**Management Board Meeting**

**Wednesday 25th March 2020, 13.30- 16.30hrs**
**Glasgow Centre for Population Health**

**AGENDA**

1. Welcome and apologies

*Part 1: Regular Board Business*

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

3. General update                                              Paper GCPHMB/2020/391

*Part 2: Performance, Review and Governance*

4. Memorandum of Understanding between partners     Paper GCPHMD/2020/392

5. Budget position (Month 10)                               Paper GCPHMB/2020/393

6. Work plan 2020-21                                          Paper GCPHMB/2020/394
                                                                  and presentation

7. Budget plan 2020-21                                       Paper GCPHMB/2020/395

8. Risk register                                              Paper GCPHMB/2020/396

*Part 3: Strategic Development*

9. Presentation from David on headline mortality trends  (move to part 2)

**Date of next meeting**

# Glasgow Centre for Population Health

**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 2 December 2019
in GCPH, Olympia Building, Bridgeton Cross, Glasgow**

## PRESENT

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| Prof Moira Fischbacher-Smith | Vice-Principal Learning & Teaching, University of Glasgow (Vice Chair) |
| Prof Carol Tannahill | Director, Glasgow Centre for Population Health |
| Dr Pete Seaman | Acting Associate Director, Glasgow Centre for Population Health |
| Mr John Matthews | Non-executive Board Member, NHS Greater Glasgow and Clyde |
| Ms Liz Sadler | Head of Health Improvement Division, Scottish Government |
| Prof Laurence Moore | Director, MRC/CSO Social & Public Health Sciences Unit, University of Glasgow |
| Dr Michael Smith | Associate Medical Director for Mental Health and Addictions, NHS Greater Glasgow and Clyde |
| Ms Susanne Miller | Interim Chief Officer, Glasgow City Health and Social Care Partnership |
| Prof Emma McIntosh | Professor of Health Economics, University of Glasgow |
| Mr Kevin Rush | Director of Regional Economic Growth, Glasgow City Council |
| Dr Linda de Caestecker | Director of Public Health, NHS Greater Glasgow and Clyde |
| Mr Gary Dover | Assistant Chief Officer, Glasgow City HSCP |
| Ms Jackie Erdman | Head of Equality & Human Rights, NHS Greater Glasgow and Clyde |

## IN ATTENDANCE

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| Ms Fiona Buchanan | Corporate Reporting Manager, NHS Greater Glasgow and Clyde |
| 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 |
| Ms Jill Muirie | Programme Manager, Glasgow Centre for Population Health |
| Mr James Egan | Programme Manager, Glasgow Centre for Population Health |
| Dr Russell Jones | Programme Manager, Glasgow Centre for Population Health |
| Dr Jennifer McLean | Programme Manager, Glasgow Centre for Population Health |

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| **613** | **WELCOME AND APOLOGIES** | | |
| | Prof Fischbacher-Smith welcomed everyone to the meeting. | | |
| | Apologies were received from Mr John Brown, Mr Colin Edgar and Prof Nick Watson. | | |
| | Prof Fischbacher-Smith outlined the different agenda for today's meeting which included a 'business' section followed by a two hour | | |

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| | | session focusing on GCPH's future direction ahead of work planning. | | |
| **614** | | **MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING** | | |
| | | The minutes of the meeting were ratified with no amendments. | | |
| | | Under rolling actions not addressed under items on the agenda, Dr Seaman corrected that "commissioned work" in the fourth action should be "political engagement". | | **To note** |
| | | Ms Coyle reported that she had been in contact with Jackie Erdman, Linda de Caestecker and Sandra Bustillo to explore ways to publicise and cross-exchange GCPH and NHSGGC networks and how GCPH could contribute to NHS GGC newsletters and communications. Options are being considered. | | **To note** |
| **615** | | **GENERAL UPDATE** | | |
| | | Dr Seaman spoke to paper [GCPHMB/2019/387] highlighting the following points. | | |
| | | Governance, partnership and staffing – paragraphs Conversations continue with the University regarding planned location of University staff at the Social Research Hub at Olympia, likely to be between eight to twelve staff. Current plan, following consultation with GCPH is to utilise the current desks including 'loaning back' of unused GCPH desks in the first instance. Feedback from the GCPH team on this development has been positive. We will look for opportunities for collaboration with those who are relocating to Olympia to further opportunities for joint working at the Hub. | | |
| | | Following this development, the GCPH license to occupy will require amendment. This will be dealt with through the EMT but the Board will be kept updated and a property sub-group will be formed if a more formal process is needed. | | **GCPH/EMT** |
| | | Prof Tannahill ran through the background of the Memorandum of Understanding which formalised GCPH's partnership and governance structure. This was last discussed in 2015 and needs to be refreshed. It is proposed this happens through the EMT in the first instance and is then brought to the Board for final approval. If EMT discussions show significant issues these will be escalated to higher levels within the partner organisations. | | **GCPH/EMT** |
| | | Prof Fischbacher-Smith suggested once the MoU has been refreshed this can be circulated to heads of department within partner organisations to highlight the agreement with the Centre. | | **To note/GCPH** |
| | | An update was provided on staffing issues. The joint GCPH/University of Glasgow Engagement post is now filled by Monique Campbell and the secondment opportunity with Mr Kevin Rush's team has been taken up by Valerie McNeice. While the Public Health Consultant post previously held by Fiona Crawford is | | |

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| | now vacant, it was highlighted how useful this was and discussions continue about how to replace this.<br><br>Developments – paragraphs<br>p10 Glasgow Life social prescribing pilot. Discussions continue on how GCPH can support this, possibly in an evaluative role.<br><br>p11 Jill Muirie's work with Public Health Scotland on healthy weight was highlighted.<br><br>Outputs and activities – paragraphs<br>It was reported that 24th Healthier Future Forum was well attended. The 2019/20 Seminar Series starts with Anna Minton speaking on Housing, capital and the city. Forthcoming speakers include Anna Coote (Universal Basic Services) and Katharine Trebeck (Wellbeing economy).<br><br>Forthcoming publications include an update of the Early Years synthesis and six Children's Report Cards.<br><br>Regarding the MoU, Mr Matthews queried if working with the public as a core part of the GCPH role should be reflected in the written agreement. Prof Tannahill confirmed that is one of the issues that would be part of the MoU refresh discussions. | **To note** |
| **616** | **MIDYEAR REPORT 2019-20** | |
| | Prof Fischbacher-Smith introduced the format of the midyear report for the newer members of the Board, and Dr Seaman spoke to several highlighted pieces of work in the overview.<br><br>Dr Seaman highlighted the report is designed to show not only how the Centre is delivering its project milestones but how the work in its totality relates to broader impact and change.<br><br>Work supporting Public Health priorities, locally and nationally, was highlighted. Other highlighted pieces of work were on inclusive growth, addressing housing vulnerability utilising a social enterprise approach, and the food work – a key milestone of which was the Food Summit and the progress from this on a Glasgow City Food Plan.<br><br>That majority of projects and programmes were shown as making satisfactory progress or in cases of project slippage, with plans in place recover progress by year end. Three pieces of work were shown as not progressing as planned with significant threat to delivery ('red' on the traffic light system). One project within the ACEs suite of work due to illness reducing partner capacity. An evaluation of the DWP plans to extend Universal Credit to working populations. This extension has not yet been rolled out by the DWP. In relation to GCPH support for the roll-out of Community Links Practitioners, the funding for this evaluation will no longer be routed through GCPH as initially planned. An alternative way forward to enable GCPH to support this key investment is in development with HSCP colleagues.<br><br>Prof Fischbacher-Smith commented on the comprehensive nature of the midyear report, reflecting the substantial breadth of GCPH's work plan. | |

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| | Mr Rush queried if there was a way of indicating work has been halted through outside influences outwith GCPH's control, as this seems to be the main cause of red or amber status projects. | | | |
| | Dr Smith highlighted work his team is doing which could align with GCPH work on ACEs. This included work with Katie Hilliard for the LankellyChase Foundation and a review she is doing of the 'Polishing the Diamonds' report. Another piece of work likely to be commissioned is around pathways between mental health services and primary care which could involve community link worker recruited through the Glasgow City HSCP. | **To Note** | |
| | Prof McIntosh reported she is working with Prof Gerda Reith on an evaluation of a gambling intervention funded by NIHR, this is in the early stages but is possibly relevant to Centre work. | **To Note** | |
| | Ms Sadler highlighted the stalling in life expectancy, drug deaths and links to austerity as key issues of interest and suggested we need to work together on the causes and the short-term and long-term solutions. She expressed an interest in disaggregating the national and local responses and to understand how these are playing out in different communities. She hoped this was something we could discuss in the development session. | **To Note** | |
| **617** | **BUDGET POSITION (MONTH 7)** | | |
| | Ms Buchanan spoke to this paper [GCPHMB/2019/389], highlighting the Centre's financial position at end of November 2019. | | |
| | At halfway through the financial year the Centre has spent roughly half of its budget in accordance with the 2019-20 budget plan. | | |
| | Factors such as vacancies or delays in filling posts mean there has been some slippage in the core staffing budget line. | | |
| | An additional £25k was secured from Scottish Government to cover Core staffing, as due to salary uplifts now comprised the majority of Centre budget. | | |
| | GCPH continues to secure external funding for individual projects and pieces of work. This additional income is forecast to produce an apparent year end position of £111k. However, there are key infrastructural and developmental investments for which this can be used for beyond year end. | | |
| | The Board noted and accepted the budget position as presented. | | |
| **618** | **POLITICAL ENGAGEMENT REVIEW** | | |
| | Dr Seaman explained that the issue of political engagement merited reflection as GCPH a publicly funded organisation. This question had also arisen at the last Board meeting. Subsequently, an in-house review was conducted of the Centre's engagement to date and the guiding principles we use to produce a more formal | | |

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| | articulation of our approach. Paper GCPHMB/2019/390 was circulated to the Board for comment ahead of formal adoption.<br><br>Mr Rush commented that the principles are the right ones and suggested that after the Memorandum of Understanding has been refreshed the Centre could deliver introductory briefings on public health issues with all parties at Glasgow City Council. Mr Matthews agreed with this and said he had found such things useful in the past. Prof McIntosh suggested that, given these briefing sessions have been done in the past, it may be an idea to do them on an annual basis.<br><br>Prof Moore proposed including a statement on GCPH's values.<br><br>Ms Sadler thought the point about providing access to or pointing to evidence that is already there was important. | **GCPH**<br><br><br><br>**PS** | |
| **619** | **GCPH FUTURE DIRECTION** | | |
| | The group welcomed Dr de Caestecker, Mr Dover and Ms Erdman to the session, and Dr Seaman introduced Dr Russell Jones, Ms Jill Muirie, Mr James Egan and Dr Jennifer McLean, Programme Managers from the GCPH team.<br><br>Prof Fischbacher-Smith introduced the format of the session and its purpose, and then Dr Seaman gave a short presentation [attached] focusing on GCPH's purpose – which at the highest level is two-part, with an evidence part about describing, researching and understanding, and an action part about influencing and supporting change. He spoke about the way the Centre works, sitting at the interface of research, policy and practice, its distinct contribution, the resources available and a headline overview of the work plan. Outcomes and guidance from previous reviews were included to demonstrate the Centre's evolution.<br><br>The session divided into four groups to consider the future trends and challenges (laid out in the tabled paper – attached) and suggest which issues should be priorities.<br><br>Feedback from the groups is outlined below:<br>*Group 1*<br>Issues the group felt were important:<br>- Democracy and participation<br>- Understanding service users experience of service use<br>- Change in mortality and stalled life expectancy<br>- Climate change<br><br>Regarding climate change, we are at a collective moment where it is necessary to work together (as with the Victorian hygiene crisis). If this was recognised early GCPH would be in a position to enable and frame these collective efforts in a manner best placed to help wellbeing.<br><br>There is also a point about many challenges not being 'visible' emergencies. How does GCPH frame and promote these longer ways of working that support the challenges we face as a city? | | PDF<br>Reviewing GCPH Purpose, distinct con<br><br><br><br>PDF<br>GCPHMB Dev Session - Trends and |

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***Group 2***
Opportunities:
- Stalling life expectancy – adding something that is not being done elsewhere. The Glasgow focus could be the added value here.
- 'Naming the problem' – some issues are named differently in different parts of the systems. The 'overuse' or 'inappropriate' use of services like A&E was an example here.
- This is linked to a focus on mental health, and an approach to mental health that takes an upstream approach.

The group took a young people's approach to this – how are they using services/resources, what are the alternatives used, what are we calling this?

The Board's role would be convening – would people be interested in meeting about this and how to encourage that. As synthesisers of knowledge.

We need to know about people who under-use services as well as over-use. GCPH as a gathering understanding of service use.

***Group 3***
This group felt that all of the issues were important but the ones most discussed were:
- Life expectancy and quality of years lived, and what that means in terms of Glasgow as a city?
- Taking a whole systems approach to health in the city.
- Climate change – maybe seeing this through the lens of things like food sustainability etc.

This group thought a role in future technologies in health care or infection resistance was not key priority for GCPH.

Their discussion also focused on the lived reality and experience and developing this approach within communications.

***Group 4***
This group also worked with the example of climate change as a challenge. This has generally been framed at a personal level to date – how do we reframe this to engage at a wider, systems level.

Other issues they highlighted were:
- Ethnicity and migration, and the changing demographics of the city. Fragmentation of poverty. Currently tackling the symptoms rather than the causes.
- How organisational culture can help support wellbeing.

Summing up, there is a high degree of alignment in the understanding of what continue and should be priorities with clear guidance that can help frame the Centre's 'unique contribution' in such areas. The potential of a whole systems approach and sharing learning with partners around how to deliver it was highlighted.

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| | The suggested priorities discussed today will be taken into account and this future planning will be brought back to the Board in March. | | **GCPH / PS** |
| **620** | **DATES OF MEETINGS FOR 2020** | | |
| | The date of the next Management Board meeting is: Wednesday 25th March 2020. 1.30pm to 4.30pm | | **To note** |

**Glasgow**
**Centre for**
**Population**
**Health**

**Glasgow Centre for Population Health**
**Management Board**
**25 March 2020**

## General Update

**Recommendations**

Board members are asked to:
- note and discuss this update on progress since the last scheduled Management Board meeting on 2nd December 2019;
- identify any developments and priorities in their own areas that are of potential significance for the Centre.

**Governance, staffing and partnerships**

1. *Covid-19.* In a fast-moving situation, the team were encouraged to assess capacity for remote working to maintain business continuity prior to the release of UK and Scottish Government guidance on reducing use of public transport and working from home where possible. Business continuity measures were adopted on the 17th March entailing a focus on core priorities in planning work and using alternatives to face-to-face meetings. The team are being supported to work from home through help in using videoconferencing and other remote working tools and have been asked to develop work plans deliverable for the short term. The reduction in non-core priorities will enable a focus on some key tasks during the initial phase of disruption to established routines. Communication with team, office, managers and external colleagues has been underlined as paramount to navigating the disruption.

2. We will review events scheduled for April in line with advice as it emerges. We have had one case of self-isolation in the team as of time of writing.

3. We have received confirmation of core funding from Scottish Government of £1.25 million on receipt of draft work plan. Additional stipulation that high-level overview and opportunities linked to formation of Public Health Scotland highlighted.

4. The Memorandum of Understanding (MoU) for core GCPH partners has been redrafted and circulated for discussion at this meeting. As agreed at the December Board meeting the process of revision and any necessary communication with senior officers in partner organisations has been conducted through EMT and we seek final discussion towards approval at the March Board meeting.

5. The work plan for 2020-21 has been drafted and circulated with the papers for this meeting. A summary of the planning session with the Board and GCPH Programme Managers has also been included with key messages incorporated into the work plan. A month 10 finance report and budget plan for 2020-21 accompanies the work plan.

6. NHSGGC's staff engagement survey iMatter will be circulated in March. There was significant team input into the development of an action plan in response to last year's iMatter results with a particular focus around the areas of performance management and application of equitable discretion and opportunities for professional development. The EMT will be informed of the results of this year's survey as they become available.

