 2) and matrix document (Section 3) set out the individual projects in the plan with key delivery milestones for the year. A clear thread should be discernible between the individual projects and activities within the work plan and the Centre's headline purpose (as above).

Background

5. The following sections outline how the work plan builds on our existing knowledge and experience in influencing policy and practice, responding to key partner concerns (practical challenges and policy) aligned to the improvement of population heath.

Supporting recovery and renewal: Building on our contribution so far

6. During the COVID-19 crisis the Centre has demonstrated responsiveness to partner need. We can demonstrate key contributions in both supporting immediate responses and influencing the recovery agenda. The ability to work in such a manner is founded on an established way of working and historic investments in data, its analysis and the development and translation of knowledge into practical application. Key contributions to COVID-19 emergency responses and recovery agenda include:

7. **Our long-term investment in the monitoring of mortality trends** (particularly the identification of *decreasing* life expectancy in more deprived communities) as a key pre pandemic trend[1]. Modelling of the mortality impact of COVID-19 against the continuing impact of social and economic inequality has indicated the latter's greater scale of contribution. Such evidence supports the now widely recognised need to address social and economic determinants as a central feature of societal recovery plans.

8. **Provision of timely and accessible evidence** assessing community impacts of the pandemic and **evidence-informed guidance on future investments** in the short and medium term. These have included:

   • A review of evidence from elsewhere highlighted the role of promoting community resilience within recovery and recognising that pandemics do not impact across populations equally[2].

   • Briefings through our partnership with University of Glasgow - Children's Neighbourhoods Scotland, highlighting community need and how the community resource and the voluntary sector supported statutory organisations' responses communities during lockdown[3.]

   • Our **contribution to the city's Social Recovery Task Force and Economic Recovery Group** includes a key role in the production of briefings to share understanding of the pandemic's disproportionate impact on certain population groups and best future investments. Work investigating the potential of Community Wealth

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[1] McCartney G, Leyland A, Walsh D, Dundas R. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? *medRxiv*. 2020

[2] Harkins C. *Supporting community recovery and resilience in response to COVID-19.* GCPH 2020

[3] https://childrensneighbourhoods.scot/home/covid-19/

Building within wider economic development approaches highlights the degree to which population heath outcomes can be aligned to a range of partner ambitions.

- The applicability of **our partnership work on food insecurity and developing city level responses to produce a fairer more sustainable food system** which has intersected the issue of food poverty highlighted through COVID-19 with action to address sustainability climate resilience and inclusive economic recovery.

- **Contributions of expertise in data analysis and reporting** to key forums such as the multi-agency Social and Systems Recovery Transport Partnership group established by Public Health Scotland. This partnership produced a key report highlighting the long-term potential of lockdown to impact the movement and travel choices of vulnerable groups[4].

How we work

9. GCPH is a partnership organisation enabled by direct funding from the Scottish Government. Our core partnership, consisting of NHS Greater Glasgow and Clyde, the University of Glasgow and Glasgow City Council, is complemented and strengthened by links with other key partners in public health intelligence and action. We work in partnership due to our core recognition that improving population health does not rest with a single organisation; it requires concerted and aligned action across a range of organisations, disciplines, policy and practice areas. This recognition was fundamental to the establishment of GCPH and has more recently become embodied within the formation of Public Health Scotland and a range of cross-sector advisory and strategy groups such as the Social Recovery Task Force (SRTF) and the Public Health Oversight Board (PHOB) at city-level.

10. Influencing the range of stakeholders requires working in a distinct way. This includes how we develop pieces of work (collaboratively and co-productively), the values we operate in conducting work and how we communicate learning to reach not just a wide range of end-users but the right users with the right information. Our work plan is underpinned by our experience in such approaches and captured in our characteristic ways of working:

- Maintaining a credible and trusted position as a **source of evidence, knowledge and insights** on patterning and trends in health, inequalities and their determinants.

- Supporting partners in wider public health in the **development and application of promising investments and action** to improve population health outcomes.

- Promoting a **future perspective and leadership** in considering new and emergent issues.

- Embedding **community engagement and participation** across our programmes of work and communicating learning from these processes widely.

- Focusing on the **social justice and inequality implications** of investments, interventions and policies.

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[4] https://www.publichealthscotland.scot/media/2850/transport-use-health-and-health-inequalities-oct2020-english.pdf

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

Responding to wider priorities

11. Our work for the coming year will be led by our purpose statement (Para. 4) with an overarching intention to support partner efforts to build back fairer, greener and more resilient communities, economy and society. There are number of empirical trends and agreed challenges shaping our understanding of where our skills, experience and resource will best connect with current challenges to yield influence and change to address underlying drivers of heath inequalities. The areas are:

- The economy and work

- Trends in the patterning of health and wellbeing outcomes

- Place, environment and climate related factors

The economy and work

12. The relationship between poor and unequal health outcomes and economic performance (particularly in relation to headline indictors such as long-term unemployment and productivity) is now well recognised in the city region's economic policies through ambitions to achieve inclusive economic growth. The measures introduced to limit the transmission of the virus however present significant additional challenge with economic impacts likely to affect groups previously on the lowest or least secure incomes and already bearing the burden of health inequality[5,6]. Pandemic related disruption in the labour market has also revealed the continuing impact of in-work poverty alongside a significant increase in the number claiming Universal Credit[7]. Given the modelled 300,000 jobs at risk in the Glasgow City region[8] are in employment sectors such as retail and hospitality, this necessitates a shift from pre COVID-19 approaches of economic development. Additionally, future growth will also be required to operate within limits of ecological as well as economic sustainability.

13. *We will contribute to progress in this area of challenge through producing learning and outputs that will support the development and delivery of a fairer and greener economy with the potential to address the economic inequalities that underpin poor health outcomes and develop approaches that brings principles of economic and social development in closer alignment.*

Trends in the patterning of health and wellbeing outcomes

14. The stalling of life expectancy as a consequence of increasing mortality rates in more deprived neighbourhoods was a key finding in shaping post-recovery priorities, underlining

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[5] Douglas M, Katikireddi S V, Taulbut M, Mckee M, McCartney G. Mitigating the wider health effects of Covid-19 pandemic response. *BMJ*, 369 (2020)

[6] Quereshi, K et al. *Submission of Evidence on the Disproportionate Impact of COVID-19 on Ethnic Minorities in Scotland* (2020) https://ghpu.sps.ed.ac.uk/wp-content/uploads/2020/05/14-May-SCOTLAND-COVID19-and-ethnic-minorities-FINAL.pdf

[7] Weakley, S. *The COVID-19 Crisis and Universal Credit in Glasgow:* January 2021; Policy Scotland Working Paper

[8] Glasgow Economic Recovery Group submission to Scottish Government (2020)

the continuing need to address pre COVID-19 vulnerabilities created through deprivation and other underlying determinants of heath inequality[1].

15. *To support partners in wider public health, it will be vital to continue the analytical focus on the patterning of health outcomes across geographic areas of the city and elsewhere to understand the contribution made by underlying determinants (particularly inequalities in income and power) to trends in life expectancy in light of COVID-19 and other factors.*

16. The challenge of poor mental health has also come into sharper focus since COVID-19. Primary care and mental health services already faced significant delivery challenges from demand related to mental distress and trauma. Further increases in demand are expected as a consequence of pandemic mitigation measures and associated anxiety, increased social isolation and economic and service disruption. As with the range of other health outcomes, the impact is likely to be shaped by disproportionate levels of risk on specific population groups including Black, Asian and Minority Ethnic (BME) communities, women, single parent, disabled, lower socio-economic groups, young people and people with existing mental health conditions[9].

17. *As the increase in demand for mental health services is unlikely to be addressed through existing services, our work plan will include activity to support the development of new approaches to improving service access and provision. This will include helping services reframe their understanding of the nature of presenting problems to include action to address social and economic dimensions.*

18. Increased reliance on emergency food provision[10] has seen estimated UK wide food poverty increase to 2.5 times its pre-pandemic level. Demonstrating the relationship between economic and material circumstances and physical health concerns, levels of obesity and diet related disease disproportionately affect those living in the city's most deprived neighbourhoods[11]. Work within this year's work plan recognises that our food system needs to become fairer, healthier and more sustainable as a means of not only improving health but also addressing the social and economic causes of poor health. As with the economic challenge, progress against this outcome will also need to take account of environmental limits, issues of climate justice and reducing carbon emissions.

19. *Our support for responses to food poverty and diet related disease will be through the development and delivery of a city food plan aligned with principles of sustainability and stronger communities. We will also lead the evaluative component of a city-wide project to address childhood obesity.*

Place, environment and climate related factors

20. COVID-19 has re-emphasised the importance of space, accessibility and the quality of the built and natural environment to health and wellbeing. Whereas it is too soon to assess the long-term impact of lockdown measures in relation to behavioural change and spatial use that promotes sustainability, physical activity and sense of connection to public and

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[9] Weatherall, K. et al . *Scottish COVID-19 (SCOVID) Mental Health Tracker Study*; Wave 1 Report.
[10] https://foodfoundation.org.uk/vulnerable-groups/
[11] http://www.healthscotland.scot/health-topics/diet-and-healthy-weight/obesity

greenspaces, it is known that deprived communities contain a higher proportion of vacant and derelict land and poor housing than more affluent counterparts[12].

21. The urgency of the climate emergency is indicated through data indicating that the world is still heading for a temperature rise in excess of 3°C this century – far beyond the Paris Agreement goals of limiting global warming to well below 2°C and pursuing 1.5°C[13]. COP26 will focus attention on ambitious local and national priorities to reduce carbon emissions. Use of green space polarised during lockdown[14] meaning the physical and mental health benefits of accessing outdoor space were unevenly distributed.

22. *Our work will support ambitions to achieve carbon -neutrality with data and monitoring of active travel and physical activity trends with an additional filter of climate justice. The Place Standard Tool has provided a means of ensuring community and citizen voice is included in the design of the places we live in. Such methods as those used in the Centre's Weathering Change work can incorporate environmental progress with addressing inequalities in power that can influence health and wellbeing outcomes. Similarly, the food work will seek to address the social and economic implications of our food system as well as the environmental.*

Aligning with partner priorities

23. The work plan is orientated to supporting a broad set of local and national ambitions and priorities in a manner which maximises our contribution to collective recovery efforts whilst continuing to shape agendas towards population health gains. In 2021-22, common points of focus between our objectives and those within headline partner strategies include:

NHSGGC Remobilisation Plans, Turing the Tide Towards Prevention (Public Health Strategy) and focus on Mental Health

24. Within their Remobilisation Plan, NHSGGC have recognised the immediate responses to the pandemic, including service disruptions, will have aggravated existing vulnerabilities with regard to poverty and socioeconomic inequality. Their plan highlights the priority of better responding to the needs and service requirements of particular groups such as people experiencing digital exclusion, access to transport, food poverty and insecurity and the most marginalised groups.

25. Ambitions as outlined in Turning the Tide Towards Prevention: A Public Heath Strategy 2018-28 include *'(accelerating) the improvement in healthy life expectancy and narrow the gap in healthy life expectancy within Greater Glasgow and Clyde and between Greater Glasgow and Clyde and the rest of Scotland for both men and women by 2028'.* The strategy sets out that this will be achieved through six priority areas:
    I.   Developing a better understanding of the health experiences of our population
    II. Working with partners to tackle the fundamental causes of poor health, including poverty, housing and challenging personal circumstances

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[12] Yates, G. *Changing urban contexts: Delivering a healthy and inclusive green recovery for Glasgow.* GCPH 2021.

[13] United Nations Environment Programme (2020). *Emissions Gap Report 2020*. Nairobi.

[14] Olson, J and Mitchell, R (2020) *Change in use of green and open space following COVID-19 lockdown 'stay at home' phase and initial easing of lockdown.* MRC/CSO

III. Promoting health and wellbeing at all stages from early childhood to healthy ageing

IV. Creating a culture of health and wellbeing in our communities to help people make healthy choices

V. Improving health services to ensure they are fair, accessible and effective for all, and

VI. Protecting the public health from risks and disease.

26. Much of the cross-partner work required to deliver on these outcomes will be co-ordinated through strategic fora such as the Public Health Oversight Board and the Social Recovery Task Force on which GCPH is well represented and key projects will report to in the coming year. There is also a renewed focus on mental health through our contribution to evaluative and developmental support to NHSGGC's pilot to redesign the referral infrastructure between primary care and specialist mental health services, taking account of high levels of service demand for mental distress and trauma both pre and post COVID-19.

Glasgow City Council: Social and Economic Renewal, responding to the climate emergency and a just transition to a zero- carbon city

27. There is GCPH representation on both the SRTF and Glasgow Economic Recovery Group including two dedicated posts to work with and support the development of responses and translation of evidence and insight. In terms of social recovery, we will be making a substantial contribution through joint leadership of the Academic Advisory Group (with Policy Scotland) providing the taskforce and wider audiences with current research evidence to support recovery. A dedicated post to develop economic policy responses will take account of the interconnected and mutually reinforcing nature of population health and economic performance. This work is focussing on the role of public sector organisations as economic anchors in communities, transport and care as an employment sector.