7. *Social Prescribing and Glasgow Life Pathfinder.* In support of Glasgow Life's ambition to align activity in the area of culture, sport and physical activity to support health and wellbeing improvement in the city, a group from NHSGGC and Glasgow Life met with Emily Wallace and Allan Farmer of the Corra foundation. The Corra Foundation are leading Participatory Cities Scotland to establish participatory platforms (replicating the successful Participatory Cities approach in Barking and Dagenham) across 8 local authorities in Scotland including at least one (currently unidentified) Glasgow site. There is currently a significant amount of investment in social prescribing and allied community-orientated approaches in recognition of the role of services beyond the health service in addressing social determinants of health and wellbeing.

8. *Involvement in strategic groups.* GCPH is represented on the Public Health Oversight Board tasked with promoting and monitoring progress in realising the city-wide ambitions arising from the Public Health Summit and overseeing and coordinating the development and implementation of Glasgow Life's Pathfinder Partnership. There is interest from the group in a range of activity GCPH is involved in including Children's Neighbourhoods Scotland, our joint inclusive growth work and the Glasgow City Food Plan. Pete and Carol will share attendance with contributions from team members for particular agenda items as required. Pete is also representing the Centre on the NHSGGC Public Health Improvement Group (replacing Fiona Crawford) and a Public Health Leadership Group led by Anna Baxendale. This group is looking at organisational development to support a social determinants approach across specialisms.

9. Members of the GCPH team are contributing to the process of public health reform in Scotland in various ways. Public Health Scotland goes 'live' as an organisation at the start of April, and Carol is scheduled to meet with the Chief Executive (Angela Leitch) in early March to appraise her of the work and role of GCPH. Work on the national public health priorities agreed as part of public health reform is being taken forward, with GCPH programme managers contributing to the development of plans for these priorities. For example: Jill Muirie was asked to facilitate a planning event for priority 6 (we eat well, have healthy weight and are physically active); and through the joint work between GCPH and the City Council, Glasgow has been identified as the 'early adopter' for priority 5 (we have a sustainable inclusive economy with equality of outcomes for all). As part of our planning for the 2020/21 financial year, we recognise the importance of demonstrating how GCPH models the 'whole system' approach to public health that is central to the reformed model in Scotland and are considering how best to describe and demonstrate that as an exemplar.

10. Bruce Whyte and David Walsh have also received a request to join the Public Health Intelligence Group established to oversee monitoring of NHSGGC's Public Health Strategy.

11. Work is underway by the University of Glasgow, led by Des McNulty to gather and collate stories of Civic Engagement. Monique Campbell and Jennie Coyle met with University Research Communications colleagues recently to explore and highlight relevant work from GCPH and the wider Social Research Hub. An update will be brought back to the EMT at a future date if necessary.

12. Michael Smith, Associate Medical Director of Mental Health services has contacted the Centre for help in progressing service development work in response to the Adult Mental Health Strategy for NHSGGC and Primary Care Improvement Plans and the recognition of collaborative approaches. Involvement to be scoped out in conversation between Dr Smith, Pete and James Egan for links to Programme 1 work and with a potential mental health service event (see item in Events and Seminars).

13. *Glasgow City Food Plan.* The Glasgow City Food Plan webpage is now live. It includes the report of the development day held in December 2019, the purpose of which was for the six themed working groups to identifying the most important issues for inclusion in the Plan. The groups will meet again to draft their sections of the Plan which will be out for consultation between March and May 2020. The six theme groups are: food poverty and fair food for all; community food; food procurement and catering; food economy; environment and food waste, and; children and young people.

**Developments**

12. *GCC funded post on health and Inclusive Growth.* Val McNeice (Snr Public Health Research Specialist) has continued her placement within the Economic Development team at Glasgow City Council. Val has brought public health expertise to the development and translation of a health focus within the City's Inclusive Growth programme. An action plan will be produced which sets out a range of organisational values and principles, as well as key city-level actions, to support inclusive growth in Glasgow. A series of workshops with participants from across organisations and sectors have been held. The first workshop (held on 28th January) focused on a vision and values for inclusive growth in the city. A second event on 25th February concentrated on how we might deliver on our vision and values, and how will we monitor our progress. A session on the 14th March co-facilitated by Katherine Trebeck (see para 18), explored what the welling economy approach could offer Glasgow and possible roles of anchor organisations such as the NHS and housing associations. Funding has been agreed for a further two years (from 1 April 2020 - 31 March 2022) with expressions of interest from within the GCPH team encouraged.

14. *Children's Neighbourhoods Scotland* continues to develop well. Agreement has been reached on the next four sites – two in South Lanarkshire, and two in Glasgow (Drumchapel and Castlemilk) – and funding secured. Scottish Government support for the expansion of Children's Neighbourhoods continues, and the team met with senior staff from Baillie Gifford (who had provided funding for early development work and research on Children's Neighbourhoods) in January and received a very positive reception to the progress made, and indications of potential ongoing support.

15. *New research funding: National Institute of Health Research - "Common Health Assets: a mixed methods realist evaluation and economic appraisal of how community led organisations impact on the health and wellbeing of people living in deprived areas." and improving health?* We have been informed that this bid led by the Yunus Centre at Glasgow Caledonian University with GCPH as a delivery partner has been funded circa £1.5m. GCPH will lead on the public involvement components of a project entitled with the grant paying for 25% of a Programme Manager for three years.

**Outputs and activities**

16. This section summarises the Centre's outputs and activities since the last Board meeting in line with the agreed approach to communications monitoring and reporting. It includes events and seminars, publications, media and digital activity.

**Events and seminars**

17. At the last Board meeting in December, an update was provided on the Healthier Future Forum event on children and families and the transport and health workshop that had been held in September and October respectively. The summary reports of both events have subsequently been published on the GCPH website along with the presentation slides:
*A Healthy Future for Children and Families*
*Transport and Health: Articulating the Co-benefits to Key Stakeholders*

18. Seminar Series 16 commenced on Monday 2nd December with a seminar by Anna Minton from the University of East London on *'Big Capital: Who is the city for?'*. This explored the current housing crisis and spiralling inequalities in London, the general polarisation and privatisation of cities, and the effects on public space and displaced communities. The seminar was attended by 55 delegates. This seminar coincided with a University strike which affected attendance numbers. The podcast of Anna's seminar is published online.

19. This was followed by our second seminar of the series on Tuesday 4th February by Anna Coote from the New Economics Foundation who made the case for '*Universal Basic Services'* (UBS)*.* In the seminar, Anna argued that expanding the principle of collective universal service provision to everyday essentials such as care, housing and transport is the best way to tackle many of the biggest problems facing the contemporary world such as poverty, inequality and environmental degradation. She suggested that UBS is equitable, efficient, sustainable, and builds solidarity and argued that it offers a progressive, practical and affordable alternative to dependence on cash transfers and market transactions. The seminar was attended by 112 delegates. The podcast of the seminar is published online.

20. Katherine Trebeck delivered our third seminar of the series on 11th March entitled *'Beyond surviving to thriving: understanding the ambition of the wellbeing economy agenda'*. In this seminar Katherine outlined the story of the growing wellbeing economy movement and explored what a shift to a wellbeing economy would entail. She suggested this demands a bolder ambition than many social and environmental ideas being offered and reflected on the scope for the necessary transition to be realised. The seminar was attended by 137 delegates, which was much reduced from the 280 people that had registered. This was mainly due to concerns regarding Covid-19. This seminar was organised in collaboration with colleagues from Economic Development at GCC as part of the developing partnership between GCC and GCPH on health and inclusive growth, currently being taken forward through the joint Health and Inclusive Growth Programme Manager post. Katherine also led a smaller workshop for an invited group the next morning which focussed on taking action to advance Glasgow's economic policy towards a more inclusive model to support better and more equal health in the city. This workshop – the third and final session in a series developed by the Programme Manager for Health and Inclusive Growth – was attended by 18 people from a range of backgrounds and interests pertinent to the inclusive growth agenda. The podcast of the seminar is published online.

21. On Friday 13th March, we hosted a film screening of *'Sorry We Missed You'*, followed by a Q&A with the film's scriptwriter, Paul Laverty. From director Ken Loach behind *'I, Daniel Blake'*, this 2019 film explores the contemporary world of work, the gig economy and the challenges faced by one family fighting an uphill struggle against debt since the

2008 financial crash. The event was attended by just over 200 delegates, many of whom hadn't previously attended a GCPH event. Similar to Katherine Trebeck's seminar, this was number was much reduced from the 480 people who had originally registered, mainly as a result of concerns over Covid-19. A summary of the event is in development.

22. In collaboration with colleagues at NHS GGC and other partner agencies, a half-day workshop on mental health is planned on 28th April. We will review this date in light of Covid-19 advice in the coming weeks (see paragraph 1). The workshop aims to increase understanding of the wider determinants of mental health and explore what a future whole system approach towards good mental wellbeing could look like. An important context for the focus of the event is the establishment of Public Health Scotland, a new national Public Health Priority on mental wellbeing and the Scottish Government's 10-year Mental Health Strategy that acknowledges the need to go beyond health services. The workshop will utilise data from Understanding Glasgow with discussion facilitated by the Glasgow Game to explore the broad range of factors that need to be tackled collectively in order to improve mental wellbeing including poverty, education, social security, employment, justice and transport.

23. Our fourth seminar of the series will be delivered on 29th April (see caveat in paragraph 1) by Dr Angela O'Hagan of the WiSE Centre for Economic Justice at Glasgow Caledonian University entitled 'Dignity and respect in the care economy'. In this seminar Angela will explore how we apply human rights and gender equality principles in the provision and resourcing of care. Taking a feminist economics perspective, she will discuss the gendered dimensions of the care economy, considering how care is valued and remunerated in the realities of economic and social infrastructure. Drawing on examples from practice, issues of equality will be explored, along with human rights, and the diversity of people being cared for, unpaid carers, and people employed in the care sector. In considering how public debates on resourcing care are formulated, Angela will discuss how gender and human rights budgeting support public policy decisions. She will argue for human rights leadership to secure a shift in perspectives from care as a problem of resources in a restrictive economic climate, to care as a necessary process of ensuring dignity and respect for individuals, families and communities.

24. Other events in development include a seminar and possible healthier future forum on the global economic recession and participative and deliberative democracy; and a number of events on climate change in the run up to COP26.

**Centre contributions to partner/other events**

25. Carol Tannahill has been asked to input to the strategy review and development of the Carnegie UK Trust and to be a member of the international reviewer panel for a new Centre for Population Diversity in Berlin, funded by the Einstein Foundation. These are examples of the way in which GCPH expertise and experience is being recognised by other Centres within the UK and internationally

26. The Scottish Leaders Forum is establishing five action groups to establish a collective focus on priorities for delivering the National Performance Framework. Carol has been asked to co-chair the Action Group on Data and Evidence, and to be a member of the Action Group on Child Poverty. The work of these groups will feed into the next Scottish Leaders Forum event in late 2020.

27. James Egan was invited to attend a recent 'health justice workshop' at the British Academy in London chaired by Professor Dame Hazel Genn, (Director of UCL Centre for Access to Justice) and Professor Dame Anne Johnson (Chair of UK Committee for

Strategic Coordination of Health of the Public Research). The workshop brought together researchers, policymakers, judiciary, practitioners and funders to explore the role of law in creating and mitigating health inequalities. There were contributions from Australia, USA and Scotland. A post-workshop report will be circulated. James and other workshop contributors (Kate Burton and Roddy Samson) then met with a group of SNP MPs at the House of Commons to share learning on integrating welfare advice in GP practices. The meeting was chaired by Neil Gray MP (Airdrie & Shotts) and provoked wide-ranging discussions, including an expressed interest to hear more about the GP integrated welfare advice services in north east Glasgow which was recently evaluated by the GCPH.

28.  Members of the team continue to contribute to university and other courses. Over the past few months this has included presentations to University of Glasgow students as follows: on health and health inequalities to year 2 nursing students (Bruce Whyte); on the use of evidence in policy to Evidence, Evaluation and Policy course students (Bruce Whyte); on health inequalities to Sociology of Health and Illness course students (David Walsh). Bruce Whyte also presented on health and active travel to Higher Geography students at the Glasgow Gaelic School.

29.  David Walsh has presented the findings of the ACEs systematic review at an NHS GGC staff training session in January and will be repeating this again in April. He also presented the new mortality analyses to the Directors of Public Health last month.

30.  On 17th January, we hosted a delegation of senior Dutch health and care representatives who were visiting Scotland for a five-day study visit. Their visit to us commenced with a walking tour of the area led by Ian Manson of Clyde Gateway. This was following by a broad overview of GCPH and David Walsh's work on excess mortality and population health trends. They were also particularly interested in how integration (H&SC) has developed and what it is enabling in terms of change and transformation. In this regard Michael Smith provided input on approaches being taken on mental health (and addictions) which demonstrated the opportunities that have come from integration, while Lorna Kelly provided input from a primary care perspective.

31.  In February Bruce Whyte presented on Poverty, Health, Transport and Sustainability at a Planning and Demographic Change event being held by the Royal Town Planners Institute. Jill Muirie also sat on a panel on Tuesday 25th February to discuss Glasgow's net zero ambition and how Sustainable Glasgow as a platform can support the city's ambition. The event was held in the SEC and is to be the first of many conversations across the city to explore how organisations can work together to achieve carbon emissions targets.

32.  Lisa Garnham will deliver a presentation on the Housing through Social Enterprise research published last year at the Realist Evaluation Conference 2020 in Dublin in March. This presentation will specifically focus on the methodology used for the study and how it tried to marry a realist methodology with the capabilities approach.

33.  Some collaborative communications work is underway with NHS Health Scotland/the new Public Health Scotland and others involved in the Mortality Special Interest Group to develop a communications strategy for the totality of the work and develop a set of key messages and shared resources.

**Publications**

34. Lisa Garnham recently co-authored a report on [tenant participation in the private rented sector](#). Commissioned and published by the UK Collaborative Centre for Housing Evidence (CaCHE). The report reviews the evidence on tenant participation and activism in the private rented sector. It looks at UK and international sources of academic and non-academic evidence to explore how tenant activism works and what its impacts are in different contexts. An accompanying [blog has also been published](#).

35. To aid accessibility of the key messages from the recently published systematic review on the relationship between ACEs and childhood socioeconomic position (SEP), we have published a [two-page summary](#).

36. *Cycling in Scotland: a review of cycling casualties, near-misses and under-reporting* (Mairi Young and Bruce Whyte). Published in February, this review combines analysis of reported cycling casualties in Scotland in the 23-year period from 1995-2018 with a literature review of under-reporting of casualties and near misses. The report adds to the evidence that motor vehicle speed, infrastructure, cultural norms and individual attitudes are key mechanisms which influence cycling participation and contribute to physical and perceived risks of cycling. The report recommends a number of actions if Scotland is to reach its target net-zero emissions by 2045 and facilitate a shift to sustainable transport modes, while improving safety for cyclists. An [executive summary](#), accompanying infographic and [press release](#) are also published on the website.

37. [Children's Report Cards](#) (February 2020). Four new report cards were published in February which focussed on the [environment](#); [income inequality and poverty](#); [demographic trends](#); and [21st century issues (including social media)](#). Two further report cards are in development on healthy diet and weight; and safety. These present public health information on children and young people's health and wellbeing in the Glasgow City Region (GCR) across a range of indicators. The GCR comprises eight local authorities: Glasgow City; East Dunbartonshire; West Dunbartonshire; Renfrewshire; East Renfrewshire; Inverclyde; North Lanarkshire; and South Lanarkshire. This work builds on the previous GCPH children and young people's profiles, ScotPHO children's profiles and newer data sources. The report cards are the product of a working group led by GCPH and supported by ISD. Additional group members included: Glasgow HSCP; NHSGGC; and GCC. The intention behind the report cards is to provide robust evidence and policy ideas to inform children's services planning and future policy in the Glasgow City Region. Targeted dissemination to raise awareness of the data and encourage their use will take place over the coming months.

**Forthcoming publications**

38. *Exploring the cost of the pregnancy pathway*. This commissioned qualitative research by GCPH, NHS Health Scotland, NHS Greater Glasgow & Clyde and NHS Ayrshire & Arran, explores the financial impacts of pregnancy for expectant and new families on low-income families in the two respective NHS Board areas with a view to establishing any cost-related barriers to these audiences accessing ante-natal healthcare and exploring what health services can do to support the financial wellbeing of expectant parents and their families. The findings will be used to inform the development of strategies to better support low income families during pregnancy and into the early stage of family life.

39. *'Building a healthier future for children and families in Scotland: What more have we learned?'* This early years' synthesis update has been postponed due to staff capacity being employed elsewhere (inclusive growth) and retirement of early years' lead, Fiona Crawford. We will review options for publication.

**Journal articles**

40.     Waite D, Whyte B, Muirie J. From an agreeable policy label to practical policy framework: inclusive growth in city-regions. *Journal of European Planning Studies* 2019 doi.org/10.1080/09654313.2019.1691507

**Media**

41.     GCPH evaluation of Sistema Scotland mentioned in *Dundee Evening Telegraph* article: "Children showcase Big Noise at annual Christmas concert" (16.12.19). The evaluation of Sistema Scotland also continues to retain a relatively high profile elsewhere, with the findings being quoted in a number of different forums over the past couple of months. This includes in the keynote presentation by Leonie Bell (Strategic Lead for Cultural Regeneration at Renfrewshire Council) on 'Culture, health and social change' at the Faculty of Public Health Conference in November, and in two separate parliamentary debates at Holyrood – one in January in which Alison Thewliss highlighted the evaluation in a debate on the contribution of music to the economy and society, and more recently by Joan McAlpine in a debate on social prescribing.

42.     In response to a Herald article on stalling life expectancy, a letter to the Editor co-authored by David Walsh and Gerry McCartney (NHS Health Scotland) and a subsequent follow-up article "Inequality must be reduced to improve life expectancy" were published in the Herald in December 2019 and January 2020 respectively.

43.     Our report on cycling casualties was covered in a *Glasgow (Evening) Times* article "Safer roads needed in Glasgow as serious cycling injuries rise" (25.02.20).

**Digital**

44.     The winter issue of the GCPH e-update was circulated to our almost 3,000 network subscribers at the start of February. The open and click rates for this remain stable at around 30%. A shorter tailored e-update for GCC elected members was also issued this month.

45.     Our infographics continue to be one of our more popular resources, particularly on social media. Our collection of full infographics is collated on one page of the website in the publications section making them easier to view, download, share and print. This page is proving a very popular part of the website, accounting for 5% of the unique page views in the section.

46.     Since sharing our Seminar Series podcast via the dedicated pod sharing platform podbean (as well as being available on Spotify) we have seen an increase in the use of our audio content. This is likely to be because people can now access our content when they search on Podbean or Spotify for topics which interest them and do not have to be aware of GCPH or specifically visit our website to access the content. This should continue to grow organically as we add more content and continue promotion of our podcast on social media and through the e-newsletter.

**Looking ahead**

39. This time in the annual cycle inevitably involves a greater focus on planning and reporting. The 2020/21 workplan will be presented for the Management Board's consideration and approval in March, and the performance report for 2019/20 will go to the June Board meeting. It is also, as reported above, a busy period for communications events and activities.

40. Establishing a good relationship with Public Health Scotland will be a priority, although we recognise that the processes of filling posts and developing new ways of working will inevitably mean that it will take some time before joint working with GCPH – and the relationship between the two organisations – are formalised. Our distinct contributions to the public health priorities and to role-modelling 'whole systems working' will be a particular focus for us in this phase.

41. Other key strategic developments in coming months include: working with GGC public health colleagues to clarify and strengthen the role of GCPH in the collective leadership of the public health strategy for GGC; contributions to the Public Health Oversight Board with GCC, to ensure that this new structure effectively builds on the public health summit and strengthens the health impact of community planning in Glasgow. The Glasgow City Food Plan's drafting in time for public consultation in the Spring will be a key priority as will new developments to support the ability of services to respond to the wider determinants of health through developing work on the wider determinants of mental health and supporting Community Links practitioners to understand the ingredients of success within the Glasgow context.

**GCPH**
**March 2020**

**Glasgow**
**Centre for**
**Population**
**Health**

**Glasgow Centre for Population Health**
**Management Board Meeting**
**25th March 2020**

## Budget position: 1st April 2019 to 29th February 2020

**Recommendations**

The Management Board is asked to note:

- The Centre's financial position for the period April 2019 to end-February 2020 detailing expenditure of £1,148,896 against a revised annual budget of £1,401,694.

**Commentary on Table 1**

There are a number of points to note in respect of the budget position for 2019-20.

1.  The budget has been revised in respect of two significant budget amendments which were noted in the October report; namely the additional funding from Scottish Government of £25,000, and the loss of funding related to Community Links Workers of £69,000. Therefore the revised budget is reconciled as follows:

    | | | |
    |---|---|---|
    | i. | Former Expenditure Budget  (October 2019) | £1,445,694 |
    | ii. | Add Funding from Scottish Government | £25,000 |
    | iii. | Subtract loss of Community Links Workers Funding | - £69,000 |
    | iv. | Revised Budget | £1,401,694 |

2.  Overall the current forecast for the Centre for the financial year indicates a variance of £100,090. This is largely related to vacancies and maternity leave within the core staffing budget.

3.  Work continues to secure additional external funding and £83,000 of additional funding has been received from a variety of funders and will require to be deferred into 2020-21 to complete the work plans associated with these funds. As GCPH has a liability to complete this work as agreed with funders there is a degree of flexibility available to defer funds and meet the liability in the incoming year.

4.  The staffing budget is likely to underspend in year. There are a number of reasons for this including vacancies generated as staff take up promoted posts within the team, vacancies within the partner organisations against which GCPH makes a contribution and an ongoing maternity leave which is not being backfilled. Taken together these underspends generated circa £84,000 – the largest part of the £100,000 forecast variance.

5.  Following a number of retirals and vacancies within NHS GGC Public Health it has not been possible to secure additional discrete input to GCPH from NHSGGC Public Health. However it is hoped that once recruitment is progressed this arrangement can be reinstated.

6.  Programme expenditure lines are tracking fairly close to budget and are expected to fully commit their expenditure budget over the final weeks of financial year 2019-20. The exceptions to this are Programme E2 Understanding Health Inequalities and E8 communications. The budget line E2 includes a commitment to fund a post in partnership with the University. This post became vacant part way through the year and as yet has not been replaced. In terms of E8, a communications review is planned but has not sufficiently progressed to be included in the 2019-20 accounts.Funding requirement is expected to be approximately £20,000 and it is proposed this is progressed in 2020-21.

7.  Board members are requested to:

    - Note the contents of this report.
    - Approve the deferral of £83,000 of external income.
    - Note the forecast budget variance at £100,090 favourable.
    - Note planned carry forward of £100,000 Expenditure Funding.

**Fiona Buchanan**
**13th March 2020**

**2019-20 Financial Plan**

| | | Planned 2019/20 - updated £ | Actual to February £ | Forecast Out-turn £ | Forecast Variation from Budget £ |
|---|---|---|---|---|---|
| | **Income** | | | | |
| I 1 | Annual SG Allocation | 1,275,000 | 1,275,000 | 1,275,000 | - |
| I 3 | Other Income | 124,743 | 187,904 | 118,904 | 5,839 |
| | **Total Income 19/20** | **1,399,743** | **1,462,904** | **1,393,904** | **5,839** |
| I 4 | Carry Forward from previous years | **1,951** | | **1,951** | **-** |
| | **Total Available 19/20** | **1,401,694** | **1,462,904** | **1,395,855** | **5,839** |
| | | | | | |
| | **Expenditure** | | | | |
| | Research: | | | | |
| E 1 | Action on Inequality | 32,000 | 14,985 | 30,985 | 1,015 |
| E 2 | Understanding Health Inequalities | 36,000 | 21,370 | 21,370 | 14,630 |
| E 3 | Sustainable Inclusive Places | 20,200 | 4,313 | 20,313 | (113) |
| E 4 | Innovative Approaches to Improving Outcomes | 12,700 | 6,080 | 12,780 | (80) |
| E 6 | Training & Development | 10,794 | 10,371 | 10,371 | 423 |
| E 7 | Community Links Workers | - | - | - | - |
| | **Total Research** | **111,694** | **57,119** | **95,819** | **15,875** |
| | | | | | |
| | Communications: | | | | |
| E 8 | Communications | 45,000 | 28,502 | 29,702 | 15,298 |
| | **Total** | **45,000** | **28,502** | **29,702** | **15,298** |
| | | | | | |
| | Management and Administration | | | | |
| E 9 | Centre Management, Admin & Running Costs | 25,000 | 9,383 | 19,733 | 5,267 |
| E 10 | Accomodation Costs | 118,000 | 121,560 | 117,560 | 440 |
| E 11 | Core Staffing | 1,102,000 | 932,332 | 1,032,951 | 69,049 |
| | **Total Management & Admin** | **1,245,000** | **1,063,275** | **1,170,244** | **74,756** |
| | | | | | |
| | **Total Expenditure** | **1,401,694** | **1,148,896** | **1,295,765** | **105,929** |
| | | | | | |
| | **Balance** | **-** | **314,008** | **100,090** | **(100,090)** |

**Glasgow Centre for Population Health**
**Management Board Meeting**
**25 March 2020**

### High level overview of work plan 2020-21

1.  The 2020-21 work plan sets out how the Glasgow Centre for Population Health will achieve and develop its purpose of working across the boundaries of research, policy, implementation and community life to generate insights and evidence, support new approaches, and inform and influence action to improve the city's health and tackle inequality.

2.  We do this through a focus on our core areas of expertise and ways of working that produce a distinct contribution to creating better and more equal health in Glasgow. These ways of working have led the development of the key success indicators included in this work plan by which we can appraise the progress we are making. From evaluating past experiences of impact and core partner feedback, we are confident that the continuing focus on the provision of data and insight, supporting the translation of research evidence into practical ways of working, an attention to social justice, leadership for new approaches, and accessible communications, best supports and develops the capability of those in the wider public health landscape to create the conditions for health in the city.

3.  The establishment of Public Health Scotland is a key contextual issue for the coming year. We believe our approach has much to offer the new body as its working practices develop – of cross-sector working and our role in supporting development of the innovative approaches required to respond to a dynamic set of social, economic and service-related drivers of health inequality. We take account of PHS's six national priorities and seek to work with the new body in the coming year in relation to whole-system working and to support responses to a changing demographic profile and the new challenges it presents including how the new body can respond to experiences of inequality that intersect with socioeconomic status.

4.  We seek to work in a responsive and flexible way, applying our resource to where shifting trends and patterning in health and inequality suggest we can maximise our impact in support of wider efforts. Late during the production of this work plan, COVID-19 emerged as a new and unprecedented priority in the protection and promotion of the population's health. New elements of this work plan will therefore emerge in the first quarter of the year. We will offer a distinct contribution to the COVID-19 response in line with the current understanding of where and how we offer value, likely to be in the areas of community resilience and effective responses and monitoring the inequalities

dimensions of the pandemic at local and national levels. These responses and implications for existing work will be decided through our existing governance structures.

5.    We seek approval of the contained work plan on this basis.

**Glasgow Centre for Population Health
Management Board Meeting
25 March 2020**

**2020-21 Work Plan**

**Recommendations**

The Management Board is asked to:

1. Consider whether the proposed GCPH programme of work meets partner expectations and collective priorities for the 2020-21 financial year.
2. Approve the plan or agree any required revisions.
3. Note the implications for partners in terms of support for delivery and uptake of learning as consistent with agreements within the partners' Memorandum of Understanding.
4. Note that, at the time of writing, the COVID-19 situation is anticipated to impact significantly on timescales for delivery and the approaches taken. Details are of course unknown. An update on these implications will be provided at the June 2020 Management Board meeting.

**Overview**

1. The Glasgow Centre for Population Health was established to understand and identify solutions to support improvement in population health and the reduction of inequalities. Focussed on Glasgow, we aim to produce and communicate learning to improve health outcomes in this city but with applicable learning for elsewhere. Since our establishment in 2004, this has been achieved through the generation of trusted and reliable evidence and practical support for partners working to improve population health outcomes and reduce associated inequalities in the city, the city region or nationally.

2. The Centre is now an established part of the public health landscape in Scotland. GCPH's position as a partnership between Glasgow City Council, the University of Glasgow and NHS Greater Glasgow and Clyde means the Centre is a setting where practitioners, policymakers, researchers and local people come together to understand and develop responses necessary to improve the conditions that promote health and wellbeing in the city. We also work with other key organisations (including HSCPs, ALEOs, other Universities, communities and the third sector) to ensure our work is relevant and responsive to their needs and that we work effectively across organisational and disciplinary boundaries.

3. This work plan seeks to maintain the Centre's continuing contribution against an evolving set of population health trends and strategic priorities. The 2020-21 plan takes account of continuing commitments we are required to deliver and areas of new investment where there is need and potential for evidence and support for effective ways of working. In developing the work plan we listened to our core partners and other organisations who share a commitment to delivering better and more equal health in the city so that our work plan remains responsive to a range of local and national priorities.

**The structure of this work plan**

4.  The work plan is in three sections. This document 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 (Appendix 1) provides a high-level overview and connections with national and local priorities. A matrix document (Appendix 2) sets out the individual projects in the plan with key delivery milestones for the year. Both a medium-term description of the changes we seek to achieve and within year milestones towards these outcomes are discernible.

**Our role in improving health and reducing health inequalities: A population health focus through local and national organisational priorities**

5.  Increasingly, there is recognition that improving population health requires concerted and aligned action across a range of organisations, disciplines, policy and practice areas. This is a consequence of the growing understanding of the role that social determinants (including social, economic, environmental, place and service-based characteristics) play in shaping the opportunities and barriers to health and wellbeing. This means the ability to improve health and wellbeing outcomes across the city population does not rest with a single organisation. This recognition is demonstrated through Glasgow's cross-sector Health Summit and its subsequent city-wide activity and also through the establishment of Public Health Scotland with its stated commitment to whole-system approaches and working across the boundaries of local authority and health board remits.

6.  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 the collective understanding and development of responses that address the multiple determinants of health across and within those sectors. We do this in a manner proportionate to our resource and appropriate to our expertise but, as much as possible, aligned with partner priorities that act as points of common focus for addressing the underlying conditions that shape population health outcomes. For 2020-21, common points of focus include the following:

    *   Public Health Scotland's (PHS) six national priorities provide an important common framework for action to improve population health. The priorities to which our expertise adds support and learning most centrally include:
        *   the ambition for Scotland to be a country where we live in vibrant, healthy and safe places and communities,
        *   a focus on the early years and specifically the impact of and responses to poverty in early childhood,
        *   mental wellbeing – particularly the role of non-specialist services in managing demand and addressing underlying complex need,
        *   a sustainable, inclusive economy with equality of outcomes for all with a GCPH focus on understanding and implementing the health dimensions of inclusive growth,
        *   a Scotland where we eat well, have healthy weight and are physically active.

    *   The Glasgow City Health Summit's shared ambitions relate to:
        *   achieving place-based working in a manner empowering to local people, asset-based, orientated towards health gains and supported by collective leadership,
        *   establishing a culture of wellbeing with all services and policies seeking to maximise their contribution to improved outcomes,

- a focus on inclusive and sustainable growth focussed on health, social and economic outcomes.

- The NHS Greater Glasgow and Clyde ten-year Public Health Strategy (*'Turning the Tide Through Prevention'*) has six core programmes, which focus on:
    - understanding the needs of the population,
    - tackling the fundamental causes of poor health and health inequalities and mitigating their effects,
    - applying a life-course approach, recognising the importance of early years and healthy ageing,
    - intervening on the intermediate causes of poor health and health inequalities,
    - improving the quality of services.

- Glasgow City Health and Social Care Partnership's priorities include:
    - the priority of early intervention and prevention, within this work plan through a range of life course orientated and poverty mitigation work,
    - the Primary Care Improvement Plan with particular reference to social prescribing interventions,
    - the Mental Health Strategy with focus on non-specialist mental health services.

- Our partnership with the University of Glasgow and commitment to our Bridgeton base within the Olympia Social Research Hub (SRH). We will continue our involvement in the Olympia project to support the Hub's core activity of scoping, testing, evaluating and monitoring policies and interventions aimed at addressing inequalities, supporting processes of change through joint projects such as Children's Neighbourhoods Scotland and community engagement and knowledge exchange.