28. The hosting of the United Nations Climate Summit within year puts significant emphasis on the city's ambition to achieve carbon neutrality by 2030. The Climate Emergency Implementation Plan (CEIP) outlines a number of thematic priorities that will address the transition of economic, community-based, societal and cultural change required. GCPH's work has already influenced the strategy through our Council collaboration *Weathering Change* that fosters community participation in the development of just climate mitigation and adaption activity. Key continuing activity includes supporting the CEIP themes of community empowerment, creating just and inclusive places, a connected and thriving city and, infrastructure supporting green recovery. Projects contributing to the city ambitions include:

- Developing the potential of active travel and placemaking to support more liveable, health enhancing and connected neighbourhoods. This includes the analysis of how the city's active travel infrastructure is used adopting an equalities lens.

- Promoting and widening the range of voices through community engagement activity to enable perspective on climate adaptation and climate justice.

- Through our long-term investment in the development of a city-wide, cross-sector food plan, supporting ambitions for a climate resilient food system in the city with the potential to support new economic activity which benefits communities and creates opportunity for all.

National Priorities: Supporting the alignment of social, economic and green recovery

29. Our work plan will support the development of actions to promote recovery and renewal through our focus on the economic, social and environmental aspects of population health improvement. Our work will also provide evidence and insight that can support Scottish Government responses to expert groups on economic and social renewal and the recommendations of the expert group on ethnicity and COVID-19. These include the Social Renewal Advisory Board principles of achieving a basic level of income from jobs and social security (*Money and Work*) and more power to people and communities and empowering frontline teams (*Communities and Collective Endeavour).*

30. The recommendations of the Expert Group on Ethnicity and COVID-19: The past year has seen an increased focus on racialised vulnerabilities partly in light of the unequal impact of COVID-19 on specific population groups including migrant and BME communities. Issues of the limitations of the current public health framing of the relationship between ethnicity and health outcomes and issues of data collection and availability have been part of this conversation. We will support work within the wider public health system to address issues of racialised underrepresentation within public health data, workforce and priority setting.

The programmes of work

Programme 1: Action on inequality across the life course

Aims of the programme

31. This programme supports partner efforts towards a socially just recovery through work addressing the role poverty, area deprivation and other forms of social, economic and structural inequality play in shaping health outcomes. This year, the work takes account of the intensification of pre-COVID-19 vulnerabilities, particularly though the effects of economic recession on already disadvantaged groups and developing new responses to address inequality.

32. There is a focus on enhancing and maximising opportunity for young people as a group disproportionately impacted by the economic and service disruption of COVID-19. Three pieces of work look at innovative service responses (in the areas of improving outcomes for children, mental health and preventing homelessness). Children's Neighbourhoods Scotland will continue to progress the co-production of community infrastructure and relationships between services to improve educational and health outcomes for children and young people in disadvantaged urban and rural neighbourhoods. New work will explore aspirations from the perspective of young people to gather data on the impact of COVID-19 disruption on their anticipated transitions to adult independence. This work is connected to youth service providers to ensure relevance to service responses. As in previous years, monitoring of child poverty data will continue to be made available in accessible forms to inform policy decisions and priorities across city partners.

33. To ensure the work reaches the right networks and stakeholders to translate findings into action, the Programme has well established links with infrastructure to address child poverty within the city such as Glasgow City Challenge Child Poverty Partnership and NHSGGC Child Poverty Action Coordinating Network. Children's' Neighbourhoods

Scotland reports to Scottish Government, a Glasgow governance group and the Public Health Oversight Board.

Programme 1 key projects and deliverables

34. Key pieces of work to support the programme aims include:

- Children's Neighbourhoods Scotland (CNS). Building on the impact of last year where responsive COVID-19 briefings informed emergency response and recovery work both nationally and locally, this year will see the first full year with all six local coordinators in place and key reporting mechanisms in place.

- Evaluation of Glasgow City Council and Registered Social Landlords intervention to prevent homelessness through addressing debt will assist the Council understanding the impact and scalability of their intervention and in doing so, support a national and local priority to prevent people falling into homelessness.

- Developing the pathways between Primary Care and Specialist Mental Health services. Supporting a service redesign pilot to result in a model of referral which is better able to meet mental health needs at a primary care level. The changes anticipated by the project include: a reframing of what is meant by "mental health" needs, aligning service user needs and expectations with service responses and creating a service response that is local, prompt and accessible – a "no wrong door" approach. It should also support integration of social and clinical models of wellbeing and health and produce a person-centred, enabling and empowering approach.

Success will be demonstrated through our being able to describe influence and impact in relation to the following outcomes:

- Evidence of integration of learning from CNS into local and national recovery agendas to support improved outcomes for young people. This will include having provided new evidence on effective approaches to developing and utilising community assets and uptake and use of published material.

- Published a report from the 'young persons' transitions' work and have evidence of recommendations and next steps informed by both new data on the experiences of young people through co-productive engagement with service providers and decision-makers.

- A new mental health pathway pilot underway with evidence of GCPH influence in its delivery through action research and publication of a literature review.

- A new intervention to prevent homelessness among a vulnerable population evaluated and Glasgow City Council being able to make an evidence informed decision on future activity and scaling of the intervention.

Programme 2: Understanding health, health inequalities and their determinants

Aims of the programme

35. The overarching aim of this programme is to continue to analyse, and better understand, trends in health, health inequalities and their determinants at a national, city and local level

and within an international context. To identify emerging issues and to develop recommendations that can be used to influence government policy locally and nationally.

36. The programme's endeavours are engaged with a broad set of partners and networks. The former include key partners such as Public Health Scotland, the University of Glasgow (especially the MRC/CSO SPHSU), Glasgow HSCP and NHSGGC, as well as those further afield including elsewhere in Scotland (e.g. University of Edinburgh, University of Strathclyde), England (e.g. University of Oxford) as well as internationally (e.g. Boston University in the US).

37. The updated analysis of health and demographic trends within Glasgow will provide a timely update on health and social inequalities in Glasgow and the wider city region and will be relevant to a wide range of local partners including Glasgow City Council, Glasgow HSCP and Police Scotland (Greater Glasgow Division). The intention is to disseminate the findings from these publications widely and in an accessible manner.

Programme 2 key projects and deliverables

38. Key pieces of work to support the programme aims include:

- Maintenance, development and future direction of the *Understanding Glasgow* website as a resource for communicating health trends and patterning in their determinants within Glasgow.

- *Analysis and reporting on key health, social and demographic trends* in Glasgow. This year will see a Health in Glasgow report published covering life expectancy trends by neighbourhood and trends in housing, poverty, mental health and environment indicators.

- Progressing work on *understanding differences in the experience of poverty and deprivation between Scotland and England* with intention of capturing previously uncaptured aspects of deprivation.

- Understanding and communicating the key reasons for *changing life expectancy and mortality trends* observed in Glasgow, Scotland and the UK in light of scaling of COVI-19 against existing effects of socio-economic inequality and other factors.

Success will be demonstrated through our being able to describe influence and impact in relation to the following outcomes:

- Provision of an up-to date and refreshed Understanding Glasgow that continues to inform and shape partner understandings of the multiple dimensions of health and its determinants in the city.

- The publication of an updated Health in Glasgow report providing neighbourhood level data on key health indicators in the city.

- Progress on understanding underlying factors contributing to 'stalling' life expectancy (led by decreases in deprived areas) including analysis of contribution of drug deaths and pre and post COVID-19 trends.

- Maintaining the profile of the programme's work through peer review publication.

Programme 3: Sustainable inclusive places

Aims of the programme

39. This programme's work supports partners to plan and deliver action to allow Glasgow to recover, inclusively and sustainably to become a resilient city. It achieves this through evidence, evaluation and engagement with partners and communities to support policies, partnerships and practice that promote fair and equitable access to healthy and sustainable environments.

40. Key networks through which this work seeks to achieve influence and change include the Sustainable Glasgow Board, the Place Standard Alliance, the Clyde Gateway Population Health Working Group, Public Heath Scotland's Social System and Recovery Groups (Transport) and the Glasgow Food Policy Network Partnership. It will also utilise formal links between the Centre and the Social Recovery Taskforce and Public Health Oversight Board.

Programme 3 key projects and deliverables

41. Key pieces of work within the programme supporting this programme's aims include:

- *The impact of COVID-19 in relation to place:* Dissemination of a recent paper describing the impact of COVID-19 for Glasgow's population in relation to place and environmental factors through GCC Social Recovery Task Force and other place-focused groups to inform a sustainable and inclusive recovery.

- *Food system change: Glasgow City Food Plan:* The draft Glasgow City Food Plan, underpinned by the core values of health, equity and sustainability, went to public consultation in September 2020. Now the consultation has closed work will continue to finalise, approve and launch the Glasgow City Food Plan with commitment to support delivery through the Public Health Oversight Board and community planning partners.

- *Active Travel:* Measuring transport volumes and modes: Working with the Urban Big Data Centre and Glasgow City Council to develop methodologies and capacity to measure changes in transport volumes and modes. The work encompasses monitoring of automatic cycle and pedestrian counts; capture of CCTV images and use of machine learning to count pedestrians and motor vehicles in over 40 locations across Glasgow. It will produce evidence on the impact of new infrastructure use and the longer-term impact of behavioural change during and post lockdown.

- *Community engagement:* Engage Forum. A digital engagement forum with #UoFGEngage to provide a continuing, interdisciplinary space for learning, collaboration and community building within University of Glasgow, GCPH and our community partners. A series of events will focus on collaborative activity spanning social science, arts and humanities research with community partners, centring lived experience. In showcase numerous examples of collaborations which value community expertise and share power the Forum intends to support partners to develop new responses to shape the delivery of the Build Back Fairer agenda.

- COP26: small grant project: In 2020/21 a small grants programme was developed targeted at organisations working with children and young people to explore ideas on

the climate emergency. The works intention is to ensure a widening perspective on the climate emergency and to support the climate justice and community empowerment ambitions of the Climate Emergency Implementation Plan.

Success will be demonstrated through our being able to describe influence and impact in relation to the following outcomes:

- City commitment to and adoption of the City Food Plan.

- An increased commitment to and delivery of active travel infrastructure and high-quality liveable neighbourhoods with easy access to jobs, services, greenspace and cultural activities.

- Evidence of increased recognition of the importance of the climate emergency to health by our city partners and a commitment to radical action.

- Evidence of widespread, high quality engagement with communities of place, interest and identity in the development of the city's plans for recovery and renewal.

Programme 4: Innovative approaches to improving outcomes

Aims of the programme

42. This programme focusses on new approaches to improving health outcomes to support the recognised need to shift resources towards prevention, community-led approaches and utilising community and individual assets in decision making and delivery of services. The objectives of the programme are consistent in keeping with NHSGGC's ten-year Public Health Strategy to work as an enabler to empower communities in co-producing outcomes, to involve diverse communities and build social capital. The work also informs action within the key principle of 'communities and collective endeavour' as proposed within the Scottish Government's Social Renewal Advisory Board recommendations of empowering communities.

Programme 4 key projects and deliverables

43. In relation to post COVID-19 renewal, the following key pieces of work will be priorities:

- *Understanding and implementing the health dimensions of Inclusive Growth.* This partnership with Glasgow City Council's Economic Development team has developed an action plan with key city-level actions, to ensure the health and wellbeing gains of the city's growth strategy are maximised, grounded in a shared understanding between health and economic development colleagues of the relationship between economic and health outcomes (for example between wellbeing and productivity). Key co-production activity concluded in the early part of the year with focusses on procurement and community wealth building gaining traction amongst stakeholders in Glasgow and the wider city region.

- *Supporting the city's Social Recovery Task Force* through the development of approaches grounded in participatory budgeting, principles and practice. A new post has been created and two of the GCPH team are represented on the Academic Support Group developing an approach to align activity across 12 workstreams to address shared city ambitions. This has led to the development of a suite of COVID-19 'micro briefings' designed to support Task Force partners in making evidence

informed decision-making in relation to the impacts of the pandemic on communities and population sub-groups.

- *CommonHealth Assets*: a realist evaluation of how community led organisations impact on health. This NIHR funded multi-partner, UK wide project (led by the Yunus Centre, Glasgow Caledonian University) will evaluate how community organisations' use of assets-based approaches improves health and wellbeing. This includes economic evaluation and learning for scalability and sustainability.

- *Race and Racialisation in Public Health data, workforce and priority setting*. This work builds on the GCPH event and subsequent Board paper 'Racism and racialisation as fundamental determinants of health inequality'. Given the projected increase in ethnic diversity of Glasgow in future and evidence of the disproportionate impact of COVID-19, we will develop approaches to address racial underrepresentation in both public health data and in decision-making roles within the senior workforce. A new GCPH post, representation on a reformed Scottish Minority Ethnic Health Research Strategy Group and planned events are designed to escalate the issue on health agendas nationally.

Success will be demonstrated through our being able to describe influence and impact in relation to the following outcomes:

- Evidence of further development, adoption and/or implementation of economic action to address underlying drivers within the city or city regions economic recovery plans.

- The production and use of a series of 'micro-briefings' to support post COVID-19 recovery in relation to a range of population groups such as disabled people, women and Black, Minority Ethnic and migrant communities. The choice of subject areas will be decided through the SRTFs Academic Advisory Group as the year progresses/

- Progress on the three-year NIHR CommonHealth Assets project including GCPH's establishment and delivery of activity to support the public and patient involvement (PPI) dimensions.

- The progression of a new work plan and delivery of one city wide or national event to raise the profile of racialised inequalities in public health data, workforce and priority setting.

Communications

Aim and Purpose

44. Our communications function promotes the ongoing development of the Centre's knowledge exchange and translation role to support action to improve health and reduce inequalities. It builds on our established reputation for high quality and accessible communications and the Centre providing a space for researchers, policymakers, practitioners and communities to come together to interpret, understand and develop responses to improve population health outcomes. The communications work plan is developed on an annual basis to support programme work plans but also responds within year to opportunities and developments. Longer term, it seeks to continually evolve our communications and network activity, growing the size and diversity of our network and adapting outputs to improve their effectiveness in supporting end user responses. Key areas of adaptation for the coming year relate to: adapting and learning from the disruption of COVID-19 on some of our existing communications practices; positioning our

messaging and outputs within broader recovery agendas and; developing our communications practices to take account of inequalities and to increase the diversity of perspectives brought into productive engagement.

45. Over the last 12 months our communications have been required to adapt to maintain their reach and influence, particularly through the impact of pandemic restrictions on our tried, tested and successful events and face-to-face engagement activities. Furthermore, there has been a narrowing of opportunity to communicate beyond the urgent and immediate impacts of the pandemic. For the coming year, we will focus communicating our learning in a manner aligned to supporting the headline priorities within this work plan of supporting social, economic and environmental recovery and renewal. Within this parameter, our messaging will highlight implications for addressing the underlying determinants of health inequality consistent with learning across our programmes. A priority for the communications team is to ensure concise and accessible summaries are available with actions and recommendations for policy and practice forefront.

46. We use four main channels to communicate our work: *publications; events and face-to-face engagement; digital; and media*. The core activities within each of these for 2021-22 are outlined below, alongside some in-development projects and additional priorities.

Publications

47. A broad range of publications that meet different audience needs are produced annually. These include full research reports, syntheses, briefing papers, policy briefings, research summaries, responses to consultations and calls for evidence, and journal articles. These are determined by programme workplans and supported by the communications team in terms of an established rigorous proofing and editing process, design, publication, dissemination and promotion. In response to the wider context and partner challenges, a priority for 2021-22 is the production of short, concise and easily digestible outputs with a focus on evidence, insight and actions and relevance for recovery. Over 2021-22, we will also review how to ensure our publications are accessible and valuable to a broad and diverse range of partners.

Events

48. Despite the ongoing restrictions on in-person engagement, our events continue to be one of the main ways to achieve our objective of providing opportunities for two-way engagement and knowledge exchange. It is important that our events, albeit being offered online only for the foreseeable future, continue to have a broad appeal to our diverse network of practitioners, policymakers, researchers and citizens to ensure our public health and inequalities expertise is brought together with experts in other disciplines and topics to yield new insights. An additional priority relating to our events is to innovate in our engagement methodologies and formats, broadening the range of perspectives we are conversing and engaging with. This supports the communications objectives to encourage wide participation in our events and increase awareness of the Centre (through growing the size and diversity of our network).

49. The move to digital engagement has brought with it both opportunities and challenges. Over the year ahead we will explore how to capitalise on some of the opportunities while minimising or mitigating against some of the challenges and disadvantages of this type of engagement with a focus on longer-term learning and implications.

Digital

50. Our digital communications encompass a range of online and digital platforms and resources to share our work. This includes our three websites (GCPH; Understanding Glasgow; and GoWell); our social media channels (Twitter, Facebook); our audio and visual channels (YouTube and PodBean/Spotify); the GCPH bi-monthly newsletter; and our use and sharing of infographics, podcasts, animations and films. A core part of our digital engagement over the year ahead will be the day-to-day management and development of these channels and tools. There are two key priorities during 2021-22. The first is to expand our digital resources to communicate key messages via the spoken word through producing in-house audio recordings, short talking-heads from team members and animations. The second is the migration of the GCPH website to a new content management system (CMS).

Media

51. Over recent years, the changing media landscape has brought a new challenge in finding the right outlets for our stories, particularly where we wish to develop the public discourse around an issue. Over the past year, we have seen the news dominated by coverage of COVID-19 and the emergency situation and response. However, this has also brought increased attention to and coverage of the underlying societal, systemic and structural issues that made particular population groups vulnerable to both the virus itself and the disease containment policies. We will seek to utilise this context to gain coverage of our longstanding work on the social determinants of health and inequality.

52. An important component of our media management is to ensure that partner organisations are aware of media interest and potential coverage in advance, particularly for any sensitive or contentious issues. This is an important aspect of our risk and reputation management.

Communications key projects and deliverables

53. Key pieces of work to support the communications aim include:

- Production, dissemination and promotion of a range of publications as detailed in programme workplans and across key public health issues.

- Migration of GCPH website to new Content Management System (CMS).

- Consultation and engagement exercise on the future development of the Understanding Glasgow website and development of project specification for its migration to new CMS.

- Body of outputs and activities supporting and broadening the understanding of health inequalities in the context of COVID-19 and longer-term trends in mortality and life expectancy.

- Pending the uncertain situation around social distancing, developing and delivering a calendar of events throughout the year. This includes Seminar Series 17 to run until spring 2021; Seminar Series 18 to commence in Autumn 2021; smaller topic-specific workshops and seminars; and the establishment of two new event types – a mini learning series; and 'community conversations'. These support an ambition to broaden and enhance the range of perspectives with whom we engage.

- Achieve closer alignment of our communications function with the principles and practice of community engagement and empowerment so as to embed actions to address underlying causes of inequality, particularly in relation to power and 'voice', within our practice.

- An external review of our communications function to shape future direction and evolution. This should include analysis of strengths and weakness, gaps in our strategy and network and recommendations for continual improvement and its monitoring.

Success will be demonstrated through our being able to describe influence and impact in relation to the following outcomes:

- The maintenance of our position as a credible source of high-quality outputs to engage end-users in the translation of learning into policy and practice. This will include the publication of reports (examples include reports on updated trends in inequalities over a 20-year period, comparative international mortality trends), media such as animations and blogs and at least two keynote seminars led by experts of international standing.

- Having maintained the effectiveness and growth of our communications channels and the underpinning web infrastructure to safeguard our current position and accommodate future growth.

- Having a network that has grown in diversity, engages with our outputs and activity and demonstrates a widening of perspectives in the conversation around health inequalities within recovery and renewal.

- Whilst being able to evidence the effectiveness and reach of our communications, we will have reviewed metrics as part of an external communications review.

Resources

54. The work plan will be delivered against an anticipated core Scottish Government contribution of £1.25m. Income generation from other sources for dedicated pieces of work is confirmed at £100,000 with an additional same amount anticipated within year from new work. Core funding supports a core staff team of 20.3 FTE. This is reduced from previous years given some key posts remaining vacant at the current time. These include the Director post (0.4 FTE), a consultant in Public Health (0.4 FTE) and research assistant post (1 FTE). As pandemic disruptions to services allow, we will seek to fill these posts within year. There is also a Senior Research Specialist post to be backfilled following an acting-up arrangement.

55. The existing GCPH structure includes a Director (0.4.FTE) and full time (acting) Associate Director, eight programme managers (including two 'acting' arrangements), seven research specialists and two community engagement specialists. Our Communications and Administrative function comprises an FTE of seven. For the first quarter of the year at least, a member of the Communications team is seconded to Test and Protect.

Risks to delivery

56. The delivery of this work plan rests on the provision of a stable staff team, the continuance of the strong national and local partnership that underpins GCPH and the work maintaining a profile as being relevant, influential and adding value. We believe that this work plan offers that profile for the Centre in the coming year.

57. Staff stability has historically been a strong point with iMatter (NHSGGC) staff surveys indicating the team believe GCPH provides positive work experience. Secondments related to COVID-19 response have seen opportunities for development for some of the team not traditionally afforded internal research-orientated promotion routes. A focus on COVID-19 emergency responses did present a risk to the value attached to GCPH's characteristic longer-term perspective on the patterning of health outcomes. However, we believe the approach outlined in this work plan of supporting social, economic and environmentally sustainable recovery as a means to addressing long-standing and underlying heath determinants positions the Centre effectively and influentially in the landscape of COVID-19 recovery.

58. The submission of this work plan marks the passing of the first year of temporary leadership arrangements for the Centre. It will be important that the Centre's position and areas of continuing and developing influence are taken into account when addressing the leadership structure for GCPH going forward. Such a conversation should also take into account the issues of the Centre's funding longer-term, core and additional, within the context of evolving relationships between the Health Board and Local Authority partners.

GCPH
February 2021

Section 2. 2021-22 'At a Glance' table

PROGRAMME	AREA OF FOCUS	Output for 2021-22	
Action on inequality across the lifecourse	Understanding and mitigating child poverty	Delivery of new Health in Glasgow report with commentary on poverty and deprivation trends (May 2021)	Core
		Citizen jury report and knowledge transfer (June 2021)	Core
	Children's Neighbourhoods Scotland	Delivery of annual, quarterly and local reports	Core
		Local Coordinator work plans agreed and progressing- ongoing	Core
		Evidence of activity to integrate learning in local and national recovery activity- ongoing	Core
	Young people's transitions	First draft of report (September 2021)	Core
	Universal Credit, welfare and prevention of homelessness	Universal Credit/ RSL report delivered to advisory group Spring 2022	Core
		Support for PRS tenants, decision to progress made September 2021	Core
	Developing new pathways between primary care and specialist mental health services	Literature review on ideas from elsewhere (June 2021)	Core
		Development sessions with practitioners (April – September 2021)	Core
		Reporting Winter 2022	Core
Understanding health, health inequalities and their determinants	Understanding Glasgow	Website development and maintenance	Core
	Health in Glasgow report	Publication (May 2021)	Core
	Life expectancy trends	Update three cities mortality and deprivation analysis. Publication July 2021	Core
		Analysis of Healthy Life Expectancy in Scotland and UK. Peer review paper submitted by December 2021	Core
		Animation development	Core
	National and international analysis	Life expectancy, housing, poverty and population trends in Glasgow	Core
	Public health strategy	Development of monitoring framework (ongoing)	Core
	Health inequalities	Modelling effects of income tax and social security benefits. Peer review to be submitted June 2021	Core
		Understanding health benefits of active commuting (paper Autumn 2021)	Core
Sustainable inclusive places	Sustainable travel and transport	Monitoring trends in Active Travel. Journal paper submitted Spring 2021	
		Modelling of cycling casualty data	In Dev't
		Cycling World Champions evaluation	In Dev't
	Healthy Urban Environments	Health Foundation Place Standard work	Core
		Glasgow Riverside Innovation District and Glasgow City Region Deal community research and facilitation	In Dev't

	Sustainable food	Glasgow Food Policy Partnership and development of Glasgow City Food Plan	Core
		Sustainable Food Places Bronze award application	Core
		Evaluation of community food nurturing programme with families of pre-school children in Glasgow	Core
	Community Engagement and Empowerment	Build capacity within GCPH	Core
		Support application and delivery of CEE across GCPH programmes and in place-based projects	Core
	Climate emergency, adaptation and resilience	Small grants scheme	Core
		Synthesise GCPH work relating to climate change	In Dev't
Innovative approaches to improving outcomes	Promoting Community based participation	Model development conceptualising barriers to access and participation for disabled people	Core
		Community approaches that mobilise people as assets	Core
		Embedding asset-based approaches	Core
	Social renewal	Support to the GCC Social Renewal Taskforce through micro briefings	Core
	Volunteering and participation	Literature review on community participation in alleviating social isolation/loneliness	Core
		SRTF micro briefing on participation and volunteering	Core
	Participatory budgeting	Support to GCC PB mainstreaming	Core
		Evaluation of GCC Parks and Greenspace PB initiative	In Dev't
	Racialisation in Public Health	New GCPH post to work across PH system	Core
	Health and Inclusive growth in Glasgow City Region	Supporting the health and wellbeing opportunities of the City Region's economic development strategies	Core
		Support community wealth building (CWB) approaches across City Region	Core
		Funding bid for Health Foundation's Economies for Healthier Lives Fund	In Dev't

Section 3. Programme work plan table 2021-22

Workplan 2021-22

Programme 1: Action on inequality across the life course

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
Understanding and mitigating child poverty	Monitoring, advising, and influencing the development of child poverty delivery plans across NHSGGC, local authorities and HSCPs.	JE, LN, BW. KT	CORE	A new report on health in Glasgow will be published in May 2021 (KT, BW) and work will continue to use existing and emerging evidence from across the programme and Centre to inform networks of policy and action.	The health in Glasgow report will include a commentary on poverty and deprivation trends. The child poverty indicators on Understanding Glasgow will also continue to be updated and other potential indicators assessed. A child poverty map of Glasgow which will both be important resources for informing future action. Members of the team also continue to attend meetings of the NHSGGC Child Poverty Leads Action and co-ordinating network, the Glasgow City Challenge Child Poverty partnership to share information informing the decision made by these groups. Other key forums include the Welfare Advice and Health Partnerships, Scottish Advisory Group (if re-established after pandemic-related suspension).
	A secure future for families and children: Citizen Jury.	PS, CT	CORE	Report and dissemination in Spring 2021.	GCPH have commissioned Child Poverty Action Group to run a Citizens Jury exploring with a sample of the working age population: • public understanding and perceptions of the role of social protection in improving health and wellbeing and reducing inequality • guidance on the framing of communication on actions deliverable through social protection to support population heath gains