**Responding to emerging priorities**

7. Many current partner priorities reflect established GCPH investment in researching and translating promising ideas and approaches to the mainstream of policy and practice. Our long-term and sustained commitments to topics such as active travel and sustainability, asset-based approaches, participation and empowerment, and whole-system approaches to food, place and resilience have become adopted in the business plans of organisations where the levers to population health improvement lie. We will continue to support these investments and their effective delivery with evaluative evidence, insight and convening of networks of action. However, we will also maintain a view of challenges to be improved and more equal health not currently embedded in headline local and national strategies.

8. The following priorities have been identified through our team's connection with communities of research and practice as well as engagement with our partners and Board:

    I.   **Understanding and responding to the latest trends in life expectancy and mortality**. An evident stalling of life expectancy led by increases in mortality in the most deprived communities has come into focus over the past 12 months. There is an appetite for intelligence which supports and informs local, place-based decision making and action. Our work plan features further analytical work, the development of area-based summaries and continued action to understand the impact of interventions and policies at community levels within the city.

    II.  **Whole-system approaches and applying a social determinants perspective to population health priorities.** The interest in and appetite for better understanding

whole-system approaches and how they are established is a cross-cutting priority of Public Health Scotland. GCPH has become recognised as an exemplar whole system organisation with the potential to inform regional working as it develops within the operating model of the national public health body. Relatedly, the Centre's ability to convene cross-sector groups (such as with our food, Adverse Childhood Experiences and early years work) has the potential to promote the development of social determinants approaches to a range of current challenges including mental health and ambitions to shift services towards prevention. The growing demand for evidence to understand and inform the use of social prescribing also fits here.

III. **Inequalities and protected characteristics**: Our commitment to understand issues of race and racialisation in both public health data and workforce will make an important and distinct contribution over the coming year. We will seek to work collaboratively, developing responses reflecting growing population diversity and addressing gaps in knowledge relating to racialised health inequalities.

IV. **Climate change and adaptation**: Our work will support city ambitions to achieve carbon neutrality through a distinct contribution to understanding the social justice implications of the climate emergency and associated adaptations by utilising the crisis as a driver of democratic engagement and participation and connecting areas of population health concern such as food poverty, active travel and broader prevention agendas.

V. **Understanding the health dimensions of Inclusive Growth**. Through an established partnership with the city's Economic Development team, GCPH will develop a plan of action based on understanding the relationships between population health and productivity and how we can maximise the health benefits of economic growth.

**How we understand and deliver impact**

9. The GCPH purpose statement informs and provides coherence to wide range of activity, outputs and ways of working that the Centre engages in. According to this purpose statement, GCPH's role is to:
   *Work across the boundaries of research, policy, implementation and community life to generate insights and evidence, support new approaches, and inform and influence action to improve the city's health and tackle inequality.*

10. Describing progress towards our purpose rests on two broad categories of activity:
    I. a range of data, evidence and analysis activities and,
    II. a continued commitment to, and development of practice to deliver processes of collaboration, knowledge translation and 'real world' application.

11. Delivering on both of the above requires a broad set of skills within the team including specialists in a range of data collection, analysis and interpretation methods; researchers and evaluators; and community engagement and communications specialists. All possess an alertness to partner priorities and resource, the broader trends and drivers of population health and focus on producing actionable and useful learning. Across the team, we continue to invest in strengthening engagement and influencing skills and working in partnership with communities to build community assets, local capacity and capabilities.

12. At the level of individual projects, many but not all, of the requisite skills and approaches for the successful production and translation of knowledge will be present. It is across the breadth of our work that the Centre's distinct contribution comes into a clearer focus.

Impact is understood with reference to our six characteristic ways of working which, from experience and partner and end-user feedback, shapes our contribution to change in the city-wide conditions that shape health. The six ways of working that cut across our work plan are defined below and in Table 1 overleaf as:

I.    Building and developing GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.
II.   Supporting through collaboration the identification, development and assessment of promising investments and action to improve population health.
III.  Maintaining a profile on the social justice and inequality implications of investments, interventions and policies.
IV.   Maintaining a future perspective and displaying leadership in considering new and emergent issues.
V.    The continued development of GCPH as an exemplar organisation, in its ways of working and delivering with a focus on use of evidence, insight, coproduction and community engagement in the development of responses.
VI.   Evolving effective communications, to maintain our position as a trusted voice on health inequities in Scotland, diversity our audience and provide outputs that support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities.

13. These underpin our impact and influence in the wider partner landscape and guide our indicators of success. By remaining focused on these ways of working, we maximise the potential of our efforts and resource to inform and influence action to improve the city's health and tackle inequality.

**Resources**

14. At time of writing await final confirmation of the core GCPH budget for 2020-21 and have planned on a core budget of £1.25m with additional income for specific pieces of work as documented in the Budget Plan (GCPH Board Paper 395) to be approved at the March 2020 Board meeting. As requested by the Board in December 2018, greater emphasis will be placed on income generation over the year ahead to support new work and to recoup value which has previously been understood as 'in-kind' contribution. The full-time equivalent (FTE) staffing at the start of 2020-21 (including three externally funded attachments) is 22.5 FTE. The GCPH structure includes a Director (0.4.FTE) and full-time Associate Director, seven programme mangers (with an additional post vacant and one funded by GCC), seven research specialist posts and two community engagement specialists. Our Communications and Administrative functions comprise a FTE of seven.

**Table 1: How GCPH work plan delivers on headline purpose**

Working across the boundaries of research, policy, implementation and community life, the GCPH generates insights and evidence, supports new approaches, informs and influences action to improve the city's health and tackle inequality

## GCPH purpose

| **Source of evidence, knowledge and insights** on patterning and trends in health, inequalities and their determinants | Support the **development and application of promising investments and action** to improve population health outcomes | Focus on the **social justice and inequality implications** of investments, interventions and policies |
| --- | --- | --- |
| **Future perspective and leadership** in considering new and emergent issues | **The way we work as an exemplar** in the use of evidence, co-production and community engagement in the development of responses | Evolve **effective communication**, growing the size and diversity of networks and adapting outputs |

## Distinct ways of working, each associated with success indicators

| Programme 1: Inequality across the life course | Programme 2: Understanding Glasgow's health | Programme 3: Sustainable inclusive places | Programme 4: Innovative approaches to improving outcomes | Communications |
| --- | --- | --- | --- | --- |

## Work plan: individual projects and deliverables

### The core GCPH programmes of work

15. The Centre's work plan is organised through four core programmes of work which are supported by a Centre-wide communications strategy and our administrative function.  Led by at least one Programme Manager, the four Programmes are as follows:

- Programme 1:  Action on inequality across the life course
- Programme 2: Understanding health, health inequalities and their determinants
- Programme 3: Sustainable and inclusive places
- Programme 4: Innovative approaches to improving outcomes

16. What follows is a summary of each programme and the communications function, highlighting key pieces of work for 2020-21. The sections on 'pathways to impact' set out the relationship between the programme activity and our model of impact and influence and local and national priorities.

## Programme 1: Action on inequality across the life course

### Aims and purpose

17. This programme responds to the role played by the experience of poverty and socio-economic inequality as a key determinant of a range of population health outcomes. It builds evidence, knowledge and insight into the impacts that poverty and inequality have on health and quality of life across the life course. The work of the programme makes a

significant contribution to the Centre's focus on the social justice and inequality implications of investments, interventions and polices through:

- Developing understanding of the impacts that changing experiences of poverty and inequality have on health and quality of life across the life course with associated development of actions to mitigate their effects.
- Provide evidence for action on poverty and inequality that shifts the balance of decision making more clearly towards proactive and preventative approaches.
- Developing and strengthening engagement and influencing skills to support partner efforts to tackle poverty and inequality.
- Working in partnership with communities to build community assets, local capacity and capabilities and improve services.

**Key projects and deliverables for 2020-21**

- Continued support for tackling child poverty across NHSGGC including sharing accessible health information on children and young people through Children and Young People's Profiles and Report Cards.
- The second phase evaluation of the Sistema Scotland work providing evidence of educational outcomes.
- Development of an interdisciplinary collaboration to understand the key issues facing young people across transitions to adulthood.
- Evaluation of preventative approaches to housing and welfare for vulnerable groups in collaboration with Glasgow City Council, Simon Community and Registered Social Landlords.
- Partnership work to develop new responses to address service demand and underlying need in relation to mental health services.
- Delivery of Children' Neighbourhoods Scotland intervention in six sites and associated evaluation.
- Collaborating with a cross city partnership to explore the public health impacts and implications for action on gambling.

**Pathways to impact**

18. A key component of this programme involves supporting Scottish Government and local delivery partners to mitigate poverty across the life course through understanding changing experiences of poverty, vulnerability and welfare. New work with Glasgow City Council and commissioned delivery agencies will evaluate the delivery of support for populations having experienced or vulnerable to homelessness. This work covers three service delivery components: the Simon Community providing support for homeless people, including rough sleepers, who struggle to access support; support for people in the Private Rented Sector affected by the benefit cap and welfare reforms, and a pilot project supporting people moving from homelessness accommodation into a tenancy operated by four Registered Social Landlords. The first evaluation advisory group meeting took place at the end of 2019-20 with field work and subsequent analyses to be completed in the summer. The final report is expected winter 2020.

19. The Programme's positioning on NHSGGC Public Health and Housing Group, Welfare Advice and Health Partnership (WAHP established by Scottish Government and COSLA) and Scottish Welfare Reform and Health Impact Delivery Group (Scottish Government, NHS Scotland and third sector forum to consider impact of welfare reforms on population health) provide means of disseminating learning alongside GCPH communications support.

20. Historically this programme has had a strong focus on the early years and mitigation of family poverty at this key life stage. This year the programme develops in new areas by considering challenges associated with the contemporary experience of young adulthood. An established advisory group, comprising stakeholders from Glasgow City Council, NHS Greater Glasgow and Clyde, City of Glasgow College, University of Glasgow and Glasgow Housing Association will continue to meet to interpret new research with young people from different socioeconomic backgrounds in Glasgow. This commissioned work will explore factors that support or hinder young people's transitions into adulthood, through focus groups within each SIMD quintile to gain insights into a broad range of factors that may combine to shape the lived experience of young adulthood as driven by trends in the economy and labour market, housing and other dimensions of welfare. The learning and evidence gathered will form the basis for discussions at youth forums and planning structures, such as Children's Services Partnerships, and the Strategic Health Employability Group to support assessment of the implications and future action required.

21. Children's Neighbourhoods Scotland (CNS), a core partnership project within the Olympia Social Research Hub, takes a place-based approach to improving outcomes for children and young people in neighbourhoods with high levels of poverty. The programme is supported by *Every Child, Every Chance: The tackling child poverty delivery plan 2018-2022*. During 2020/21 all six CNS sites will be established with three sites in Glasgow City, one site in West Dunbartonshire and two sites in South Lanarkshire. The research and evaluation team will work across all sites in line with the programme evaluation strategy and local research framework for the duration of the programme (funded until March 2022). A national advisory group will provide guidance, advice and a critical perspective to the programme team.

22. The Sistema Scotland evaluation enters a second phase as the cohort transitions to young adulthood. Quantitative analysis initiated in February 2020 will compare educational attainment and post-school destinations of Big Noise participants in Raploch with a control group. The work will be supported by a recent data sharing agreement with Stirling Council. Looking ahead, it is envisaged that adopting a life-course approach could lead to this work capturing important learning on a range of important social and welfare outcomes up until 2025.

**Programme 2: Understanding health, health inequalities and their determinants**

**Aims and purpose**

23. This programme produces new analyses to improve understanding of the trends in health inequalities and their determinants at a national, city and local level (and within an international context). It delivers on the Centre's aim of being a trusted and credible resource for the city to understand and respond to the challenges to creating better and equal health through providing a key population health observatory function. The programme also has a key role in helping shape the Centre's broader activity across the work plan in identifying emerging issues and aims to develop policy recommendations that can be used to influence policy locally and nationally. In so doing the work of the programme makes an important contribution to developing GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.

24. We have good evidence that the Understanding Glasgow website resource and associated summaries and indicators are well used by policymakers, academics, community organisations and schools. Activity will continue to promote the sustained use of data profiles and summaries in informing decisions and investments locally. Building on past work and utilising newer data sources, five Children's Report Cards were published in

March 2020 and promotion and assessment of their use will continue over the coming work year. The report cards were compiled from a series of data sources and present public health information on health and wellbeing indicators in the Glasgow City Region. Sessions of the Glasgow Game will be run at an event on mental health and at a session being developed with the Glasgow Science Centre. The team are also responsive to opportunities such as media attention on population health trends where the use of our data summaries and activity can be utilised.

**Key projects and deliverables for 2020-21**

- Analysis and reporting on key health, social and demographic trends in Glasgow and Scotland (e.g. mortality trends, new life expectancy analyses (by neighbourhood), international health comparisons, continued monitoring of health and its determinants by means of Understanding Glasgow).
- Supporting the monitoring of NHSGGC's ten-year Public Health Strategy building on developmental work previously undertaken on indicators.
- Analysis to understand health inequalities and their determinants to develop recommendations to inform policy including understanding the impacts of recent austerity-driven policies on mortality trends (including publishing, and publicising, specific mortality trends analyses) and national and international mortality analyses.
- Progressing work on understanding differences in the experience of poverty and deprivation between Scotland and England.
- Further comparative analyses of health outcomes and determinants in Glasgow and Scotland with elsewhere.
- The children's report cards and updated analysis of health and demographic trends in 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. The intention is to disseminate the findings from these publications widely.
- Maintenance, development and promotion of Understanding Glasgow as an accessible resource for understanding health and its determinants within Glasgow.

**Pathways to impact**

25. Success for this programme is determined by routine use of population health data and analyses by service planners, decision-makers, citizens and communities. Involvement in forums such as the Public Health Intelligence Group within NHSGGC ensure the Programme's expertise and analytical insights are incorporated into monitoring the local Public Health strategy. Indicators of academic credibility in our research practice, through indictors such as peer review publications and research funding.

26. The programme works in engaged relationships with a broad set of partners and networks. Key partners include Public Health Scotland (colleagues formerly located in NHS Health Scotland), the University of Glasgow (especially the MRC SPHSU), as well as those further afield including elsewhere in Scotland (e.g. University of Edinburgh, University of Strathclyde), United Kingdom (e.g. University of Oxford) and internationally (e.g. Boston University). Projects are chosen to be policy relevant and seek wide dissemination of results.

**Programme 3: Sustainable and inclusive places**

**Aims and purpose**

27. The purpose of this programme is to support change to enable Glasgow to become a more inclusive, resilient and sustainable city. The places where we live and grow-up exert strong

influences on our health, wellbeing and inequalities across the city. It is known that living in areas of deprivation and experiencing poverty and inequality can limit opportunities and access to resources foundational to living a healthy and meaningful life. This programme explores and promotes action and investment that increase and equalise access to a range of health enhancing place-based resources including: good quality built and natural environments; clean air; public and active transport infrastructure; places and spaces for regular physical activity; nutritious, affordable food; cultural opportunities; social connections; and participation and empowerment. This is achieved through creation of evidence, insight and commitment with colleagues in urban planning, transport, air quality, housing, open space, food, sustainability and climate change and communities themselves.

**Key projects and deliverables for 2020-21**

- Glasgow City Food Plan, supporting and convening continuing work to produce a connected, city wide approach to improving access to healthy, nutritious and sustainable food for all in the city. Due to report in Autumn 2020 after a period of consultation on draft plan.
- To strengthen our work on sustainability including understanding the public health and social justice implications and collaborating city-wide to produce responses.
- Monitoring trends in active travel and commuting.
- Supporting the promotion of active travel through evaluation of new initiatives including Bikes for All project to increase the diversity and reach of those travelling by active means.
- Supporting the use of the place standard to facilitate a stronger community voice in decision-making towards the creation of more health and wellbeing enhancing places
- Developing new research bids with Urban Big Data Centre and MRC SPHSU to evaluate health impacts of changes in Glasgow's transport infrastructure.
- Working to mainstream community engagement and empowerment across GCPH and the University of Glasgow.