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
					reflections and recommendations on the use of Citizen's Jury model as a means of promoting democratic participation. A dissemination plan will be developed with CPAG on maximising the impact these findings with key decision makers.
Children's Neighbourhood Scotland	Governance of workstreams, and programme reporting.	JM, PS	CORE	CNS annual report (April 2021). Quarterly reports to Scottish Government. Annual report to the Public Health Oversight Board and quarterly reporting to Glasgow governance group. Governance support for 6 weekly senior management team meetings.	This GCPH/ UofG partnership programme makes an important contribution in developing responses to enhance life chances for young people in areas of deprivation through utilising existing and building new community assets in six sites. The work reports to Scottish Government over its six sites and to a Glasgow governance group for the three Glasgow sites part funded by Community Planning. These reporting mechanisms represent a key means of sharing practice, scaling learning, and ensuring the work progresses in a manner practical and applicable to city and national funders. The works reporting relationship with the Public Health Oversight Board provides timely and actionable public heath intelligence to support the local authority's role in reducing inequality.
	Workplan development and management of delivery with local coordinators within and across six sites.	JM	CORE	Work plans by April 2021 and managing delivery across year.	With local coordinators in place, work plans are being developed for each to work in a manner reflecting the priorities of and context of the area in which they are based. A local coordinator network to share learning and practice across sites has been established.
	Communication of programme learning.	JM	CORE	Round table events starting Spring 2021. Peer review publications to be produced (Winter 2022).	In 2020-12 a responsive COVID-19 research programme was undertaken. Now these outputs have been published, the programme team will hold a series of roundtable events to disseminate and interpret implications for policy and practice.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
					The data and learning form the research reports will be reframed and for academic peer review. Responsive reports and publications as findings emerge.
Young people and transitions to adulthood	Qualitative research with young people and expert advisors to understand and develop responses to challenges for young people making the transitions to adulthood.	LN, JE, CT	CORE	• Advisory group meetings every two months. • Submission of ethics by April 2021. • Commencement data collection (focus groups COVID restrictions allowing or one-to one telephone interviews) May 2021. • Data analysis by July 2021. • First draft of report September 2021, final report by October 2021. • Dissemination and influencing strategy (October to December 2021).	Exploring with young people supporting factors and barriers in transitioning adult independence. This work informs national and local ambitions to improve opportunity for young people by aligning young people's aspirations with practice and assessing fit and accessibility of existing services from young people's perspective. An expert advisory group will assist with the framing of the research and interpretation of findings for action focussed recommendations and next steps. Key themes informed by the advisory group include: • What supports are available, known about and accessible to young people and do these services match their needs? • What systems and sources of information can be put in place to ensure broad and inclusive awareness of existing supports? • Who and what are the influencers in young people's lives? • Aspirations their expectations of how and whether they will be being achieved. • How valued are the existing supports (such as Young Person's Guarantee and Kickstart). • Impact of contraction of usual support services such as youth groups. To be completed within the first half the year, the findings will be disseminated and interpreted further through existing Youth forums as guided by the advisory group.
Universal Credit, welfare and prevention	Evaluation of Glasgow City Council and Registered Social Landlords project to	JE, LN, KT	CORE	• Phase 1: interviews with partners and stakeholders (managers) to be completed by April 2021.	This work will support Glasgow City Council develop preventative approaches to homelessness and supporting

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
of homelessness	prevent homelessness through supporting. transition to secure tenancy.			• Phase 2: interviews with (operational staff) commencing March 2021. • Phase 3: Interviews with tenants involved in the pilot beginning before Autumn 2021. • Findings presented to advisory group Spring 2022.	sustainability of tenancy for groups with additional vulnerability in the context of welfare reform. A pilot between GCC and four Registered Social Landlords has been developed implemented to test a method of fast-tracking people from temporary accommodation into secure tenancies through additional support and preventing potential for debt during the transition. GCPH is conducting an evaluation of the pilot with all partners and stakeholders and tenants themselves. Qualitative interviews with service managers (phase 1) are underway to produce data on the effectiveness of the intervention and implications for capacity and sustainability. Interviews with service users will assess the impact of the pilot on security of tenancy, relationships with service providers (DWP, Landlords, case -work teams, Turning Point FHOSS workers and others) to support decisions around sustainability scalability. Throughout 2021, phase two will involve undertaking online group discussions with frontline staff from the four RSLs, FHOSS – commencing March 2021. Phase, 3, interviews with tenants will represent the final stage of data collection to assess impact from their perspective. The advisory group established before COVID-19 wave 1 will be reconvened to support the project development and subsequent learning within the wider context of COVID-19 restrictions, changing response to homelessness, increased UC uptake and furlough.
	Support for Private Rented Sector (PRS) tenants to sustain tenancy.		IN DEVELOPMENT	• Make decision with GGC PRS about whether	Evaluation an initiative instigated by PRS team at GCC supporting people living in PRS affected by welfare reforms with objective of preventing homelessness. This work plans to evaluate the initiative through analysis of secondary data

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
				progresses by September 2021. • Scope research plan and resource implications if going ahead.	from PRS team to assess outcomes of the initiative, production of case studies, interviews with PRS Hub team and other delivery partners. This work was one three UC projects postponed in the wake of COVID-19 in the previous year. We anticipate being able to decide about this work in the coming year.
Mental health	Developing new pathways between Primary Care, Specialist Mental Health services.	PS, KT, LN	CORE	• Delivery of literature review - June 2021. • Finalising of evaluation protocol June 2021. • Support for developmental session April - September 2021. • Reporting - Winter 2022.	A collaboration between GCPH and NHSGGC Mental health Services this provides developmental and evaluative support to a new intervention to address service demand for specialist MH services via Primary Care referral. Work consists of a literature review of promising ideas form elsewhere, factors shaping the shape service responses and supporting an evaluation of the tests of change pilots. The pilots plan to strengthen the links between primary care and mental health services in order to develop clearer patient pathways. The literature review focuses on the concept of candidacy and on identifying good practice examples of mental health/wellbeing work. This will include working with FMR Research, who produced a 2020 report on distress and psychological trauma. The literature is being used to inform the development of tests of change within GP services, the evaluation of which we will also support. The timing of that work depends on the development of the tests of change. Meetings to decide where the pilots will be carried out are ongoing, and we are attending these.
	Evaluation of Sistema Scotland.	CH	CORE	The impacts of Big Noise participation on educational attainment and post-school destinations.	The evaluation is at an important juncture as the primarily qualitative methods of Phase 1 (2013 to 2018) are now concluded. Phase 2 of the evaluation began in 2020 and involves quantitative participant outcome analysis. Phase 2 will be led by the GCPH over 2021/22 in collaboration with a

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
				Statistical analysis report due summer 2021.	range of local and national stakeholders and a refreshed senior evaluation advisory group chaired by Audit Scotland. Further dissemination of key evaluation findings are planned over 2021/22 including a briefing paper concerning the characteristics of a mentoring relationship between disadvantaged children and young person and a trusted adult. This paper will be developed in collaboration with a newly established evaluation role within Sistema Scotland.
	Public health impacts of gambling.	CH, DW, JE	IN DEVELOPMENT	The planned briefing paper is likely to be translated into a micro briefing exploring the impacts of the pandemic on problem gambling this is planned for April/May 2021. GCPH input to Whole Systems Approach (WSA) to tackling gambling-related harm within Glasgow City, led by SCOTPHN. GCPH is contributing to three strands of the work: • management group • evaluation group • community engagement group.	This micro briefing paper is designed to introduce the public health impacts of gambling and its complex interaction with socioeconomic disadvantage, low income and debt. The literature reviewed in the micro briefing will also examine the impact of the pandemic on problem gambling and discuss the implications for social and economic recovery policy and practice. GCPH are in conversation the WSA team to determine an effective contribution.
National and local groups	1.Welfare Advice and Health Partnerships (WAHP) Scottish Advisory Group. 2.Scottish Welfare Reform and Health	JE JE	Ongoing Ongoing		

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
	Impact Delivery Group (HIDG).				
	3.Child Poverty Groups: Glasgow City Challenge Child Poverty Partnership; NHSGGC Child Poverty Leads Action Co-ordinating Network.	LN	Ongoing		
	4.NHS GGC planning groups: Financial Inclusion; Employment and Health; *Public Health and Housing; **Mental Health prevention (Prevention, Early Intervention and Health Improvement (Adult Mental Health strategy).	FC	Ongoing with plans to review.

Ongoing | | 4.* Public Health and Housing is a short-term working group: GCPH planned outputs on welfare and housing support and the recent Tenant participation in the private rented sector report will feed into the group. ** 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 poverty) and self-harm / suicide prevention. The planned social determinants of mental health work will report into this group. |
| | 5.Cost of the School Day (CoSD) Steering group - Glasgow City. | LN | Temporarily suspended. | | 5. Focus remains on expanding CoSD to other schools across the school's estate and providing training and raising awareness using the established toolkit. Currently expansion has begun within Scotland (Moray) and in England and Wales. Work is being progressed by CPAG UK. |
| | 6.Children's Well-being and Mental Health Strategic Group of the Glasgow Children's | LN | | | |

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
	Executive Group (SMYLE).				
	7. Poverty Leadership Panel.	PS/LN			

Workplan 2021-22

Programme 2: Understanding health inequalities and their determinants

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
Understanding Glasgow: the Glasgow indicators project	Maintenance and development of health and wellbeing indicators for Glasgow.	BW,KT,MY, KMcL, SF	CORE	Updating UG is an on-going process through the year: 1. In-year updates of key indicators (of health, population, poverty, environment and transport) as new data are released. 2. Addition of children's mental health report card (MY). 3. Addition of local life expectancy trends for Glasgow by neighbourhood and deprivation decile (BW). 4. Consultation internally and with external partners on future content of Understanding Glasgow website.	Developing and updating the content of Understanding Glasgow (dependent on support from external partners and staff resources within Centre). Responses to students and others who contact the UG website, which can involve providing data, links and/or interviews. The Understanding Glasgow website will be migrated to a new Content management System (CMS) this year. Accompanying this process, we will undertake a consultation on the future direction and content of the website with partners.
Excess mortality research programme	1. Updating three-city mortality and deprivation analysis. 2. Understanding differences in the experience of poverty and deprivation	DW (1 & 2), KT (2)	CORE	1. Analyses complete by end February 2021; journal paper submitted by early summer 2021. 2. Report/paper (with recommendations for	1. Update of original three-city (Glasgow, Liverpool and Manchester) mortality and deprivation analyses. Analyses being undertaken by PHS analyst (Lauren Schofield); payment will have been made prior to start of new 2021/22 year, no further financial resource implications.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
	between Scotland and England.			future work) by end of 2022.	2. Scoping work aimed at understanding what is already known about the theory and measurement of poverty, deprivation and inequality across different markers of socioeconomic position and intersectionality. It is hoped is that this will inform possible future research aimed at measuring, and comparing, previously uncaptured aspects of the experience of deprivation in Scotland (Glasgow) and England (Liverpool, Manchester).
Understanding changing life expectancy (LE)/ mortality trends in Scotland and the UK	1. Mortality Special Interest Group (SIG). 2. Updating (to end 2019), and further analysing, previously published mortality trends for Scotland and Scottish cities. 3. Systematic review of austerity & mortality. 4. Analyses of healthy life expectancy (HLE) in Scotland and UK. 5. Exploring role of obesity in changing mortality trends.	DW (1-7), BW (2), JC (6)	1-6: CORE 7: IN DEVELOPMENT	1. Ongoing throughout the year; report from group summarising all relevant evidence is also expected during the year. 2. Internal (for group) paper by April 2021; possible journal paper(s) thereafter. GCPH report on all trends by autumn 2021. 3. Completed and written up by autumn 2021. 4. Journal (short) paper by December 2021.	1. Jointly leading/chairing (with PHS) multi-partner (e.g. SG, PHS, NRS, different NHS boards) group aimed at better understanding changing ('stalling' or worsening) LE/mortality trends. Oversees several different projects, some of which are also included here. 2. Includes: updating key trends; exploring gender dimension of results; undertaking some decomposition analyses (e.g. to understand impact of drugs deaths on worsening premature mortality rates); establishing the pre-COVID 'position' of mortality rates and inequalities. With BW and PHS colleagues. 3. Participating in systematic review of the international evidence of the impact of 'austerity'-related policies on mortality. With Phil Broadbent (NHSD&G and UofG) and Gerry McCartney (PHS). Also

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
	6. Helping development of effective comms strategy relating to all this work. 7. Scoping possible new analyses of austerity and mortality/LE across UK local authority areas (TBC).			5. Journal (short) paper by December 2021. 6. Ongoing throughout the year as work develops. 7. TBC, proposal developed by summer 2021.	supervising this as an MPH project at UofG. 4. Undertaking analyses of HLE trends for Scotland and other parts of UK pre- and post-implementation of UK Government 'austerity' policies. With PHS (Grant Wyper, Gerry McCartney). 5. Exploring use of the 'IMPACT' modelling tool to assess relevance of obesity to changing IHD mortality trends. With NHSGGC (Katy Levin) and other colleagues. 6. Supporting GCPH and PHS comms colleagues in dissemination activities including, in particular, development of an animation for website. 7. Development of protocol to analyse the impact of public spending cuts at local authority level on changing mortality rates (TBC).
National and international mortality analyses	1. Life expectancy, housing, poverty and population trends within Glasgow. 2. Mortality analyses: age, period and cohort effects analyses. 3. Analyses of poverty and mortality in USA.	BW (1, 2, 4), DW (2-4) MY, KT (1)	1-3: CORE 4: IN DEVELOPMENT - under discussion	1. Analysis will be completed in early 2021. A report is likely to be published in May 2021 (after the Scottish parliamentary elections). 2. Publication of journal paper by summer 2021. 3. Publication of journal paper by summer 2021.	1. This report will provide updated life expectancy trends by deprivation and neighbourhood within Glasgow. It will also cover trends in population, housing, poverty, transport, mental health and key environmental indicators for the city. 2. Publication of journal paper comparing mortality from alcohol-related causes, drug-related causes, and suicide between birth cohorts in Scotland (and Scottish cities including Glasgow) and England (and English cities). With PHS colleagues

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
	4. Update of comparative international mortality trends (i.e. the Sick man of Europe report).			4. Report and potential academic paper (March 2021).	(Debs Shipton, Jon Minton, Gerry McCartney). 3. Publication of analyses (completed by Welcome Wami) and mapping (by Ben Hennig, University of Oxford). With MRC-SPHSU (Ruth Dundas), PHS (GM), Boston University (Sandro Galea, Laura Sampson), and University of Oxford (Danny Dorling, Ben Hennig). 4. Planning for this work anticipates the timing and access to relevant population and mortality data. to update previous analysis of Scottish mortality trends compared to other Western European countries, with sub-analysis by age, gender and disease category. This would be a 10-year update and therefore a pertinent time to assess progress and new challenges. The analysis and focus will be discussed with Gerry McCartney (PHS). A decision to progress this work will be influenced by the dynamics of the COVID pandemic in 2021/22.
Public health strategy	Development of monitoring framework for NHS GGC's Public Health Strategy.	BW, DW	CORE	1. Input to be provided where required. (NB the group has not met since the start of the pandemic). 2. Support for a local Police Public Health Strategy	1. BW to engage with the NHSGGC public health intelligence partnership chaired by Daniel Carter. This group will be taking a wide look at the requirements for PH intelligence including for monitoring the Public Health Strategy. 2. Advice has been given to the Greater Glasgow Division of Police Scotland who

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
					are developing a public health strategy. Further work may develop from this.
Health inequalities and their determinants	1. 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. 2. Understanding the health benefits of active commuting. 3. Systematic review of socio-economic inequalities in mortality. 4. Public understandings of health inequalities project. 5. Gambling harms.	DW (1-5), BW (2)	1-3: CORE 4-5: IN DEVELOPMEMT - under discussion	1. Journal paper submitted by summer 2021. 2. Journal paper by autumn 2021. 3. TBC. Currently delayed by partners. 4. Awaiting commitment from key partner. 5. TBC.	1. With PHS colleagues (Liz Richardson, Debs Shipton and others), we have used the NHSHS 'Triple I' tool to examine these two sets of issues. While analyses were all complete written up, publication was blocked by new management at PHS. Analyses will now be redone using pre-May 2021 election proposed income tax changes and submitted after the election. 2. Linking to Programme 3, to assess the health benefits (including impacts on mortality and hospitalisation rates), and resulting policy implications, of active commuting in Scotland compared to elsewhere in the UK. This is using the Scottish Longitudinal Study with colleagues from MRC-SPHSU (Catherine Friel; and Ruth Dundas) and University of Edinburgh (Graham Baker, Chris Dibben, Zhiqiang Feng, Paul Kelly). 3. Contribution to various aspects of the project (including write-up). However, this is led by PHS (GM) and MRC-SPHSU (Vittal Katikireddi) (with others also involved: University of Oxford (Aaron Reeves)) and has been delayed. 4. University of Strathclyde-led project. Commitment to advisory meetings. 5. Working with colleagues in ScotPHN and PHS to establish a programme of work

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
					aimed at routinely measuring and exploring prevalence of gambling harms in the Scottish population.
National and local groups	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 Secondary School Children's HWB survey. 5. Scottish Migrant and Ethnic Health Research Group. 6. Economic Intelligence Support Group (EISG).	DW (1, 2, 5) BW (1-4, 6)	CORE	Timing and format of PHINS seminar to be agreed later in 2021.	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. Attendance at meetings every 2 months. Alerting group to new health, social and environmental data and evidence and linking in with VMcN's role working on an inclusive and sustainable economy (see Programme 4 for details).

Workplan 2021-22

Programme 3: Sustainable inclusive places

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
Sustainable transport and travel	Collaborative research to evaluate the health, transport and environmental impacts of major changes to Glasgow's transport infrastructure.	BW (1-3), KM (3) [JM, CT] (1)	IN DEVELOPMENT	1. As a collaborator on university bids to undertake new research on sustainable transport infrastructure and its impacts. 2. Working with UBDC and GCC to develop methodologies and capacity to measures changes in transport volumes and modes on Glasgow's avenues. 3. Development of an inventory of new sustainable transport infrastructure in Glasgow (KM, BW).	1. A previous NIHR bid to evaluate the health and air quality impacts of the Avenues programme and Glasgow's LEZ was ultimately unsuccessful. A further research bid to the Nuffield Institute focussing on broadly the same programmes is being developed by UBDC with support from GCPH and the MRC unit at University of Glasgow. It is hoped that an opportunity to bid for research funds will arise in the first half of 2021. 2. This work progressed and expanded during the pandemic from March 2020 onwards - in part as a way of assessing adherence to social distancing rules - encompassing monitoring of automatic cycle and pedestrian counts; capture of CCTV images and use of machine learning to count pedestrians and motor vehicles in 40+ locations across Glasgow. 3. This work is to inform our understanding of planned changes in Glasgow's sustainable transport infrastructure and will be a key resource to support future research bids.
	Active commuting research.	BW	CORE	1. A journal article was submitted to *Transport and Health* in Sept 2020 but is still under review (awaiting a 2nd reviewer). 2. A more detailed GCPH report will be	Analysis of Census travel to work/study trends from 2001 and 2011, which incorporates an analysis of the health economic value of walking and cycling commutes in Scotland and an estimate of the contribution that walking and cycling commuting journeys make to achieving the guidelines for physical activity. Would aim to disseminate results widely once paper and report published. Will consider repeating analysis with 2021 Census data in due course.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
				published after the journal article (spring – autumn 2021).	
	Monitoring active travel trends.	BW, MY, LG	CORE BW (1-2) MY (1) LG (2)	1. A forthcoming GCPH report, *Health in a changing city*, will include a summary of transport related trends and key environmental indicators (May 2021). 2. A journal paper on cycling trends in Scotland during the COVID-19 pandemic is in draft and should be submitted in the spring of 2021.	Part of on-going work to monitor active travel trends including casualties, and a broad range of transport and environmental trends (via Understanding Glasgow). Developing out of the collaboration between ourselves and UBDC, we undertook a detailed analysis and modelling of pedestrian and cycling trends from automatic counters across Scotland in the first 5 months of the COVID-19 pandemic (March – August 2020). (Note: due to poor data quality, the pedestrian analysis was not included in the paper).
	PHS Social and System Recovery: Transport group and Environment and Spaces group.	BW (1) RJ (2)	CORE Additional in-year work as a result of the COVID-19 pandemic.	1. The transport group has undertaken a HIA on road space reallocation and is in the process of undertaking a rapid review of evidence. 2. The Environment and Spaces group has undertaken 2 HIAs: • Management of public spaces	In 2020, BW joined 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). In 2021, the transport group is working on road-space reallocation and supporting research on 20-minute neighbourhoods, in the context of COVID-19 and the climate emergency. The Environment and Spaces group is supporting the management of outdoor spaces and conducting research on the use of outdoor space. Groups meets every 6 weeks. Published report on use of outdoor space in 1st COVID lockdown.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
				• Management of greenspace and parks. Report on use of outdoor space during the 2nd COVID lockdown to be published.	
	Sustrans active travel (AT) infrastructure groups: People for Places and Places for Everyone.	BW	CORE	Ongoing commitments 1. 4 meetings a year. 2. As above.	1. Providing health and evaluation input as a member of the Places for Everyone Steering Group (Sustrans national active travel infrastructure programme) since June 2019. 2. The Spaces for People Monitoring and Evaluation External Advisory Panel provides evaluation advice to Sustrans on the impact temporary AT infrastructure that has been implemented across Scotland during the COVID pandemic to enable social distancing and active travel.
	Modelling of cycling casualty's data.	BW, MY	IN DEVELOPMENT	1. Specify the analysis. 2. Seek to identify funds required for a statistician/analyst. 3. Identify a statistician/analyst who can undertake main analyses. 4. If all goes to plan recruit and start work in late 2021.	Exploratory work to undertake furthermore refined and detailed modelling of cycling casualties in Scotland using Stats 19 data.
	Research/evaluation of impact of UCI World Cycling Championships.	BW	IN DEVELOPMENT	5. Early stage of discussions. Funding required to support.	Lorna Graham of Glasgow Life has made an approach to discuss evaluation of the impact and legacy of the World Cycling Championships to be held in Glasgow in August 2023. No firm proposals or commitments at present.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
Healthy Urban Environments	Using the Place Standard in neighbourhoods.	RJ, GY, CT	CORE	1. To deliver Place Standard session(s) in Glasgow.	1. Assist in organisation, delivery and write-up of Place Standard session(s) alongside GCC and Thenue Housing Association. Delivery of project will depend on COVID restrictions and capacity of partner staff.
	Health and Place paper.	GY	CORE	2. To inform recovery regarding the impact of COVID on place-based factors.	2. 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 February 2021. Dissemination in 2021 through Social Recovery Taskforce and other place-focused groups.
	Glasgow Riverside Innovation District.	RJ, MC, CT	IN DEVELOPMENT	3. Support GRID (led by UofG) in a series of community engagement workshops to develop a citizen-led prosperity index.	3. Request to assist in the organisation, facilitation and data collection of community engagement workshops, and to assist with collating information, structuring and writing report. Extent of our role still under discussion.
	Glasgow City Region Deal – community influence on capital spend decisions.	CT	IN DEVELOPMENT	4. Bid submitted by PHS. If successful, SCDC will lead engagement.	4. Should the bid to the Health Foundation be successful, advisory support to PHS (Deborah Shipton) and SCDC on pragmatic considerations for bridging community development practices and public health research in the Glasgow City Region.
Sustainable Food	Supporting the Glasgow Food Policy Partnership (GFPP) and finalising the Glasgow City Food Plan.	JM, RG	CORE	1. City Food Plan finalised and launched. 2. Agreement on delivery partners/leads for actions in the City Food Plan. 3. Development of implementation plan	GCPH will continue to support and participate in the GFPP. GCPH will also continue to support and host the Sustainable Food Places (SFP) coordinator post which is employed through Glasgow Community Food Network. This postholder coordinates the GFPP and supports this work, including comms. This postholder will also develop links across Scotland with other Sustainable Food Places (including across the Glasgow City Region) developing collaborative approaches as appropriate.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
				and monitoring framework. 4. Active participation in the development of a Scottish Sustainable Food Places network.	The Glasgow City Food Plan is underpinned by the core values of health, equity and sustainability. Working with stakeholders on the project management team (GCC, Glasgow City HSCP, NHSGGC, GCFN) and GFPP members, GCPH and the Sustainable Food Places Coordinator supported and helped drive the development of this Plan in 20/21. In 21/22 this will continue, focusing on • finalising and launching the plan, potentially including an event, an animation, a micro-briefing and media engagement • establishing support and commitment to the Plan from city partner • developing an implementation plan and a monitoring framework to the plan • connecting the Plan with other developments in the City where appropriate. After the launch, GCPH and GFPP will continue to have role in advising and supporting implementation, working with partners and stakeholders, but the nature of the role is yet to be agreed.
	Sustainable Food Places (SFP) Bronze Award application.	RG, JM	CORE	Achieve Bronze Sustainable Food Places award for Glasgow.	Gathering details of all work-related work happening in Glasgow to support the city to achieve the national bronze award. This will open eligibility to further funding possibilities for food plan work.
	To pilot a whole system, community food nurturing programme with families of pre-school children in Glasgow.	GY, RJ	CORE	To develop a Theory of Change, Monitoring Framework and Evaluation Plan.	HSCP project with funding from Scottish Government £200,000. The project will combine action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
					Provide evaluation support for the project and embed links to overall City Food Plan. Ongoing throughout 2021 and 2022.
Community Engagement and Empowerment	Develop CEE knowledge, skills, confidence, and practice in academic and professional staff using transferable learning stemming from the Centre's and UofG's historical and current community engagement work.	1.MC 2.MC 3.MC, CT	CORE	1. Develop a professional CEE network across GCPH and UofG. 2. Co-produced resources and training development. 3. Development of equalities work within GCPH.	1. Building on existing relationships, continue to develop appropriate network(s) to support CEE. In 21/22 this will focus on #UoFGEngage: this digital engagement forum was launched by GCPH and UofG in February 2021 and will be hosted approx. quarterly at GCPH. This has a podcast and blog attached to it and aims to respond to colleagues' requests for ongoing, informal and interdisciplinary space for learning, collaboration and community building across UofG/GCPH and with community partners. A number of events will take place to showcase examples of collaborations which value community expertise and share power in order to influence the Build Back Fairer agenda. This will include the launch of a new 'type' of event for GCPH running alongside our Seminar Series with its own visual identity, Community conversations in April and showcase community-academic collaborations in July. 2. Working collaboratively with UofG and community stakeholders, we will develop a series of short films to help build knowledge, understanding and confidence in community engagement and empowerment in research and academic staff in GCPH and UofG. Short video content will be developed including podcasts and blogs. All this content will inform and be used in the Intro to CE and CE: A Digital Shift training developed for UofG. 3. Continuing to support the development of equalities work in GCPH through collaboration with a number of equalities-focused partners. We have established a