**Pathways to impact**

28. The national public health priorities of working toward a Scotland where we live in vibrant, healthy and safe places and communities (Priority 1) and where we eat well, have healthy weight and are physically active (Priority 6) are central to this programme's concerns whilst linking to shared priorities on sustainability and understanding and implementing the health dimensions of inclusive growth, particularly through the work associated with the Glasgow Food Policy Partnership's ambitions to mainstream sustainable approaches to food insecurity and inequality.

29. The programme has had historical impact in promoting active travel as a means of improving health outcomes and, following the Scottish Transport Bill, there is a continuing need for evidence on the health impacts of active travel and transport investments. For example, the Glasgow's Low Emission Zones; similar plans in three other Scottish cities and infrastructure developments that support travel through physical activity (e.g. South City Way, Woodside Connects, Sighthill Village and plans for city-wide 20mph zones). A new national transport strategy and city-wide focus on connectivity (incorporating economic, air quality, health and social inclusion impacts) and Liveable Neighbourhoods and City Centre Transformation Plans further establishes a receptive climate for evidence on travel trends and air quality. The team's membership of the Glasgow City Active Travel Forum, Regional Transport Advisory Group and working group on spatial planning's contribution to Public Health Scotland will provide conduits for impact beyond Centre publications.

**Programme 4: Innovative approaches to improving outcomes**

**Aims and purpose**

30. This programme focusses on new approaches to improving health outcomes to contribute insight to support the recognised need to shift resources towards prevention, involving people and communities in service design and decisions and utilising community and individual assets in the design of responses. In keeping with the strategic objective of NHSGGC's ten-year Public Health Strategy it seeks to translate learning into meaningful information that can inform service planning and public health interventions. The need to work upstream of acute services, in communities, is given added impetus by the increasing contribution of psychosocial factors such as poor mental health, loneliness and social isolation as contributing and compounding factors alongside a growth in long-term multiple conditions to which acute specialisms can be poorly aligned to respond. The programme researchers share a perspective that foregrounds the value of asset-based approaches, the importance of social connections in creating wellbeing and resilience, community empowerment and collectively possess expertise in developing responses that utilise and build on such strengths.

**Key projects and deliverables for 2020-21**

- If funded by NIHR, developing and delivering the public involvement component of a multi-partner, UK wide project *CommonHealth Assets: a realist evaluation of how community led organisations impact on health*. This will evaluate how community organisations' use of assets-based approaches improves health and wellbeing, and how that might be different in different contexts with a focus on learning for scalability and sustainability.
- Understanding and implementing the health dimensions of Inclusive Growth. This partnership with Glasgow City Council's Economic Development team will develop an action plan with key city-level actions, aiming to ensure the health and wellbeing gains of the city's growth strategy are maximised, grounded in a shared understanding between health and economic development colleagues of the relationship between economic and health outcomes (for example wellbeing and productivity).
- Social prescribing and community link workers. Supporting city investments through work with i) Glasgow Life's pathfinder work on how culture and leisure services can be aligned through social prescription to support health improvement and ii) Glasgow City HSCP to develop a 'Glasgow narrative' of impact and success for the investment in community link workers.
- Responding to race and racialisation. This work builds on the GCPH event and subsequent Board paper '*Race and racialisation as fundamental determinants of health'* and will develop approaches to address racial underrepresentation in both public health data and in decision-making roles within the senior workforce.
- In development within this programme is a new project exploring the impacts of housing and the home on mental health and wellbeing for low income households, beginning with a literature review on pathways between housing and mental health outcomes. Building on the successful and impactful delivery of Homes for Good, a new piece of primary research will be developed to address gaps in evidence.

**Pathways to impact**

31. Knowledge translation will be achieved through collaboration and co-production with key delivery partners. This includes the Social Prescribing pathfinder work which is a city-wide collaboration led by Glasgow Life which also includes representation and commitment from health and social care partners, the wider local authority and the Robertson Trust.

The evidence collected will support the sustainability of the new intervention consistent with the Robertson Trust's Social Bridging Finance model. Partners on the NIHR bid include NHS Alliance and Scottish Communities for Health and Wellbeing and the Inclusive Growth post represents a key partnership with the city council's economic development team. The Programme team will also communicate learning through roles in key strategic oversight and advisory boards such as Public Health Oversight Board, North Ayrshire Fair for All and the Public Health Evidence Network.

## Communications

### Aim and Purpose

40. Our communications function supports our remit as a source of evidence, insight and support for processes of change. This involves ensuring that our outputs are positioned to impact on policy and research, involving production of timely and targeted summaries for different audiences. Increasingly, the communications function recognises the need for engagement as well as delivery of outputs, working co-productively and with a range of professional and community-based expertise.

41. The communications strategy seeks to position GCPH and its research and strategic activity on health and health inequalities as accessible, credible and trusted; and to support processes by which the Centre can influence the range of partners, stakeholders and beneficiaries necessary to implement changes required to shift population health outcomes. The Communications function produces a range of outputs (with content provided across the work plan) to communicate, disseminate and engage audiences at all stages of the research process. These are primarily through publications, events, digital platforms and media engagement. We increasingly collaborate with partners to develop joint messaging, outputs and activities.

42. Underpinning this overarching aim are seven specific communications objectives that support the Centre's broader purpose. These are to:

- Build awareness of GCPH.
- Ensure our work is widely shared and accessible in a variety of formats.
- Encourage wider participation in GCPH events.
- Provide opportunity for two-way engagement and feedback.
- Support the process of implementation and change.
- Ensure all outputs and activities are recognisable as GCPH (in terms of the brand, style and organisational voice) and are distinctive and relevant.
- Protect and enhance the organisational reputation and credibility of GCPH.
- Continually develop and improve means and methods of communication through learning, monitoring and evaluation.

### Key projects and deliverables in 2020-21

- Commissioned review of communications function. Thereafter refreshed communications strategy for GCPH developed and approved.
- Calendar of events throughout the year. This includes the remaining lecture in Seminar Series 16; Seminar Series 17 to run from Autumn 2020 to Spring 2021; two Healthier Future Forums; and smaller topic-specific workshops and seminars for targeted audiences. Priority to continue to expand our engagement methodologies and formats.

- Migration of GCPH and Understanding Glasgow websites to new Content Management Systems.
- Expansion of digital resources to include audio recordings, short talking-heads and films, and animations.
- A focus on how to frame our messaging for maximum impact across our audiences. This includes exploration of how to embed human stories and lived realities into our communications. By Autumn 2020, plan to be in place of how to take this forward.
- Range of publications as detailed in programme workplans. Key priority for communications team is to ensure concise and accessible summaries are available with actions and recommendations for policy and practice prominent.

**Pathways to impact**

43. The communications function supports all programmes of work in-line with the Centre's overarching aim and purpose. Influence and impact require sustained engagement and activity; report launches, or events alone are less effective than building relationships with key audiences over time. Through such relationships we seek opportunity to communicate general principles that emerge from our body of work, applicable across a range of policy challenges. The type of evidence being produced is also important – it must be rigorous, objective and credible but also accessible, engaging, memorable and shareworthy. The balance of challenge and support is also crucial.

44. Annual progress against our communications objectives ensures we are continually working towards achieving the Centre's longer-term success indicator for our communications function to 'continue to evolve effective communications, to maintain our position as a trusted voice on health inequalities in Scotland, diversify our audience and produce outputs to support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities'.

45. We are also mindful of and sensitive to the local and wider context when communicating our work. Our messaging seeks to connect with and support several key public health priorities including responding to wider interest in trends in life expectancy data; the climate emergency and opportunities presented by COP26 to communicate for public health challenges and the social justice implications of responses; the health dimensions of an inclusive economy; taking a whole-systems approach to issues including the development of a city-wide food strategy and mental health; and developing a response to race, ethnicity and the changing demographics at a local and national level.

46. Alongside this, it is important that the GCPH model of working and our ongoing narrative on promoting understanding of the social determinants of health in developing responses to issues continues to be evident in our communications. Ensuring our focus on Glasgow and the depth of knowledge that enables in understanding the scale of the challenge in the city and the local and national policy, practice and service responses required, is also crucial in our ongoing influence and distinctiveness.

**Monitoring progress**

47. An update against this work plan will be provided on mid-year progress (December 2020 Board meeting) and end of year (June 2021). The mid-year report will include progress reports for each area of work as described in the 'at a glance' document with indicators of areas of slippage and associated action in mitigation. The achievement of individual project milestones can be used to assess progress against the Centre's broader purpose.

48. The following tables demonstrates the pathways between within year delivery and longer-term impact.

| Way of working | Three-year indicators of success | Example milestones in 2020-21 |
|---|---|---|
| *Building and developing GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.* | The Centre's evidence on trends and patterning of heath, along with evidence on the development and implementation of responses, will shape key population health activity in the city and nationally. Key examples may include:<br>• Expertise used to support key city-level and city-wide strategic work and partnerships such as NHSGGC's PH strategy monitoring, the implementation of Health Summit recommendations and other forums. Being able to demonstrate impact in shaping and use of insights produced by GCPH.<br>• Routine use of population health data and analyses in accessible formats by service planners, decision-makers, citizens and communities.<br>• Indicators of academic credibility in our research practice, evidence generation and analysis such as peer review publications and research funding.<br>• New, and updating of existing, analyses that contribute to understanding of trends in the fundamental causes of health and health inequalities, including comparative analyses. | • Involvement within Public Health Intelligence Group at NHSGGC, membership of cross-sector Public Health Oversight Board and other relevant forums for sharing of research evidence.<br>• Descriptive paper summarising austerity-related mortality trends.<br>• Continued development and maintenance of Understanding Glasgow content.<br>• Publish and promote children and young people's report cards.<br>• Updating trends in life expectancy by deprivation and neighbourhood in Glasgow.<br>• Peer-review publications and reports e.g. comparative international mortality analysis, health economic benefits of breastfeeding, impact of different impacts of aspect of social class on health inequalities.<br>• Research bids to funders such as NIHR in collaboration with University partners (decision early 2020).<br>• Report assessing impact of policy recommendations from excess mortality research (within year).<br>• Life expectancy, housing, poverty and population trends within Glasgow (Summer 2020). |

49. Success against this way of working involves maintaining our position as a recognised and reliable source of analysis and reporting on the key health, social and demographic trends in Glasgow. We understand success in this area as the routine use of such evidence by service planners, decision-makers and citizens and consequently, the Centre's expertise being in demand, such through our continuing role in the establishment of a monitoring framework for NHSGGC's ten-year Public Health Strategy.

| Way of working | Three-year indicators of success | Example milestones in 2020-21 |
|---|---|---|
| *Supporting through collaboration the identification, development and assessment of promising investments and action to improve* | • Use of GCPH evidence, insight and collaboration to support the development, implementation and /or scaling of responses to key determinants of population health. Example areas include shaping future investment decisions and direction within Children's Neighbourhoods Scotland, Social Prescribing and | • Continuing GCPH contribution to roll-out and evaluation of Children's Neighbourhoods Scotland for all six sites<br>• Approach to GCPH support for learning relating to evolving Community Link Worker practice approached by CLW steering group and research underway (Summer 2020). |

| | | |
|---|---|---|
| *population health.* | the city's approach to Inclusive Growth.<br>• Evidence of having convened networks and intelligence to shape a new response, for example, in relation to mental health.<br>• Delivering on Glasgow City Food Strategy through key leadership role to implement cross system response to healthy weight, food poverty, sustainability and inclusive economic growth. | • Supporting Glasgow Life and city partners develop evaluative components of City Vision Pathfinder project utilising social prescribing approach (continues through year).<br>• Delivery of Inclusive Growth action plan based on opportunities within the city over the next five years, consider key issues such as the scope and scale of change required, key challenges in moving towards a more inclusive economy, and delivery models (Summer 2020).<br>• Seminar with partner agencies to explore whole system approach towards mental health (Spring 2020).<br>• Drafting, consultation and launch of city-wide food plan (Autumn 2020). |

50. Our evidence also includes a range of evaluative work designed to support the development of responses in key areas of policy and practice, locally and nationally, such as place-based approaches and promoting healthy urban environments; children and young people's health, wellbeing and maximising opportunities across the life-course (delivery and evaluation of Children's Neighbourhoods Scotland). Other examples include anticipated analyses of education attainment of the Raploch cohort in the Sistema programme, learning around community empowerment and broadening democratic participation (e.g. Participatory Budgeting and other community empowerment activity), work on new responses to welfare in adult years including new responses to housing, sustainable and active travel, food and gambling.

| Way of working | Three-year indicators of success | Example milestones in 2020-21 |
|---|---|---|
| *Maintaining a profile on the social justice and inequality implications of investments, interventions and policies.* | • Examples of evidence-informed responses to address social determinants of poor and unequal health in key welfare settings such as adults with complex needs and struggle to access support, Private Rented Sector Tenants and sustaining tenancy those moving from homelessness to RSL accommodation.<br>• Targeted programmes to improve outcomes in places with high levels of poverty, applying place-based approaches. | • Data collection with Simon Community, Private Rented Sector RSL tenants to assess barriers and improve service delivery by Summer 2020.<br>• Children's Neighbourhoods Scotland. Established all six sites and recruit 4 local coordinators, national Advisory Group and continuing GCPH contribution to programme management.<br>• Phase 2 evaluation of Sistema commences at start of 2020 with analysis of educational attainment of post school destination in Raploch. |

51. All our work recognises poverty and socio-economic inequality as fundamental to shaping health outcomes. We define success in this area of our work as indicated in developing the understanding of how policy and practice can respond to the health consequences of inequalities in income, wealth and power. We also promote an awareness of the dynamic and changing nature of social justice and inequality underpinned by changes in the experience of the labour-market and welfare to promote changes in practice. A suite of projects looking at new welfare responses to housing vulnerability and place-based working to support young people's outcomes (through Children's Neighbourhoods

Scotland) and Sistema Phase 2 will provide evidence and translational activity to support this.

| Way of working | Three-year indicators of success | Example milestones in 2020-21 |
|---|---|---|
| *Maintaining a future perspective and displaying leadership in considering new and emergent issues* | • Examples of GCPH's role in bringing a new concern, or new response to an existing issue, from the margins to the mainstream of understanding, policy and/or practice. | • Delivery of cross-sector, 'non-health services' approach to improving mental health event and reporting (Summer 2020).<br>• Aligning ambitions on sustainability, inclusive growth and food poverty with improving diet through publishing City Food Plan and commencing work on 'Scottish Diet'.<br>• Development of work through multi-agency advisory group on understanding new health challenges in young people's transitions to adulthood (October 2020). |

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

| Way of working | Three-year indicators of success | Example milestones in 2020-21 |
|---|---|---|
| *GCPH as an exemplar organisation, in its ways of working with a focus on use of evidence, insight, coproduction and community engagement in the development of responses* | • Demonstrable impact through establishing/maintaining a network convened around a problem whereby use of evidence, collaboration and co-production, a focus on social justice, and future perspective are adopted as an operating model. | • Community Link Workers shared learning event, 'understanding success from multiple perspectives' (Spring 2020).<br>• Youth transitions advisory group (Spring 2020).<br>• Inclusive growth action plan and lead-in engagement (Summer 2020).<br>• Key influencing role in Glasgow Life led partnership on social prescribing and development of evaluation plan (Winter 2020-21). |

53. Alongside the evidence on trends and responses, one of the key ways the Centre supports change is by developing the ways of working necessary to respond to complex, cross-sectoral and cross-disciplinary challenges such as those underpinning poor and unequal health. Mental health, our food system, physical activity and healthy weight and place-based working are examples of approaches where joined up responses are required. We also promote the use of a diverse range of evidence for decision making, the importance of co-producing responses across organisational boundaries and with communities as necessary ways to develop and implement more effective responses. We will indicate success in this way of working through being able to show we have assisted the development and implementation of co-produced, evidence informed and community involved practice or strategy through developments such as the Public Health Scotland model of working, the University of Glasgow's practice in the Social Research Hub and in city-wide activity in response to the Health Summit.

| Way of working | Three-year indicators of success | Example milestones in 2020-21 |
|---|---|---|
| *Continue to evolve effective communications, to maintain our position as a trusted voice on health inequalities in Scotland, diversify our audience and produce outputs to support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities.* | • Reputation, trust and reach of GCPH and its work shows continual growth.<br>• Work widely shared and accessible in a variety of formats.<br>• Support processes of implementation and change.<br>• GCPH outputs provided to decision makers at the appropriate time, evidence of planning for this and assessment of use. | • Commissioned review of communication function.<br>• Calendar of events throughout the year including Seminar Series, healthier future forums and smaller topic-based workshops.<br>• Expansion of digital resources to include audio recordings, visual abstracts and sharable media.<br>• Developed a means of including human stories and lived realities and framing of messages to maximise influence. |

54. We will continue to evolve our communications function to maximise the potential for dissemination and knowledge translation consistent with our strategic aims and purpose while being responsive to opportunities and challenges within the wider context. A key aspect of this is an alertness to the receptiveness of our messages with reference to our core partners priorities and pressures within the local and national context. To this end we seek where possible to collaborate with core partners (and other stakeholders as appropriate) to develop coordinated messaging, outputs and activities. Accessibility, reach and maximisation of impact needs to be balanced with our trusted position of being transparent in analysis and evidence-led. The year will see steps to embed human stories of the lived experience of the issues our work addresses into our communications and messaging.