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
					working group and will continue to work with this group and focus on action planning, monitoring and evaluation this year. We will also work towards a chosen Charter and support racialisation post with CE component.
	Provide professional support to build community engagement into a targeted portfolio of GCPH/UofG/Social Research Hub projects.	MC	CORE	To be determined.	Co-ordinate CaCHE East End Knowledge Exchange Hub. This is currently in discussion. Potentially develop case studies from existing data gathered at last Hub meeting and consider developing the network online. Opportunistic support as required. Main project involvement has been with: Small Grants, GCFP with ad hoc support for the deprivation measurement work community engagement with the Poverty Alliance and in participatory digital tools.
	Practical application and delivery of CEE across the GCPH programmes.	CT	IN DEVELOPMENT	See individual projects for milestones.	1. Young People's transitions pilot, Programme 1 Commissioned researchers progressing ethics application & including digital options for engaging young people. 2. CPAG Jury, Programme 4 providing advisory support.
	Support and develop CEE within place-based projects and the wider GCPH work programmes as a cross cutting approach.	CT, MC	CORE	1. Event 2. As per detail for other projects as listed	1. Monthly CEE news round-up for GCPH colleagues to promote good practice and updates on new resources, publications and projects. 2. Finalise and share paper on CEE and qualitative research – to assist navigation of commonalities and distinctions between CEE and qualitative research. Consider public facing output. 3. Supporting the Communications team in GCPH in thinking about accessibility of outputs and developing distinct event formats that provide new approaches to engagement and communications. 4. Opportunistic support to GCPH programmes and projects as required.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
	Support and develop CEE amongst partners in delivery.	CT, MC	IN DEVELOPMENT		Providing support to GCC Community Empowerment Services to share learning and support increase in quality and sophistication of CEE approaches to align with good practice to inform social and economic recovery taskforces. Reactive and developmental work including events and digital engagement.
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	1. Disseminate outputs of small grants project in runup to and during COP26. Run another small grants programme to diversify voices. 2. Range of projects to be determined in discussion with GCC and NHSGGC. 3. Write briefing paper on climate change ahead of COP26 in November 2021.	1. Disseminate outputs of small grant projects. Explore further opportunities to showcase work. Prepare report about the process and outputs. Develop innovative ways of reporting outputs. 2. 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. Explore collaboration with Centre for Climate Justice on a seminar. 3. To synthesise existing GCPH work relating to climate change, cover the likely impacts of climate change on population groups and the public health rationale and steps needed for Glasgow to become carbon neutral by 2030.
Supporting processes of change	• Consultation responses • Presentations • Advice and information • Community Plan • Reducing inequalities • Monitoring trends • Balancing research and practice.	All	CORE	Ongoing	Ongoing engagement with a variety of partners to embed considerations of health and wellbeing.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
Representation on expert panels, steering groups.	Member of the Glasgow City Active Travel Forum	BW, JM		Attend quarterly meetings.	Provide support/input as required. Support development of 5 pilot projects aimed at improving the school run.
	Regional Transport Strategy Advisory Group.	JM		Extended Short life group (2 years).	Provide advice and input at regular meetings, to contribute public health and health inequalities evidence to development of a regional transport strategy (building on contribution to the Glasgow Connectivity Commission).
	Place Standard Review Group.	RJ		Ongoing	Develop and launch revised versions of the Place Standard.
	Place Standard with a climate working group.	GY		Ongoing	Develop resources to develop Place Standard that can help to identify climate priorities.
	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.
	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.
	GCV Green Network Partnership.	RJ		Ongoing	Shape the work of and provide support for the GCV Green Network.
	Spatial planning 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.
	Advisory Group Public Health Intervention Responsiveness Team.	RJ		Ongoing	Advisory input on Scottish Policy and Public Health landscape as well as input on evaluation of interventions.
	Glasgow Food Policy Partnership. Glasgow City Food Plan project team.	RG, JM		Ongoing	Supporting and overseeing the development of the Glasgow City Food Plan and evolving to become a representative body that advises on delivery of food plan. This small multiagency group (NHSGGC, GCC, GCCHSCP, GCPH, GCFN) has driven the development of the Glasgow City Food Plan with support GFPP partners.

Work plan 2021-22

Programme 4: Innovative approaches to improving outcomes

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
Promoting community-based participation	Exploring barriers to participation among disabled populations.	CH	CORE	In response to the pandemic, this work was adapted and translated into a COVID-19 Micro Briefing, entitled: *The disproportionate impacts of the COVID-19 pandemic on disabled people.* Published in January 2021. Continued collaboration with Glasgow Disability Alliance planned over 2021/22 to develop a model which conceptualises barriers to participation and access to services among disabled populations.	The purpose of this paper is to highlight a range of important and urgent issues which adversely impact on the lives of disabled people. In doing so it is made clear the role that public health has within a collective societal effort in overcoming barriers to community participation and access to community-based services that unfairly impact on disabled populations. 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.
Social recovery	Support to the Social Recovery Taskforce (SRTF).	CH	CORE	Provide regular and ongoing support to the SRTF during 2021-22.	Provide regular input and support to the Social Recovery Taskforce over 2021/22 relating to community engagement and participation in pandemic recovery. This also encompasses informing the mainstreaming of Participatory Budgeting within Glasgow City. Through the academic support group and in collaboration with Policy Scotland and a range of expert partner agencies; provide accessible forms of pandemic-related evidence and insight (in the form of micro briefings) to support the effective working of the Taskforce and partners.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
Asset-based approaches	Community focused approaches that mobilise people as assets.	PS/JM/RF	CORE	Official start date is September 2021 for a 3-year period: • Development of LE panel approach options paper (July 2021). • Engagement with community-based partners (Aug 2021). • GCPH communications activity when project is launched (September 2021). • Development of schedule and focus of meetings (Sept/Oct 2021). • Recruitment to the LE panel (late 2021). • Develop LE panel evaluation methodology (early 2022). • Ongoing GCPH contribution to the project groups.	Work undertaken in partnership with Yunus Centre at Glasgow Caledonian University, and academic and community-based partners from across the UK. GCPH is a named partner in the funded bid, PS and JM are named co-applicants in the project and RF will provide admin support. Start date for the project has been delayed until September 2021 due to the current COVID restrictions, capacity within community-led organisations to get involved with the study and ability to meet in person. GCPH is leading the Patient and Public Involvement strand of the project. A UK wide 'Lived Experience' panel will meet six times over 3 years to shape and influence the research plan and participate in activity relevant to the study phases and contribute to the Project Advisory Group. It is hoped that participants will build skills and knowledge in the research process and methods and guide the project team in relation to ensure the appropriateness, relevance and conduct of the research, and the interpretation and reporting of findings. An options paper has been developed to consider ways to establish and deliver the PPI strand if COVID restrictions are still in place in September 2021. PS is a member of the Project Management Group which meets monthly. JM is a member of the Research Management Group which meets quarterly.
	Embedding asset-based approaches and perspectives in community-based setting	JM	CORE	See Programme 1 work plan for specific programme milestones.	As detailed in full in the Programme 1 workplan, Children's Neighbourhoods Scotland (CNS) working in communities across Scotland to improve childhood outcomes in areas of disadvantage. Using an asset-based perspective, CNS activity focuses on increasing the voices and promoting the priorities of children and young

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
					people; and supporting partnerships and collaboration between organisations and services. Priorities for action are distinctive to each area, responsive to the demographics and existing activity in the area and focused on developing local solutions. During 2021-22 all six CNS sites will be further established and embedded within the respective communities, with local activity and research and evaluation undertaken to assess the impact of the programme locally and collectively.
	Partnership working and sharing learning.	JM	CORE	Dissemination of learning, supporting collaboration and sharing learning.	Continue to take up opportunities to share learning and insights from our work on asset-based approaches. Provide support, advice and input in a sustained way to local and national group as they understand, embed and evaluate asset-based working, including: • Named collaborator on CRUK funded systematic review into asset-based approaches for smoking and tobacco control led by the University of York (due to complete in July 2021). • Advisor to GP Postdoctoral Fellow CSO funded study exploring community responses to managing long term conditions – project currently on hold due to COVID restrictions.
Volunteering and participation	Understanding volunteering participation.	RJ/GY	CORE	In development.	Rapid review of the literature on the recent studies and emerging evidence on community participation/volunteering in alleviating social isolation and loneliness specifically in relation to COVID-19 in preparation. This review will be used to scope and inform the development of a potential research project. Micro-briefing for the Glasgow Social Recovery Task Force on participation and volunteering focussing on the changing volunteering landscape and future opportunities in development. Potential partner – Volunteer Glasgow.
Participatory budgeting	Glasgow City Council 2021 PB mainstreaming	CH	IN DEVELOPMENT	Supporting the Social Recovery Taskforce to consider and develop the	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.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
				role of Participatory Budgeting within pandemic recovery.	This is likely to involve evaluating Glasgow City Council's Parks and Greenspace Participatory Budgeting initiative over summer 2021 – which can inform the mainstreaming agenda.
Race and racialisation in Public Health		PS	CORE	Development of actionable work plan by April 2021. Event with wider Public Health community autumn 2021. Report and action plan Spring 2022.	A secondee from Public Health Scotland will assist GCPH develop an approach to raising the profile of racialised inequalities in public health data, workforce and priorities.
Inclusive economies	Health and inclusive growth in Glasgow City Region (GCR).	VM	CORE	Papers with recommended actions on 'progressive procurement' and 'socially just use of land and property' to be finalised, Spring '21. Evidence base and opportunities for developing actions to support the remaining pillars of CWB in GCR to be drawn up thereafter. Delivery of CWB actions in partnership with GCR's Portfolio Groups. Support and advise on development of new	Building on initial short-term placement, and responding to the challenges of the pandemic, secondment within Economic Development department of Glasgow City Council extended until end March 2022. Focus developed from city-level action: VM now based within Glasgow City Region PMO within Economic Development supporting the health and wellbeing opportunities of the City and the City Region's economic development strategies to be maximised, based on a critical friend model. Work supports community wealth building (CWB) approaches across the City Region, with a focus on 'progressive procurement' and 'socially just use of land and property' as priority areas. Links to BW's work (Programme 2) with the GCR's Economic Intelligence Support Group.

Area of focus	Projects	Leads and team members	Core/In development	Project delivery milestones for 2021-22	Description of work planned, partners and resource implications
				regional economic strategy (RES), Summer '21. If invited to progress, with GCR team, take forward funding bid for Health Foundation's Economies for Healthier Lives Fund.	
Providing leadership, insights, influence and impact	GCPH representation and contribution on a Steering/Advisory groups. Partnership working Sharing learning Supporting practice	All	CORE		• Employment and Health Strategic Group • Knowledge is Power Advisory Group • North Ayrshire Fair for All • Programme Committee for Multiple Long-Term Conditions, Guy's and St Thomas' Charity • PH Oversight Board • PH Improvement Group • PH Evidence Network • PH Priority 5 Network (Inclusive Economy) • Population Health Working Group • Social Recovery Taskforce

Workplan 2021-22

Communications

We use four main **channels** to communicate our work: publications; events and face-to-face engagement; digital; and media. The core activities within each of these for 2021-22 are outlined below, alongside some in-development projects and additional priorities.