**Risks to delivery**

55. A risk register accompanies this work plan and will be discussed separately. It highlights two main risks: the first associated with staff changes, which could impact on programme delivery, skill mix within the team and leadership capacity; the second reflecting the uncertainties associated with the reform of public health in Scotland. The implications of Covid-19 need also to be recognised as a major risk.

56. Attention is being paid to mitigating and managing the risks while making the most of the opportunities for influence. The GCPH team is well connected to developments locally and nationally and the proposed work plan reflects our assessment of where we can best add value and make a distinct contribution in the forthcoming financial year.

**Summary and conclusion**

57. The work plan for 2020-21 represents a strategy for the development of GCPH's work with new developments to reflect opportunities and priorities among delivery partners and emergent trends in the underlying determinants of health. It maintains a view on both core commitments and emerging work within a clear framework of how our work, on both a project by project basis and as a whole, contributes to change likely to shift the conditions in which improved and equal health is created.

58. In-year developments are likely to produce additions to this work plan in response to partner need and a growing focus on external funding for specific pieces of work. Such additions will be brought to our Executive Management Team in the first instance with subsequent updates to the Board, including the mid-year update.

## Appendix 1: 2020-21 Work Plan 'At a glance'

| PROGRAMME | AREA OF FOCUS | PROJECTS | | PARTNER PRIORITY |
|---|---|---|---|---|
| **Action on inequality across the life course** | Child Health and Wellbeing | Children's Report Cards – dissemination. | Core | National Public Health Priority 2: We flourish in our early years.<br>NHSGGC Public Health Priorities- 1: Developing a better understanding of Health experience of the population; 3: Promote H&W from early childhood to healthy ageing.<br><br>Integrated Children's Services Plan 2017-20 (2020-23) Family Support Strategy.<br>HSCP Strategic Plan – priority of early intervention and prevention.<br><br>Child Poverty Action Plan. |
| | | Understanding, preventing and responding to ACEs- following publication of systematic review, advise SG on ACEs analysis within SHeS. | Core | |
| | | Membership pf NHSGGC Child Poverty Leads Action Co-ordination Network and Challenge Child Poverty Partnership. Ad hoc support with partner in NHSGGC. | | |
| | | Updating child poverty indicators on Understanding Glasgow. | | |
| | Child Poverty and Disrupting Cycle of Child Poverty | Monitoring, advising and influencing the development of child poverty delivery plans with NHSGGC, LAs and HSCPS. | Core | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all.<br>Integrated Children's Services Plan 2017-20 (2020-23).<br>Family Support Strategy.<br>HSCP Strategic Plan – priority of early intervention and prevention. |
| | | Children' Neighbourhoods Scotland. | Core | |
| | Youth Transitions | Evaluation of Sistema Scotland - Phase 2 quantitative analysis of educational attainment and post school destinations in Raploch. | Core | NHSGGC Public Health Priority 3: Promote H&W from early childhood to healthy ageing<br><br>Integrated Children's Services Plan 2017-20 (2020-23) |
| | | Youth transitions- Award research contract to work with young people to identify emerging factors that support or hinder transitions to adulthood. | In Dev't | |
| | Adult Ages | Welfare and Housing Support. Research and evaluation with Simon community, Private rented sector and RSLs. Data collection and analysis in 2020-21. | Core | NHSGGC Public Health Priority 2: Tackle the fundamental causes of poor health- poverty, housing and challenging personal circumstances.<br><br>Homelessness Strategy. |
| | Universal Credit | Briefing paper on impacts, homeless populations and employer perspectives. Draft to completed exploring wider PH implications of more extensive conditionality. | Core | |
| | Public Health impacts of gambling | Briefing paper summarising literature around low income, gambling and debt.<br>GCPH input to Whole System Approach to tackling gambling related harm within Glasgow City. | Core | NHSGGC Public Health Priority 1: Developing a better understanding of Health experience of the population.<br>Whole system approaches. |

| | Social determinants of mental health | Utilising establish GCPH/ NHSGGC working group, bring together stakeholders to increase our understanding the wider determinants of mental health and develop an approach to whole system working. | Core | Whole system approaches<br>Shifting services towards prevention<br>Addressing service demand<br>Mental Health Strategy |
|---|---|---|---|---|
| **Understanding health, health inequalities and their determinants** | Understanding Glasgow | Website maintenance including updating children's indicators and aligning with CHANGE evaluation report*. | Core | NHSGGC Public Health Priority 1: Developing a better understanding of Health experience of the population. |
| | Excess mortality research | Policy recommendations from excess mortality report*. | Core | |
| | | Updating three city mortality and deprivation analysis. | In Dev't | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all. |
| | National and international analysis | Life expectancy trends by deprivation- updating trends in life expectancy by deprivation and neighbourhood within Glasgow*. | Core | |
| | | Mortality trends analyses paper (austerity -related for 4 UK countries and 10 UK cities). | Core | *Informing local responses to life expectancy trends. |
| | | Analyses of poverty and mortality in USA / Scotland comparison. | Core | |
| | | Analyses of recent mortality inequalities. | In Dev't | |
| | Health inequalities and their determinants | Longitudinal cohort inequalities analyses (different aspect of social class ion health inequalities). | Core | |
| | | Differences in experiences of poverty and deprivation. | Core | |
| | | Difference in experiences of poverty and deprivation Scotland/England. | Core | |
| | | ASR, forced destitution. | In Dev't | |
| | | Public understandings of health inequalities. | In Dev't | |
| | | Modelling of effects to changes to Scottish income bands on health inequalities. | In Dev't | |
| | | Additional modelling on income inequalities. | In Dev't | |
| | | Understanding health benefits of active commuting. | In Dev't | |
| **Sustainable inclusive places** | Sustainable travel and transport | Bikes for All evaluation. | Core | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all. |
| | | Active Commuting research – Analysis of Census travel to work trends 2001-11 and HEAT analysis. | Core | National Public Health Priority 6: We eat well, have healthy weight and are physically active. |
| | | Monitoring active travel trends- via Understanding Glasgow. | Core | |
| | | Report on city bike hire scheme - April 2020. | Core | NHSGGC Priority 4: Create a culture of H&W in our |

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| | | | | communities to help people make healthy choices. |
| | Healthy Urban Environments | Using the Place Standard- Health Foundation work exploring local action on the wider determinants of health. | Core | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all. |
| | | | | National Public Health Priority 6: We eat well, have healthy weight and are physically active. |
| | | | | NHSGGC Priority 4: Create a culture of H&W in our communities to help people make healthy choices. |
| | Sustainable Food | Draft city Food plan (April 2020), Consultation (April- June 2020), Launch and Implementation 0ctober 2020). | Core | National Public Health Priority 6: We eat well, have healthy weight and are physically active. |
| | | Holiday food programme evaluation (working with the MRC on developing a research bid). | In Dev't | |
| | | The New Scottish Diet- transforming Scottish Food Systems (partnering UofG and GFPP to support research to develop and implement a New Scottish Diet. | | Whole system working. Responding to climate emergency equitably and promoting broader prevention agenda. HSCP Strategic Plan – priority of early intervention and prevention. |
| | Community Engagement and Empowerment | Develop CEE knowledge, skills confidence and practice in academic and professional staff and in portfolio of GCPH/UofG projects. Support and develop CEE with partners. Social Research Hub Community Engagement. | Core | National Public Health Priority 1: We live in vibrant, healthy and safe places and communities. |
| | Climate Change and Resilience | Strengthen and communicate PH implications of climate change and facilitate dialogue on equitable approaches. | Core | Responding to climate emergency equitably and promoting broader prevention agenda. |
| | Physical Activity | Analysis of Glasgow Life membership trends by area and demographic groups. | In Dev't | National Public Health Priority 6: We eat well, have healthy weight and are physically active. HSCP Strategic Plan – priority of early intervention and prevention. |
| Innovative approaches to improving outcomes | Participatory budgeting | Mainstreaming work with Glasgow City Council. | Core | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all. |
| | Volunteering and promoting | Understanding volunteering participation- increasing volunteering amongst underrepresented groups. | In Dev't | |

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| | community-based participation | Support development and launch of Volunteer Scotland-led work on volunteering participation in relation to demographic factors. | In Dev't | HSCP Strategic Plan – priority of early intervention and prevention. |
| | | Exploring barriers among disabled populations -publication May 2020. | Core | Maximising Independence. |
| | Private rented sector housing research | Impacts of housing and the home on mental wellbeing for low income households. | In Dev't | NHSGGC Public Health Priority 2: Tackle the fundamental causes of poor health- poverty, housing and challenging personal circumstances.  HSCP Strategic Plan – priority of early intervention and prevention. |
| | Inclusive Growth | Development of health focussed action plan and follow on implantation stage. | Core | National Public Health Priority 5: a sustainable, inclusive economy with outcomes for all.  Delivering on Health Summit recommendations. |
| | Asset-based approaches across services and settings | NIHR Bid: Community focussed approaches that mobilise people as assets. Significant commitment on public involvement aspects if funded. | Core (TBC) | NHSGGC Public Health Priority 5: Improve health services to ensure they are fair, accessible and effective for all.  Maximising Independence.  Primary Care Improvement Plan and wider primary care strategy. |
| | Social prescribing | Evaluative support for the roll-out of Community Link Workers programme in Glasgow City. | Core | |
| | | Evaluation on the Clyde Gateway cancer screening initiative – reporting (May 2020 and dissemination June 2020). | In Dev't | |
| | Responding to race, racialisation and under representation in public health | PHS Scotland event on responding to demographic chance and race and racialisation as a fundamental cause of inequality.  Internal GPH work(secondment) to promote action to address racial underrepresentation in data and decision -making | Core | |
| | Seminar series | Scope and curate speaker list and deliver series for year reflecting broad range of innovative perspectives in support of improving health and reducing inequality Five - six per work year. | Core | To use and translate data into meaningful information that can inform service planning and public health interventions. |

**Appendix 2:  Detailed programme work plans**

**Programme 1: Action on inequality across the life course**

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| CHILD HEALTH AND WELLBEING | Children's Report Card | BW, JM, MY | Core | <ul><li>Publication of five report cards (March 2020)</li><li>Dissemination (March 2020 onwards)</li><li>Completion of Safety report card (April 2020)</li></ul> | The report cards on key themes relating to children and young people's health well-being in the Glasgow and Clyde Valley Region. The themes comprise: demographic trends and socio-economic context; poverty; environment/safety; healthy diet, weight and physical activity; mental health; 21st century issues.<br><br>For each theme, a set of key headline and determinant indicators are presented and described. Evidence for action is highlighted. The format of presentation includes concise briefings and infographics.<br><br>Project led by GCPH with support from NHSGGC, ISD, HS, Glasgow HSCP, Glasgow's Education dept.<br><br>Given the profiles will be published in March 2020, the main activities in 2020/21 will be dissemination to interested parties including strategic groups in the NHS, local authorities and the third sector. This work will be undertaken in the six months post publication with review of usage, impact and opportunities for further activity taken. |
| | Understanding, preventing and responding to adverse childhood experiences | DW | In development | <ul><li>(TBC): Advise SG on analyses of ACEs questions data collected within Scottish Health Survey (SHeS) (and due to be published Sept. 2020)</li><li>(TBC) Prepare more-in-depth analyses of ACEs</li></ul> | With the systematic review (on the relationship between ACEs and childhood SEP) complete and published, the only remaining agreed tasks – at this stage – are to advise SG on analyses to be included in the SHeS publication, and potential for more in-depth analyses once those data are available (and can be linked to other data sources). This is to be confirmed. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
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| | | | | questions data (including linkage to health outcomes data) (by end of year) | |
| | Evaluation of Sistema Scotland | CH, CT | Core | The impacts of Big Noise participation on educational attainment and post-school destinations – Report (in development – Summer 2020)<br><br>Researching the views of young children: learning from the Sistema Scotland evaluation (briefing paper, Summer 2020) | The evaluation is at an important juncture as the primarily qualitative methods of Phase 1 (2013 to 2018) are now concluded and the findings and learning is summarised in the 'People change lives' report.<br><br>Phase 2 of the evaluation commences in March 2020 and involves entirely quantitative outcome analysis. This begins with analysis of educational attainment and post school destinations in Raploch.<br><br>A reflective BP on creative methodologies with young people (Summer 2020). |
| CHILD POVERTY | Monitoring, advising and influencing the development of child poverty delivery plans across NHSGGC, local authorities and HSCPs | JE, LN, BW, KT | Core | Ongoing to support and feed into Scottish Government annual child poverty action plans.<br><br>• Attending meetings (2 monthly) of the NHSGGC Child Poverty Leads Action Co-ordinating Network and Glasgow city Challenge Child Poverty Partnership + ad hoc development and planning sessions with all partners in NHSGGC<br>• Updating child poverty indicators on Understanding Glasgow | This work directly contributes to the Scottish Government's priority to reduce child poverty as outlined in the Tackling Child Poverty Delivery Plan. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
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| | | | | and child poverty map of Glasgow to inform future action reports (BW/KT). Also keeping up-to-date with potential new indicators<br>• Continuing membership of Glasgow's Child Poverty Sub-group | |
| MITIGATING THE IMPACTS OF CHILD POVERTY | Children's Neighbourhoods Scotland (CNS) | JM, CT | Core | • Continued support to CNS internal programme reporting, management and governance across all workstreams<br>• Support to the new national programme Advisory Group<br>• Ongoing support to the Programme Direction in relation to programme management<br>• Quarterly reporting to SG and local authority funders<br>• Relationship and partnership building meetings and activities with partners across all six CNS sites<br>• Workplan development for all Local Coordinators<br>• Delivery of evaluation support training to CNS third sector partners by | The work and roll out of CNS continues to develop and to become established in all the identified CNS community sites, with a focus on building relationships across the communities, adding value to existing activity and capacity to local organisations working with children, young people and their families.<br><br>With funding and commitment from the tackling Child Poverty Delivery Plan, during 2020/21 all six CNS sites will be established - three sites with Glasgow City, 1 site in West Dunbartonshire and the small town and rural community sites in South Lanarkshire.<br><br>A further 4 Local Coordinators will be recruited in partnership with sites (via Glasgow University) to work alongside the two current Coordinators. Individual workplans will be developed for each new member of the team to reflect the priorities and context of the local area they are working in. Establishment of a local coordinator network to share learning across six CNS sites and beyond.<br><br>Establishment of a new national programme Advisory Group, comprising of national and local funders, academics and |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
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| | | | | Evaluation Support Scotland (March to May 2020)<br>• Publication of CNS annual report (April 2020)<br>• Host organisation for the UK Communities network summer meeting (June 2020) | Business in the Community, provides guidance, advice and a critical perspective to the programme team. |
| YOUNG PEOPLE | Youth transitions | LN, JE | Core | A multi-disciplinary advisory group is in place to co-produce a proposal for work on young people's transitions to independent adult life.<br><br>A research brief has been developed and is currently going through the procurement process. Date of award of the research contract will be 23rd March 2020, with the research process spanning 6 months. Final report expected by end October 2020 | This project was established to identify and work with partners' engaging with some of the key transition challenges facing young people moving into early adulthood. Work is being informed by preliminary investigations of the literature, exploratory meetings with personnel involved with young people, work carried out with the GCPH team, and Advisory Group deliberations, to inform direction of the work, which will focus on transitions among youths from different socioeconomic positions. |
| ADULT AGES | Universal Credit | JE, KT | Core - in development | A briefing paper discussing the potential public health effects of Universal Credit. This will inform future thinking about follow-on action. A final draft copy of the Briefing Paper is expected to be completed by summer 2019 | A draft copy of the paper is in the early stages of development. The wider public health implications of new, more extensive forms of conditionality will be a central theme. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | Universal Credit: Welfare and Housing Support | JE, LN, KT | Core | 1) Simon Community: data collection May 2020<br><br>2) Private Rented Sector: data collection Feb-Mar 2020<br><br>3) RSL pilot: Feb- Jun 2020<br><br>Completed analyses Summer 2020 and final report expected Winter 2020 | This GCPH evaluation will involve 3 areas of new service delivery:<br><br>1) The Simon Community providing support for homeless people, including rough sleepers and those with complex needs, who struggle to access support.<br><br>2) Support for people in the Private Rented sector (PRS) affected by the benefit cap and welfare reforms, to prevent homelessness and ensure sustainability of tenure.<br><br>3) A pilot supporting those moving from homelessness accommodation into a tenancy operated by 4 Registered Social Landlords (RSL). The project aims to tackle barriers, such as starting a new tenancy in arrears, and ensure an increased likelihood of a sustainable tenancy.<br><br>Initial advisory group meeting to take place Feb 2020 - University of Glasgow ethics application submitted to undertake RSL tenants' interviews. |
| | Social determinants of mental health | Leads: JE and T Lakey (NHS GGC); LN, KT, MY, JE, BW | Core | Seminar - 20 April 2020<br><br>Summer 2020 onwards: develop new links to explore whole system approaches towards good mental wellbeing | An established GCPH/NHSGGC working group was set up to address two primary aims: 1) Bring together a group of stakeholders to increase our understanding of the wider determinants of mental health 2) Explore with partner agencies what a future whole system approach towards good mental wellbeing could look like.<br><br>Around 50-60 stakeholders will be invited to a Spring 2020 seminar. The Understanding Glasgow indicators and the Glasgow Game will be used to address the above two aims.<br><br>Following on from the seminar, it is envisaged that the GCPH/NHSGGC working group will create new learning/research links to explore future whole system approaches towards good mental wellbeing. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | Public health impacts of gambling | CH, DW, JE | In development | Briefing paper summarising a literature review concerning the interaction of low income, debt and gambling (April to June 2020)<br><br>GCPH input to Whole Systems Approach (WSA) to tackling gambling-related harm within Glasgow City, led by SCOTPHN | This 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 review may be structured around key questions and will touch upon the legislation and ethics within the betting industry.<br><br>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 | JE | Ongoing | | 1. Established forum for the Scottish Government, COSLA, NHS Scotland, Local Authorities and Third Sector bodies to discuss WAHP. |
| | 2.Scottish Welfare Reform and Health Impact Delivery Group (HIDG) | JE | Ongoing | | 2. HIDG provides a forum for the Scottish Government, COSLA and NHS Scotland, Third Sector bodies and others to consider the impact of welfare reforms on population health and demand for NHS and health and social care services. |
| | 3.NHS GGC planning groups: Financial Inclusion; Employment and Health; *Public Health and Housing; **Mental Health prevention (Prevention, Early Intervention and Health Improvement Workstream (Adult Mental Health strategy) | JE, LG* | Ongoing | | 3. * 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.<br>** 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. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
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| | 4.Cost of the School Day (CoSD) Steering group - Glasgow city | LN | Ongoing with plans to review. | | 4. Focus remains on expanding CoSD to other schools across the schools estate and providing training and raising awareness using the established toolkit. |
| | 5.Children's Well-being and Mental Health Strategic Group of the Glasgow Children's Executive Group | FC | Ongoing | | 5. This group was convened in September 2018 as part of a reconfiguration of the partnership infrastructure to deliver key priorities outlined in the integrated children's services plan. GCPH role is to bring relevant public health intelligence to the table as well as to contribute to the development of a coherent work programme. |
| | 6.Shine Advisory Board (Schools Health and Wellbeing Improvement Research Network) | LN | Ongoing – 2 meetings per annum. Replaced FC on Board | | 6. Newly formed group to provide independent external review, advice and support on the operation and strategic development of SHINE. SHINE is a network that aims to support schools in addressing health and wellbeing needs with a focus on mental health. |

**Programme 2: Understanding health inequalities and their determinants**

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| Understanding Glasgow: the Glasgow indicators project | Development, maintenance and updating of health and wellbeing indicators for Glasgow. | BW,KT,MY, KMcL, SF | Core | Updating UG is an on-going process through the year.<br>1. In-year updates of key indicators (of health, population and poverty) dependent on when new data are released<br>2. Updates of majority of other sections by commissioned analysts<br>3. Updates of children and Glasgow indicators by mid-2020 | Developing and updating the content of Understanding Glasgow (dependent on support from external partners and staff resources within Centre).<br><br>ISD staff will be updating a range of sections (including a major revamp of the economic participation section) in spring of 2020. New information on child dental health, social media use and childcare will also be added.<br><br>Responses to students and others who contact the UG website, which can involve providing data, links and/or interviews.<br><br>Updating the following children's indicators: (1) Learning, with nursery registrations in Glasgow using data from CHANGE evaluation report; (2) Health, with (2019) NDIP report; (3) Wellbeing and Development, with Cyberbullying data from Child Report Card. Updating Glasgow Indicators, Social Capital, with social media data from Child Report Card. |
| Excess mortality research programme | 1. Policy recommendations from excess mortality report: assessment of progress.<br>2. Aspiration to update three city mortality and deprivation analysis. | DW | 1: core; 2: in development/ discussion | 1. Completed by mid-2020.<br><br><br><br>2. Decision on progressing by Summer 2020 | 1. Brief report/paper being written synthesising the original recommendations, a policy update for each, and an overall assessment of progress. With NHSHS (Matt Lowther, Katrina Reid, Gerry McCartney (GM)).<br><br>2. Subject to capacity/resources (NB), an update to the original analyses (which were published 10 years) would potentially be informative. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| National and international mortality analyses | 1. Life expectancy, housing, poverty and population trends within Glasgow<br><br>2. Mortality trends analyses paper<br><br>3. Mortality analyses: age, period and cohort effects analyses<br><br>4. Analyses of poverty and mortality in USA (for comparison with mortality in Scotland)<br><br>5. Update of comparative international mortality trends (i.e. the Sick man of Europe report) | BW (1-3,5), DW (2-5) | 1-4: core<br>5: under discussion | 1. Analyses to be undertaken in spring of 2020 and report completed by summer of 2020<br><br>2. Paper published by Summer 2020<br><br>3. Two journal papers and broader, overall, GCPH summary report to be published by end of 2020/21<br><br>4. Journal paper to be written and submitted by early 2020<br><br>5. Report and potential academic paper (March 2021) | 1. Work to include updating trends in life expectancy by deprivation and neighbourhood within Glasgow. In addition, trends in housing, poverty and population within the city will be included in a final report.<br><br>2. Descriptive paper summarising austerity-related mortality trends for 4 UK countries and 10 UK cities. With NHSHS (Deborah Shipton, Jane Parkinson, GM, Jon Minton).<br><br>3. Analyses focusing on age, period and cohort effects in mortality in UK countries and cities (with NHSHS colleagues above).<br><br>4. Analyses completed by Welcome Wami prior to his departure; those to be summarised within journal paper. With MRC-SPHSU (Ruth Dundas) NHSHS (GM), Boston University (Sandro Galea, Laura Sampson), University of Oxford (Danny Dorling, Ben Hennig)<br><br>5. 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 essentially be a 10 year update and therefore a pertinent time to assess progress and new challenges. The analysis and focus will also be discussed with Gerry McCartney (NHS Health Scotland). |
| Children's report cards and neighbourhood profiling | Potential new profiles in response to partner demand | BW | Core | n/a | We remain open to and encourage ideas from partners and end-users for new topics and profiles, dependent on resource and capacity. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
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| Breast feeding research | Journal paper on the health economic benefits of breast-feeding | BW | core | Resubmission to PLOS ONE in April 2020 | BW working with 'Tomi Ajetunmobi and three other co-authors on paper. |
| Public health strategy | Development of monitoring framework for NHS GGC's Public Health Strategy | BW, DW | core | No specific 'milestone': input to be provided if required. | BW to engage with the new NHSGGC 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. |
| Health inequalities and their determinants | 1. Longitudinal cohort inequalities analyses<br><br>2. Understanding differences in the experience of poverty and deprivation between Scotland and England<br><br>3. Modelling the effects of changes to (a) Scottish income tax rates/bands and (b) levels of devolved social security benefits on health and health inequalities | DW (1-9), KT (2), BW (4) | 1-5: core<br>6-9: in development/ under discussion | 1. Paper published by middle of year.<br><br>2. Report/paper (with recommendations for future work) by end of 2020<br><br>3. Paper/report by early/mid 2020<br><br>4. Journal paper/report by end of 2020/21<br><br>5. Co-author of policy recommendations report; other ongoing contributions to group<br><br>6. TBC. Currently delayed by partners<br><br>7. Awaiting commitment from key partner | 1. Publishing paper on Welcome Wami's analyses of different aspects of social class on health inequalities (with MRC-SPHSU, ISD Scotland, and UCL).<br><br>2. Scoping work to inform possible future research 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.<br><br>3. With NHSHS colleagues (Liz Richardson, Deborah Shipton and others), we have used the NHSHS 'Triple I' tool to examine these two sets of issues. Initial analyses are complete; further analyses and writing-up to follow.<br><br>4. Linking to Programme 3, to assess the health benefits (including impacts on mortality and hospitalisation rates), and resulting policy implications, of active commuting in Scotland compared to elsewhere in the UK. This is using the Scottish Longitudinal Study with colleagues from MRC-SPHSU (Ruth Dundas and Welcome's replacement) and University of Edinburgh (Graham Baker, Chris Dibben, Zhiqiang Feng Paul Kelly). |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | 4. Understanding the health benefits of active commuting<br><br>5. Austerity and mortality group<br><br>6. Systematic review of socio-economic inequalities in mortality<br><br>7. Forced destitution of asylum seekers<br><br>8. Public understandings of health inequalities project<br><br>9. (Possibly) exploratory longitudinal analysis work | | | 8. TBC<br><br>9. TBC | 5. To contribute to a Public health Scotland -led programme of work exploring different aspects of the recent changing mortality trends that have been linked to UK Government 'austerity' policies. With multiple partners including NHSHS.<br><br>6. Contribution to various aspects of the project (including write-up). However, this is led by NHSHS (GM) and MRC-SPHSU (Vittal Katikireddi) (with others also involved: University of Oxford (Aaron Reeves)) and has been delayed. Unsure of precise contributions this year.<br><br>7. Assisting Scottish Refugee Council (SRC) and partners to establish new research into the costs of the UK Government's policy of 'forced destitution'. With SRC, NHSGGC, UoG and Govan Community Project.<br><br>8. University of Edinburgh-led project. Commitment to advisory meetings.<br><br>9. Developmental work to assess the potential use of Scottish longitudinal data to undertake various policy-relevant analyses e.g. in relation to of drugs misuse, educational attainment and aspects of mental health. |
| National and local groups | 1. Annual PHINS seminar<br><br>2. Input to ScotPHO collaboration in terms of steering group, news alerts, web pages and evaluation | DW (1, 2, 6)<br>BW (1-5) | All core | PHINS seminar likely to be in September 2020 | 1. Organising programme for seminar.<br><br>2. Includes ongoing maintenance of web site sections and contribution to steering group and 'ScotPHO leads' groups.<br><br>3. Ongoing contribution.<br><br>4. Ongoing contribution to advisory group. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | 3. Scottish Health Survey Advisory Group<br><br>4. GGC Health and Wellbeing Survey<br><br>5. GGC Secondary School Children's HWB survey<br><br>6. Scottish Migrant and Ethnic Health Research Group | | | | 5. Ongoing contribution.<br><br>6. Ongoing contribution. |