Area of Focus/ Channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2021-22	Description of work, partners and resource implications
PUBLICATIONS					
Publications	Written research outputs.	JC, lead authors	CORE	Dictated by Programme workplans.	Range of publications to communicate and disseminate new findings and existing evidence relevant to recovery, improving health and reducing health inequalities. This includes research reports, briefing papers, policy briefings, responses to consultations and calls for evidence. Specific outputs not listed here as detailed in Programme workplans and will emerge over year to respond to priorities and opportunities.
Publications	At-a-glance findings summaries. Micro briefings (in collaboration with Policy Scotland, led by Chris Harkins).	JC, research leads, CH, JC, partner agencies	CORE	Dictated by Programme workplans and researcher capacity.	Key priority is to ensure concise and accessible summaries are available with a focus on evidence, actions and insight for policy, practice and recovery. Will mainly be achieved through comms led at-a-glance research summaries and COVID-19 micro briefings in collaboration with Policy Scotland and written with partner agencies (see also Prog 4).
Publications	New GCPH booklet.	JC	CORE	Summer 2021.	This is a priority carried forward from 2020-21. The original intention being to update previous iterations of the GCPH booklet for use by staff and partners and at events, conferences and meetings. This will provide a short description of GCPH including our role and niche, what we focus on and why, how we work and the overall narrative to our

Area of Focus/ Channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2021-22	Description of work, partners and resource implications
					work. This will initially be produced as a digital booklet only.
Publications	Accessibility.	JC, SF, CF, CEE team	IN-DEVELOPMENT	Learning and Improvements throughout year. Summary of changes/ improvements made or recommended and resource/practice implications by end of year.	Review of the accessibility, useability and relevance of our publications and resources for a broad and diverse range of perspectives, audience needs and uses. This applies to our events and digital resources as well as our written outputs.
EVENTS					
Events	Annual Seminar Series (SS). 'Morning after' workshops.	JC, PS, CF	CORE	SS17 to run until spring 2021. SS18 to be held from Autumn 2021 to Spring 2022.	Curated to offer promising and insightful contributions from internationally recognised speakers to our network of practitioners, policymakers, researchers, and citizens with a broad interest in improving the city's health and reducing inequality. Important to ensure speakers and topics take cognizance to, and connect clearly with, the current and evolving context and our and partner priorities and challenges while also maintaining their important element of futures thinking and innovative perspectives. All seminars are recorded and podcast to maximise reach. Explore options of how/if possible, to replicate or replace 'morning-after workshops' previously held that enable more in-depth discussion of the topic with speaker and key stakeholders.

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Area of Focus/ Channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2021-22	Description of work, partners and resource implications
Events	Topic-specific workshops and seminars.	JC, CF, Prog Managers	CORE	Dictated by Programme workplans and key priorities and challenges for the city – need to be short and topic relevant with focus on learning for the city.	These are held to provide an opportunity to hear, reflect on and discuss new findings emerging from GCPH and others from projects, or on particular topics. We will endeavour to hold events open to our network alongside smaller and more tailored events for an invited audience with knowledge or remit on the topic.
Events	Explore new formats, engagement methodologies and recording and reporting of events.	JC, CF, CEE team	IN-DEVELOPMENT	Hold at least one mini learning series by end of year. Trail new type of event to facilitate 'Community Conversations'. Explore different options for visual recording and reporting of events that encourage different perspectives.	The aim of a mini-learning series of seminars is to enable deeper engagement of an issue with interested and committed audience. Explore potential and capacity to deliver tailored and distinct CEE events that add value to our existing portfolio of events by engaging new audiences in new ways on issues mutually relevant to community, GCPH and partner concerns, priorities and challenges. This includes the use of artists/animators to visually capture event themes and emergent learning, other forms of artistic representation such as poetry and a more diverse range of facilitators and active listeners to bring different perspectives.
Events	Presence at or contribution to conferences and other organisation's events.	Comms team	IN-DEVELOPMENT	On organising committee for Gambling Related Harms summit to be held in June or Sept 2021 – tbc. Others unclear at present (e.g. annual	This is likely to involve communications and logistical event support as well at contribution towards planning. Traditionally this has involved having stands at conferences or other organisations events. We will explore what opportunities might exist via digital conferences or events that allow us to raise our

Area of Focus/ Channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2021-22	Description of work, partners and resource implications
				NHS Conf; PHINS seminar; SFPH Conf).	profile and engage with at times specific and broader audiences.
DIGITAL					
Digital	Day-to-day management and development of our three websites (GCPH; Understanding Glasgow; and GoWell); our social media channels (Twitter, Facebook); and our audio and visual channels (YouTube and PodBean/Spotify).	SF	CORE	Ongoing	Ongoing utilisation of these tools to build our online audience and share our work widely. Identifying opportunities to link our work (past and current) into topical issues and conversations online, as well as engaging with relevant awareness campaigns is an important aspect of our social media engagement.
Digital	Migration of GCPH website.	SF	IN-DEVELOPMENT	Timescales dependent on procurement response but will request: Tender and commission – by May 2021 Migration – during summer 2021 Completion – Sept 2021.	The current content management system (CMS) on which our websites run has become outdated, necessitating a move to a new CMS. This will not necessarily change how the website looks or is structured but the opportunity that moving to a new and more up-to-date CMS brings will be used to make some functional improvements. This includes the ability to hyperlink graphics and more easily use graphics and multimedia content; responsive design for mobile optimisation and display on different screen sizes; and additional accessibility features (text to speech functionality, font size increases).
Digital	Migration of Understanding Glasgow website.	SF, BW, CF, JC	IN-DEVELOPMENT	Consultation and engagement on future development of UG website (see also Prog 2). Complete by end 2021.	The ten-year anniversary of the UG website and indicators project (Jan 2021) and the need to migrate to a new CMS is being used as an opportunity to collectively review the ongoing and future development of the resource. This will likely be done through online feedback and engagement

Area of Focus/ Channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2021-22	Description of work, partners and resource implications
				Development of project specification for migration to new CMS by Jan 2022.	events with broad range of stakeholders and users – actual, intended and potential.
Digital	Infographics.	SF, research leads	CORE	Ongoing	These are a useful tool for highlighting new findings and raising awareness of our work and different topics, particularly on social media.
Digital	Expansion of digital resources to include audio recordings, talking heads and animations.	SF, RF, JC	IN-DEVELOPMENT	Ongoing	Expansion of digital resources aims to communicate our key messages via the spoken word through audio recordings, short talking-heads from team members, and animations. These will be produced in-house where possible and used on our website and social media.
	Stalling life expectancy trends animation.	JC	CORE	Work tendered and commissioned March 2021 with project completion in May 2021.	As part of the communications strategy to support dissemination of the stalling life expectancy work, we are commissioning a short animation.
Digital	Newsletter to GCPH network and GCC elected members.	JC	CORE	Bi-monthly (May, July, Sept, Nov, Jan, Mar).	Our main newsletter is circulated to our 3,000+ subscribers to highlight past, current and future activities (including publications and events) and directs them to our website for further information. A tailored and slightly shorter newsletter is circulated to GCC elected members.
MEDIA					
Media	Coverage of key publications in mainstream media (print, radio, TV and online) and in other orgs' and specialist publications and websites.	JC, research leads	CORE	Dictated by publication timings. Caution required during six-week pre-election period.	We take a considered approach to seeking media coverage of our work generally reserving it for particularly newsworthy findings or topical issues. We use a mixed approach to this including press releases, exclusive and op-eds.

Area of Focus/ Channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2021-22	Description of work, partners and resource implications
Media	Media monitoring.	SF, JC	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.
OTHER IN-DEVELOPMENT PRIORITES					
Communications review	External review of communications and stakeholder analysis	JC, JMcL, PS	IN-DEVELOPMENT	Commissioned by June 2021. Review complete and reporting end-Sept 2021. Refreshed Comms Strategy for 2022-23.	In-depth review of comms to identify strengths and gaps in strategy and networks, assess whether comms are as effective as they could be and suggest improvements, and better understand how to capture and expand measurement of effectiveness and influence of our comms.
Framing of messaging	Ongoing priority of how to frame messages to maximise influence and impact across totality of channels.	JC, SF	IN-DEVELOPMENT	Several components including reviewing examples of good practice, learning from NIHR project in relation to PPI strand and lived expertise panel (Prog 4) and learning from deprivation and poverty research project (Prog 2).	This includes use of 'framing' approaches alongside our trusted transparency and evidence-led messaging; and an ambition to embed human stories and lived expertise within our communications.

This connects with a broad recognition, valuing and communication of lived expertise alongside more traditional forms of evidence |
| **Joint communications on key public health challenges** | Key public health priorities it is important our messaging and communications connect with and support. Ambition to collaborate with others to develop joint messaging, outputs and activities. | Comms team and research leads | IN-DEVELOPMENT | Will arise over year. | Likely topics:
• increasing understanding on the causes and responses to pre-pandemic stalling life expectancy
• climate emergency and opportunities COP26 presents to highlight the public health and social justice implications and responses
• the health dimensions of an Inclusive Economy |

Area of Focus/ Channel	Project	Leads and team members	Core/ In-development	Project delivery milestones for 2021-22	Description of work, partners and resource implications
					• 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 racism – in terms of evidence and data and in relation to systemic issues.
Monitoring, reporting and evaluation	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, important to track longer term engagement of outputs and activities to assess which formats, activities and topics gain the most traction. Fundamental to ensuring monitoring and evaluation informs the development and improvement of our approach and practices is a continual process of self-reflection, openness, flexibility and responsiveness to change.
	Review of the changes, opportunities and challenges brought about by the pandemic and its associated containment policies in relation to our future communications.	JC, CF, CEE team		By Jan 2022, key learning collated to inform longer-term communications strategy and practices.	To inform our communication practices and processes going forward, with a focus on a sustainable use of resources.

Glasgow
Centre for
Population
Health

Glasgow Centre for Population Health
Management Board Meeting
4 March 2021

Draft Budget Plan 2021-22

Recommendations

Board members are asked to:

- Note that this is a draft budget plan, which has been produced based on a month 10 position.
- Approve the outline plan in principle and agree to reviewing final plan at the June 2021 Board meeting.

Commentary

1. Income for 2020-21 is anticipated to be £1,543,000 comprised of core Scottish Government funding of £1.25 million, carry forward of £123, 000 as detailed in the Financial Position paper (GCPHMB 409) and external funding for dedicated work with partners totalling £170,000. External funding comprises:

   - Inclusive growth joint post   £72,000
   - University of Glasgow (shared administrative costs)   £10,000
   - NIHR Community assets project   £15,000
   - Support for Mental Health pathway evaluation   £60,000
   - Child Healthy weight Evaluation   £7000
   - GCC Parks and Leisure Participator Budgeting   £6000

2. We anticipate further additional funding within the year and will amend the budget plan on confirmation. For example, there is provision within our agreements with NIHR and NHSGGC Mental Health services for a further £55,000, however we have assessed realistically how much we are likely to draw within year.

3. Some points to highlight on the budget plan:

   - Staffing costs (E11) represent the main area of expenditure as with previous years. It should be noted that Core Staffing combined with Accommodation Cost total more than our Scottish Government Allocation. The provision of £1,158,251 includes provision for a maternity cover of a Band 6 research post at 0.6FTE. An option to increase a Band 8a Programme Manager post from 0.8 to 1.0 FTE to mitigated short term under capacity in Centre governance and office running. We have also included provision for Band 5 Communications Officer for a full 12-month period given current uncertainty in relation to length of secondment to Public Health Scotland. There is also provision to support a shared Public Health Consultant post with NHSGGC (0.4FTE) for the second half of the year.

- The Associate Director's substantive post (Band 8a) has for this budget plan been backfilled leaving a Senior Public Health Research Specialist post and our contribution to joint commitments such as the University of Glasgow's knowledge exchange post and our contribution to the Consultant in Public Health joint post.
- Staff training and development (E6) comprises an allocation of £500 per team member as per previous years.
- The proposed budget for Communications (E8) includes provision of £20,000 for a communication review. There is also a budget for infrastructure investments to support upgrades of websites.
- Accommodation Costs (E10) and Centre Management, Administration and Running Costs (E9) are broadly similar to 2019-20 levels. As previously noted, our Core Staffing combined with Accommodation Costs total more than our Scottish Government Allocation meaning much of our additional work is dependent of core funding and approval of carry forwards.

4. Planned programme spend (research) includes cost associated with externally funded work (E5: £60,000); migration of the Understanding Glasgow website to a new content management system (E2: £20,000); and support for external statistical analysis of near miss cycling accidents (E3: £20,000). Support for Community Engagement is also included totalling £16,500 (E3).

5. The following risks are noted with respect to delivery in line with this proposed budget plan:

- Staffing changes. Vacancies arising in-year are the most likely cause of variance from the plan. Known changes are taken into account in the budget plan, but further vacancies may arise in year.

6. The current budget indicates an underspend of les than 1% that can support emerging work within the year.

7. The Management Board will receive reports on actual and projected spend at each quarterly meeting. This will include contingency plans or additional proposals for spend if significant variance from plan is anticipated during the course of the year.

8. Given the tighter financial circumstances ahead for GCPH, we request the Board look favourably on request for accrual and carry forward, noting that non-committed carry forward stands at smaller amount than previous years.

GCPH
February 2021

Financial Plan 2021-22

	Income	Planned 2021/22 £
	Annual SG Allocation	1,250,000
	Other Income	169,889
	Total Income 21/22	*1,419,889*
I 4	*Carry Forward and income from previous year*	*123,000*
	Total Available 21/22	*1,542,889*
	Expenditure	
	Research:	
E 1	Action on Inequality	20,000
E 2	Understanding Health Inequalities	25,000
E 3	Sustainable Inclusive Places	41,500
E 4	Innovative Approaches to Improving Outcomes	6,000
E 5	Mental Health	60,000
E 6	Training & Development	11,000
	Total Research	*163,500*
	Communications:	
E 8	Communications	65,000
	Total	*65,000*
	Management and Administration	
E9	Centre Management, Admin & Running Costs	25,000
E10	Accomodation Costs	118,000
E11	Core Staffing	1,158,251
	Total Management & Admin	*1,301,251*
	Total Expenditure	*1,529,751*
	Balance	*13,138*

Glasgow Centre for Population Health
Management Board
4 March 2021

Aligning public health and local authority activity:
the Public Health Oversight Board

Recommendations

- Note the progress of the Public Health Oversight Board which was established to deliver the ambitions of improving population health through focussing attention on the public health implications of Local Authority decisions
- Advise on the positioning and reviewed remit of the Public Health Oversight Board in the post COVID-19 landscape.

Background

1. The Public Health Oversight Board (PHOB) was brought into being after the January 2019 Glasgow City Health Summit to lead action to reduce heath inequalities in the city. COVID-19 has significantly changed the landscape since its inception with an increase in the number of forums where the themes and ways of working recommended by the Health Summit are discussed.

2. There is now an intention within Glasgow City Council (GCC) to minimise structures going forward. It is noted that grey areas exist between the terms of reference of different groups (the Social Recovery Taskforce (SRTF), the Wellbeing, Empowerment, Community and Citizen Engagement City Policy Committee, Glasgow Economic Recovery Group) that can lead to the same papers and agenda items being seen across the different groups. There is also overlap of membership across the groups. This had led the Council to explore who has ownership of decision-making, where authority lies for each group's topic area and what is coming to meetings 'For Information' only.

3. Although these decisions will ultimately be made by the appropriate body in the Council (the Strategic Partnership group), the Associate Director of GCPH has been asked by the Co-Chair of the PHOB (Bernadette Monaghan) to work alongside the Partnership and Development Manager, Community Planning (Shaw Anderson) to draft a paper on the PHOB's terms of reference and areas of interest going forward. Discussion at March's GCPH Board is intended to facilitate the production of recommendations for such a paper.

4. The city-wide Public Health Summit was held to support the ambitions of the Council to support the objectives and outcomes of the Public Health Strategy for Greater Glasgow

and Clyde *(Turning the Tide Towards Prevention, 2018).* Recognising that many of the actions required to improve public health sit within the remit of local authorities, the Summit was designed to create the conditions to ensure Glasgow develops as a city where all citizens are enabled to enjoy good health. This would be achieved by making considerations of heath central to a range of decision and policy areas currently within the remit of GCC and its ALEOs. Such areas of activity, as referenced in the Strategic Statement within the report from the Health Summit. include:

- Achieving place-based working, that is empowering for local people and supported by collective public service leadership, focused on building assets in neighbourhoods and orientating towards preventing ill-health and improving health and wellbeing.
- Establishing a culture of wellbeing where population wellbeing is a measured and prioritised outcome and all services and policies seek to maximise their contribution to that outcome in how they work and what they do.
- Use and develop responsibilities of GGC as an employer and procurer of services to contribute to inclusive and sustainable growth that is focussed jointly on health, social and economic outcomes.
- Implement a skills development programme across the city's public services to increase understanding of, and capability in, effective approaches to improving health and reducing health inequalities.
- Ensure that approaches are inclusive, empowering a respectful and are explicit about achieving greater equality of participation of outcomes.

The Public Health Oversight Board

5.   A specific proposal was made for the establishment of a Public Health Oversight Board (PHOB) which would report to the Glasgow City Planning Partnership (GCPP) Executive Group. The PHOB would be jointly chaired by the Director of Public Health of NHS GGC and the Director of Community Empowerment and Equalities of GCC. The group would comprise representatives of the Community Planning Partnership (CPP) and would require strong connections to other groups – given that specific actions will be taken forward through a range of routes. The group Chair(s) would report to the CPP Executive at each of their meetings.

6.   The scope of the PHOB was agreed to cover the ambitions of the summit with particular reference made to '*generating and capturing the progress on the participatory, connected and inclusive city components.*' It was expected that progress would be drawn from existing partnerships working on aspects of community infrastructure, transport and the economy. **The PHOB would focus on aspects where the ability to work in partnership on public health themes need processed, understood and developed.** The PHOB would also coordinate various other initiatives including the Partnership Pathfinder and development of a City Food Strategy to ensure integration and lack of duplication.

7.   The PHOB's membership consists of Director of Community Empowerment (Glasgow City Council); Director of Public Health (NHSGGC); Chief Executive, Glasgow Life; Acting Associate Director of Glasgow Centre for Population Health; Executive Director of Finance, Glasgow City Council; and representation from Glasgow Council for Voluntary Services; Head of Health Improvement (Glasgow City HSCP), Director of the

Health and Social Care Alliance; and representation form the Chief Executives of Office of GCC.

8.   The pandemic has brought additional focus and energy to efforts to support public health objectives. This has seen the creation of key strategic forums to guide and inform renewal including the Social Recovery Taskforce (SRTF) and the Glasgow Economic Recovery Group. The SRFT was originally envisaged to exist until July 2021 to produce the new community action plan. However, given the unanticipated intensity of the second COVID-19 wave, it is now expected that the SRTF will exist longer than originally planned.

Remit

9.   The Terms of Reference (ToR) also establish the remit for the PHOB, consisting of the following objectives:

- To drive and monitor progress in realising the shared ambition arising from the Public Health Summit and endorsed by Glasgow Community Planning Partnership.
- To oversee and coordinate the development and implementation of a Pathfinder Partnership.
- To enhance the collective impact of community planning partners on the health of citizens.
- To continue to raise the understanding of health and well-being on the future success of Glasgow.
- To share learning and evidence from within and beyond Glasgow to enhance the delivery of best practice interventions and approaches to health gain.
- To advocate locally and nationally for action to strengthen the health outcomes of residents.
- To challenge partners to consider the impact of decisions on the health and well-being of residents and take action to maximise health gain.
- To describe a public health approach and how it can be applied to a range of health challenges in the city.
- To provide periodic reports on public health progress to city leaders, including Glasgow City Council, the NHS Board and Glasgow City Partnership.

Update on activity

10.   The PHOB has met on a monthly basis since September 2019 with a suspension for the first two months of the COVID-19 crisis (March and April 2020). The agendas have seen a broad range of activity related to public health brought to the group including the establishment of lines of reporting into the Oversight Board from key strategic activity within the city.

11.   The PHOB acts as a key reporting structure for the following programmes of activity:
- Children's Neighbourhoods Scotland (CNS) Glasgow sites
- The Gambling Related Harms group led by Public Health Scotland
- The Glasgow City Food Plan
- The developing multi-agency mental health partnership that has emerge from responsive action in relation to trauma and poor mental health during COVID-19 and its related strategy. Received sight of the report '*Responding to Mental Health*

Impacts of the COVID-19 Pandemic in Glasgow City' which provides an overview of the COVID-19 impacts on mental wellbeing in the city, responses to date at time of writing and outlined key areas for further development and principles of working to protect population mental health in the city.

12. Other updates and agenda items have covered include Participatory Budgeting, periodic reports from the SRTF, Child Mental Health, Police Scotland's development of a public health approach and Children's Healthy Weight. An update on the impact of lockdown and easing of restrictions on travel and transport has also been received.

13. It can be reasonably argued that there are signs of progress in the city on a number of the elements of the Strategic Statement from the Health Summit (para 4). This is particularly the case in relation to place-based working and economic renewal activity. The latter led by principles of inclusive growth and understanding the Council's role as an anchor organisation in communities, therefore with a role in creating accessible opportunity for all. Ambitions to re-imagine the relationship between the local authority, communities and the voluntary sector have also come into focus in the work of the SRTF. There are also elements such as the gambling harms work, which although recognised as an important challenge to health and wellbeing and with important inequalities dimensions, is not reflected within the current remit.

Positioning in relation to the Social Recovery Taskforce

14. The establishment of the Social Recovery Taskforce (SFTF), one of five workstreams of recovery and renewal (others relate to economic renewal, enabling workforce, customer and community engagement and budgeting and finance) is a development against which the PHOB will need to respond. The SRTF remit is premised on the fact that COVID-19 and associated responses will have exacerbated the inequalities that exist and very few communities, including those most vulnerable to social and economic disruption. This premise is also a key contextual factor for the PHOB. Responses are intended to address and reduce inequality for Glasgow's citizens and communities. The SRTF remit also indicates significant overlap with the PHOB in that it provides leadership, direction and co-ordination of activity across Council areas of delivery to inform efforts as they continue address the societal impact of the COVID-19 beyond the recovery phase.

15. Twelve themes have been identified including Mental Health, Technology and Digital, Third Sector, BME communities, Food provision, Gender Based Violence, Child Poverty, Young People, Colleges, and Property. Connections exist between the Mental Health theme and the PHOB and it is considered vital that the SRTF informs and shapes the work of the Economic Recovery Taskforce.

16. Membership is broader than the PHOB reflecting the breadth of its thematic areas of interest and role in assigning thematic work to appropriate existing GCPP structures which take responsibility for producing recommendations for action and reporting on progress to the Taskforce. It is Chaired by Glasgow City Council's City Convenor for Community Empowerment, Equalities and Human Rights and Co-Chaired by the City Treasurer. Membership is drawn from the Economic Taskforce, Housing, GCPH, Glasgow City HSCP, Third Sector, Emergency Services and Equalities groups' representatives.

Future direction for the Public Health Oversight Board

17. The following points of discussion are designed to help the membership of the PHOB identify its key priorities and future agenda items. It also raises questions around the PHOB's position in relation to other recovery and renewal forums in the city.

18. *There should be discussion around what is distinctive within the remit of the PHOB vis-a-vis other strategic groups.* Key within the PHOB's remit is support of '*the connected, participatory and inclusive city components*' of public health and '*providing focus on aspects where the ability to work in partnership on public health themes need processed, understood and developed.*' The connected, participatory, and inclusive dimensions may well be currently addressed through other groups such as the Social and Economic Recovery groups. Indeed, a successful outcome of the PHOB's role is to see the taking up of approaches and concerns across a range of city strategic partnerships so this could be seen as an indication of impact.

19. To renew focus on the development of partnerships on new public health themes could enable to PHOB to remain vital and provide push into further areas where public health approaches have yet to be adopted or are in the early stages of development. Two potential examples already include the gambling harms work and continuing support for Police Scotland's understanding and delivery of a contribution to improving health. Other such areas should be identified, avoiding duplication of other city activity being developed by the city's recovery infrastructure.

20. *The PHOB's role a reporting structure for key programmes and innovation in the city.* A number of programmes (CNS, city-wide food plan, gambling harms and cross-partner mental health activity) have reporting relationships to the PHOB. Although some additional work may be required to show how these activities cohere into a strategy for reducing health inequalities rather than a collection of stand-alone pieces of work may be required. Having the line of communication between innovative activity in the city and GCC, HSCP and NHSGGC provides an important means of learning and scaling principles of working.

21. *Establishing a position in the post COVID-19 settlement.* The temporary nature of the Social and Economic Recovery groups is important to recognise in the PHOB's forward planning. Given the overlap in membership between the SRTF and the PHOB, some current ambitions within the SRTF could be taken-on by the PHOB in future. It has been highlighted that now might not be the best time to make a decision given the visibility of post-COVID recovery groups.

Suggestions so far

25. Recent discussion at GCPH's EMT yielded the following insights to inform continuing discussion:
     - Recognising the changed context. It has been observed that the PHOB started out as a Local Authority body, it has now become more of a partnership group. However, there remains a need for a mechanism in the Council to guide the decisions Councillors are making to take account of public health and for Public Health to know if recommendations they make are practical and deliverable.

- There is value in having a space where new ways of working and specific approaches can be developed and taken forward and developments such as CNS and gambling harms work can report in detail.
- It is vital to have body with a monitoring role. However, this should be more than reporting on the data we already have and have a process for assessing the impact of work undertaken as part of the city's strategic response to health inequalities.
- The issue of the PHOB's visibility within the Council has been raised. How aware are Councillors of the PHOB's role and is it likely to be used?
- The same outcomes, of aligning public health recommendations with Council decision making, could be delivered through other mechanisms such as through a formal arrangement between DPH and Director of Community Planning. It would however be required to be a formalised relationship or structure. Is there a subset of Community Planning that deals with public health and can take on a formalised oversight role?
- Is now the right time to make a decision? In such a time that the SRTF exists, it has been suggested that suspending the PHOB until such a time a formalised, post-COVID mechanism can be brought into place may be appropriate.
- Finally, would a joint DPH in all local authorities be a longer-term vision for achieving the connection between Council decisions and public health needs, data and approaches?

For discussion

- Views are sought on the future of the PHOB given changes in the strategic landscape in relation to COVID-19 recovery and renewal.
- Which areas of value should be brought forward in discussion of its future and is there possibility of such requirements being delivered through other mechanisms?

Pete Seaman

February 2021