**Programme 3: Sustainable inclusive places**

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| Sustainable transport and travel | Bikes for All evaluation | BW, GY | Core | Final evaluation report to be published summer 2020 | Write-up of evaluations findings from full two years of baseline and follow-up surveys issued to participants. |
| Air Quality | Air quality and low emission zones | BW | In development | Dependent on involvement in research opportunities | Our involvement in recent years has been in an evaluability assessment of Glasgow's Low Emission Zone and the review of CAFS.<br><br>Both pieces of work have been completed.<br><br>Further work on air quality may develop but there is nothing to report on currently. |
| Sustainable transport and travel | Collaborative research to evaluate the health impacts of major changes to Glasgow's transport infrastructure | BW, JM, CT | In development | As a collaborator on various bids for new research | An NIHR bid last year to evaluate the health and air quality impacts of the Avenues programme and Glasgow's LEZ, were ultimately unsuccessful.<br><br>Further research bids with a focus on broadly the same programmes are being developed in collaboration with UBDC and MRC units at University of Glasgow. Bids likely to be submitted in spring 2020. |
| | Active commuting research | BW | Core | Journal article being written for submission in spring 2020<br><br>A more detailed GCPH report on all work will be published after the journal article (summer/autumn 2020) | Analysis of Census travel to work/study trends from 2001 and 2011 (C) (incorporates HEAT analysis of the health impacts of walking and cycling and an estimate of the contribution that walking and cycling commuting journeys make to achieving the guidelines for physical activity.) |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | Monitoring active travel trends | BW | Core | On-going | To continue to monitor active travel trends including casualties, and a broad range of environmental trends (via Understanding Glasgow). |
| | Report on city bike hire scheme | LG, BW | Core | To be completed in April 2020 | This will be a short report on 5 years of the bike hire scheme, noting growth in usage, bike hire stations and future expansion of scheme. |
| | Planned introduction of city-wide 20mph speed limit in Glasgow | BW, JM | In Development | | If introduced, GCP will seek to evaluate impact depending on combined commitment of relevant partners. |
| | Active Travel seminar | BW, JM | Developmental | Possible event | Active travel event possible linking to Council cycling strategy. BW will be working with Adrian Davis on a paper about co-benefits based on the active travel workshop held in 2019. |
| | Active travel data analysis | BW | Developmental | | As a result of negotiations with GCC, GCPH and UBDC are negotiating access to a wide range of city-wide transport data (pedestrian counts, cycle counts, traffic counts, etc.). These data will support research bids but also present an opportunity to test out the utility of administrative data in assessing changes in transport modes across Glasgow. Therefore, early analysis of the said data in collaboration with UBDC (if obtained) is hopefully a possibility. |
| Healthy Urban Environments | Health Foundation project using Place Standard | RJ, GY, MC | Core | To deliver Place Standard sessions in two communities in Glasgow | Assist in organisation, delivery and write-up of Place Standard sessions alongside GCC and Thenue Housing Association. One of 4 Health Foundation projects exploring local action on the wider determinants of health. Recommendations from this study will be written and disseminated with input from a wide range of housing and public health partners – relationships and work is therefore ongoing and expected to project beyond the formal 'end' of the project in June 2019. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | Housing through Social Enterprise study | LG | Core | Project completion Dissemination of learning | This project is funded by CaCHE and being carried out in partnership with the University of Stirling, TPAS Scotland and Generation Rent, but primarily delivered by GCPH. Dissemination will be a core part of the impact of this project and is expected to extend well beyond its formal end in September 2019. |
| | Tenant participation and activism in the Private Rented Sector: literature review | LG | Core | Project completion Dissemination of learning | Further, this project is being carried as a pre-cursor to a larger, longer-term term project into the experiences of tenants in the PRS, with a probable focus on power, inequality and the impacts of this on health. External funding is currently being sought. |
| Sustainable Food | Developing a Glasgow City Food Plan (including consultation period, launch and supporting early implementation) | JM, RG | Core | Draft City Food Plan (April) Consultation (April to June) Final City Food Plan (September) Launch and implementation (October) | Supporting, coordinating and enabling the development of a Glasgow City Food Plan, 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 Glasgow Food Policy Partnership members.  This will involve finalising the draft plan, managing a consultation and engagement period, development of the final plan, launch and early implementation.<br><br>This also involves supporting the Sustainable Food Cities coordinator post which is employed by Glasgow Community Food Network (with support from GCC and Sustainable Food Cities) who coordinates the Glasgow Food Policy Partnership. |
| 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 | MC | Core | 1. Develop a professional CEE network across GCPH and UofG 2. Co-Produced resources and training development 3. To be determined | 1. Building on existing relationships, continue to develop appropriate network(s) to support CEE. 2. Working collaboratively with UofG and community stakeholders, 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. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | historical and current community engagement work | | | | 3. Supporting the overall development of equalities work through collaboration with a number of equalities-focused partners. |
| | Provide professional support to build community engagement into a targeted portfolio of GCPH/UofG/Social Research Hub projects | MC | | To be determined | 1. Co-ordinate CaCHE East End Knowledge Exchange Hub<br>2. Participate in advisory group for collaborate research project "Creative Insights: Exploring young people's perspectives on health inequalities".<br>3. Opportunistic support as required. |
| | Support and develop CEE within place-based projects and the wider GCPH work programmes as a cross cutting approach | CT, MC | | 1. Event<br>2. As per detail for other projects as listed | 1. Lead the development of a co-design process another #Helfy (Healthier Futures Forum event focused on young people).<br>2. See other projects listed across the work programme.<br>3. Opportunistic support as required. |
| | Support and develop CEE amongst partners in delivery | CT, MC | Development | | 1. Following on from the EUROCITIES workshop, work with GCC Community Empowerment Services to share learning and support increase in quality and sophistication of CEE approaches to align with good practice.<br>2. Reactive and developmental work including events like Fire Starter and taking tabletop object to any relevant events or conferences. |
| | Develop dialogue and a potential collaborative to evaluate aspects of the Community Empowerment Act in terms of impacts on inequalities | JM, CT | Development | Possible event to explore collaborative approach to evaluation (currently uncertain) | This project is a possible continuation of work that began in 2017/18 which evolved from the work on power as a health and social justice issue. |
| Physical activity | Analysis of Glasgow Life membership trends by | GY, BW | Development | Dependent on Glasgow Life input and willingness to share data | Request to produce report showing changes to profile of Glasgow Life Membership over time across demographic groups, SIMD and area. Report could cover changes were |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | area and demographic groups | | | | achieved (e.g. working with community groups) and offer ideas for how to recruit people from under-represented groups/areas. |
| Climate emergency, adaptation, mitigation and resilience | Strengthen and communicate the public health implications of climate change, build understanding about climate justice and facilitate dialogue about equitable approaches to achieving carbon neutrality goals. | КОб ПНб Оьб ьСб ИЦ | Core/in development | 1. To award small grants for audio/visual projects and hold event in runup to COP26 to showcase projects<br><br>2. Range of projects to be determined in discussion with GCC and NHSGGC | 1. To develop a small grants programme targeted at schools/community organisations working with young people to explore ideas on the climate emergency. Hold an event and write report (if appropriate).<br><br>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. |
| Holiday food programme evaluation | Working with the MRC on developing a research bid | JM | In development | To be determined | Working with colleagues in the MRC on a bid. GCPH role unclear |
| The New Scottish Diet - Disrupting and Transforming Scottish Food Systems | Working with UofG and GFPP partners to facilitate and support the development of stage 2 bid | JM, RG | In development | To be determined | Support research to develop and implement a New Scottish Diet (NSD) – i.e. an EatWell Plate grown in Scotland (i.e. healthy and sustainable), with a good case made for the focus in Glasgow. |
| Supporting processes of change | • Consultation responses<br>• Ad hoc presentations<br>• Advice and information<br>• Community Plan/Planning<br>• Reducing inequalities | 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 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | • Monitoring trends e.g. updating Understanding Glasgow<br>• Balancing research and practice | | | | |
| Representation on expert panels, steering groups etc. | Member of the Glasgow City Active Travel Forum<br><br>Regional Transport Strategy Advisory Group | BW, JM<br><br>JM | | Attend quarterly meetings<br><br><br>Extended Short life group (2 years) | Provide support and input as required.  In particular, support development of 5 pilot projects aimed at improving the school run.<br>Provide advice and input at regular meetings, to contribute public health and health inequalities evidence to development of a regional transport strategy (following on from our contribution to the Glasgow Connectivity Commission). |
| | Represent GCPH on Obesity Alliance Scotland | JM | | Ongoing, review at end 2020/21 | Obesity Alliance in Scotland will be a forum for organisations working in obesity prevention to collaborate to influence policy and practice. GCPH will bring an inequalities perspective. |
| | Place Standard review group | RJ | | Ongoing, review complete Autumn 2019 | Review of the Place Standard to explore what's working well and improve areas to make it easier to use – develop a second version of the Place Standard. |
| | 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 (Steering Group and Board) | RJ | | Ongoing | Shape the work of and provide support for the GCV Green Network. |
| | Working group on spatial planning's | RJ | | Ongoing | Explore policy changes needed to deliver PH priorities in spatial planning and how best to achieve that change. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | contribution to Public Health Reform | | | | |
| | Scottish Landscape Alliance – working group on Landscape and Health | RJ | | Ongoing | Work alongside various partners to develop a review of the evidence on landscape and health, a logic model showing pathways to health outcomes, a communication strategy, etc. |

**Programme 4: Innovative approaches to improving outcomes**

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| Promoting community-based participation | Exploring barriers to participation among disabled populations | CH | Core | Joint publication with Glasgow Disability Alliance - May 2020 | 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.<br><br>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. |
| Asset based approaches | Community focused approaches that mobilise people as assets | PS/JM | Core if funded | If successfully funded by NIHR:<br>• Engagement with community-based partners<br>• Recruitment to the LE panel<br>• Development of schedule and focus of meetings<br>• Identification of meeting locations<br>• First LE panel meeting in January 2021<br>• Develop LE panel evaluation methodology<br>• GCPH contribution to the project group | Work undertaken in partnership with Yunus Centre at Glasgow Caledonian University, and academic and community-based partners from across the UK.<br>GCPH will lead the Patient and Public Involvement strand of the project. This will require the establishment, planning and management of UK wide 'Lived Experience' panel meeting six times over 3 years to shape and influence the research plan and participate in activity relevant to the study phases and contribute to the Project Advisory Group. 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. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | | | | • GCPH contribution to the Project Advisory Group | |
| | Embedding asset-based approaches and perspectives in community-based setting | JM/CT | Core | See Programme 1 plan for specific programme milestones | As detailed in the Programme 1 workplan, Children's Neighbourhoods Scotland working in communities across Scotland will bring an asset-based perspective to our partnership work with local children and young people, families and local stakeholders with the aim of building local capacity and capabilities ensuring that services are delivered in a joined-up way, that power is shared with communities, and that the poor childhood outcomes associated with disadvantaged settings are improved.<br><br>During 2020/21 all six CNS sites will be established, three sites with Glasgow City, 1 site in West Dunbartonshire and the small town and rural community sites in South Lanarkshire. |
| | 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.<br><br>Provide support, advice and input in a sustained way to local and national group as they understand, embed and evaluate asset-based working.<br>• Named collaborator on CRUK funded systematic review into asset-based approaches for smoking and tobacco control led by the University of York.<br>• Member of Expert panel for evidence synthesis NIHR bid being prepared by Edinburgh University.<br>• Advisor to GP Postdoctoral Fellow CSO funded study exploring community responses to managing long term conditions. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | | | | | • Author of editorial as part of the 10 year review of 'A glass half full' by Foot and Hopkins. Due to be published in Spring 2020. |
| Housing | Impacts of housing and the home on mental wellbeing for low income households | LG | In development | Scoping review, project plan and funding | The first stage of this project is a review of existing evidence on the pathways from housing, through the emotional connection to the home and the resilience this can provide, to mental health and wellbeing outcomes. It will further consider the ways in which various policies in Scotland, including but not limited to housing policy, impact upon housing for low income households.<br><br>The aim is to better understand the ways in which housing shapes mental health, both as a direct determinant of health outcomes and as a mediator in reducing (or amplifying) the impacts of other shocks to mental health. The focus on low income households is due to the recent rise in such households in the Private Rented Sector and our focus on reducing inequality.<br><br>Following this review, a new piece of primary research, which addresses known gaps in the evidence, will be designed. Funding will be sought to cover resources needed by this project.<br><br>The project will draw on our existing relationship with the Housing department at the University of Stirling (Steve Rolfe), CaCHE and with housing organisations in and around Glasgow. |
| Volunteering and participation | Understanding volunteering participation | RJ/GY | Core | In development | Develop a project to explore perceptions of how to increase volunteering in a community setting, particularly among under-represented groups. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| | | | | | Support development and launch of Volunteer Scotland-led work on volunteering participation in Glasgow in relation to demographic, socio-economic factors/ behaviours/ attitudes/ outcomes. |
| Participatory budgeting | Glasgow City Council 2021 PB mainstreaming | CH | In development | In development | Working collaboratively with Glasgow City Council and partners to support the development of PB across all council wards and to embed mainstream PB within Council budget allocation by 2021. |
| Social Prescribing | Community Link Workers developmental work | PS/JMu | Core | Workforce development event Spring 2020 | Through membership of CLW Steering group and Contract Monitoring group, GCPH are supporting the learning evaluation of the CLW role out through a staged approach to building commitment and resource. Stage 1 is an initial exploration with practitioners of the Glasgow narrative of CLW impact leading to, if approved and funded, qualitative work with practitioners and ultimately, service -users. |
| | Social prescribing pathfinder | PS | In development | Contribute according to expertise in evaluation. Proposal autumn 2020 | GCPH involvement in cross-city group developing bid to Robertson Trust for evaluation of new intervention using culture and leisure services to improve population health outcomes. GCPH developing evaluative aspects. |
| | Evaluation of the Clyde Gateway cancer screening initiative | RJ/GY | Core | Draft report to Steering group by April 2020, final report for steering group by May 2020.<br><br>Dissemination to Scottish Government by summer 2020 | Ongoing work initiated last year involving a process evaluation of the Clyde Gateway led Cancer Screening Inequalities project. Evaluation has involved synthesising existing monitoring information and interviewing members involved in the delivery of the project. |
| Race and racialisation | | PS | Core | Event with Public Health Scotland summer 2020<br><br>Attachment/ placement to develop GCPH response to racialisation | Two activities stemming from GCPH event, Race and racialisation as fundamental causes of health inequality and identified need for action to address representation issues in public health priority setting and decision making. |

| Area of focus | Projects | Leads and team members | Core/In development | Project delivery milestones for 2020-21 | Description/ Comments (include resource considerations) |
|---|---|---|---|---|---|
| Inclusive growth | Health and inclusive growth in Glasgow city | VM/CT | Core | Local authority level plan to be produced by end March '20.<br><br>Next steps / follow up work TBC. | VM on a short-term placement within the economic development department of Glasgow City Council to explore what would be different if health and wellbeing were central to economic decision making in Glasgow city.<br><br>The action plan will be based on opportunities within the city over the next five years and will consider key issues such as the scope and scale of change required, the key challenges in moving towards a more inclusive economy, and potential delivery models. Next steps/follow up work TBC. |
| Developing a perspective on evidence | Knowledge matrix | LG | Core | Ongoing contribution to discussion. | Ongoing work initially contributed to by VM. |
| Seminar series | | PS/JC | Core | Six seminars across work plan year with follow-on activity where interest. | Scope and collate potential speakers for series and curate speaker list for the year to reflect broad range of innovative perspectives broadly linked to public health. 5-6 per academic year. |
| Providing leadership, insights, influence and impact | GCPH representation and contribution on a Steering/Advisory groups.<br><br>Partnership working<br><br>Sharing learning<br><br>Supporting practice | All | Core | | • North Ayrshire Fair for All<br>• Programme Committee for Multiple Long Term Conditions, Guy's and St Thomas' Charity<br>• PH Oversight Board<br>• PH Improvement Group<br>• PH Evidence Network<br>• Population Health Working Group<br>• Knowledge is Power Advisory Group |

**Communications**

| Area of Focus/ Communications channel | Project | Leads and team members | Core/ In-development | Project delivery milestones for 2020-21 | Description of work, partners and resource implications |
|---|---|---|---|---|---|
| **Publications:** A broad range of publications that meet different audience needs are produced annually. These include full research reports, syntheses, briefing papers, policy briefings, summary leaflets, responses to consultations and calls for evidence, and journal articles. The comms team support these in terms of an established rigorous proofing and editing process, design, print, publication, promotion and dissemination. | | | | | |
| Publications | Written research outputs | JCr, JC, lead authors | Core | Dictated by Programme workplans | Range of publications to communicate and disseminate new findings – includes research reports, briefing papers, policy briefings, responses to consultations and calls for evidence<br><br>Specific outputs not listed here as already detailed in Programme workplans. |
| Publications | New GCPH booklet | JC | Core | May 2020 | This will provide a short description of GCPH including our role and niche, what we focus on and why, and how we work. For use by staff and partners; and at events, conferences and meetings. |
| Publications | At-a-glance findings summaries | JC, JCr, research leads | Core | Dictated by Programme workplans | Key priority is to ensure concise and accessible summaries are available with a focus on actions and recommendations for policy and practice. |
| **Events:** Our events continue to be one of the main ways to achieve our objective of providing opportunities for two-way engagement and feedback on our work. Our successful and longstanding annual events such as the Seminar Series and Healthier Future Forums will continue, alongside smaller topic-specific seminars and workshops. Our collaborative approach to curating the Seminar Series where possible will also continue – enabling us to share costs, utilise other orgs contacts and networks and bring our public health and inequalities expertise together with experts in other disciplines and topics. Will also ensure that we continue to have a broad appeal to our existing and diverse range of stakeholders through a broad range of topics and formats and with an ongoing ethos of being inclusive and accessible to all and not being overly 'expert-led'. This supports the communications objectives to encourage wider participation in our events and increase awareness of the Centre (through growing the size and diversity of our network). An additional priority relating to our events is to innovate in our engagement methodologies and formats. | | | | | |
| Events | Annual Seminar Series | JC, PS, CF | Core | Final SS16 seminar April 2020<br><br>Six SS17 seminars to be held from Autumn 2020 to Spring 2021 | Curated to offer promising and insightful contributions from internationally recognised speakers to our network of practitioners, policymakers, researchers and citizens with a broad interest in improving the city's health and reducing inequality.<br>Curated and organised in collaboration with others where possible. |

| Area of Focus/ Communications channel | Project | Leads and team members | Core/ In-development | Project delivery milestones for 2020-21 | Description of work, partners and resource implications |
|---|---|---|---|---|---|
| | | | | | All seminars are recorded and podcast to maximise reach.<br>Where appropriate, morning-after workshops enabling a more in-depth discussion of the topic with the speaker are held. |
| Events | Healthier Future Forums | JC, CF, Prog Managers | Core | Autumn 2020<br>Feb/March 2021 | These provide an opportunity to hear, reflect on and discuss new findings emerging from GCPH and others from particular projects, or on particular topics important to public health. Open to our network, they generally attract an audience of around 200 delegates with a broad range of interests and disciplines. |
| Events | Topic-specific workshops and seminars | JC, CF, Prog Managers | Core | Dictated by Programme workplans | As above but for invited audience with a specific knowledge or remit on the topic. Smaller in scale to HFF events. |
| Events | Exhibition stands at conferences and other events | Comms team | Core | Annual NHS Conf –June 2020<br><br>PHINS seminar – Sept 2020<br><br>SFPH Conf – Nov 2020<br><br>Others as opportunities arise | These allow us to engage in opportunities to raise our profile presented by partners and others through their events. In addition to conferences listed, we will respond to opportunities that emerge throughout the year where capacity and budget allow. |
| **Digital:** 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 and YouTube); 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 2020-21. 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, films and animations. The second is the migration of the GCPH and UG websites to a new content management system (CMS). | | | | | |
| Digital | Day-to-day management and development of our three websites (GCPH; Understanding Glasgow; and | SF, JC | Core | Ongoing | Ongoing utilisation of these tools to build our online audience and share our work widely. Linking our work into topical issues that are trending, online |

| Area of Focus/ Communications channel | Project | Leads and team members | Core/ In-development | Project delivery milestones for 2020-21 | Description of work, partners and resource implications |
|---|---|---|---|---|---|
| | GoWell) and our social media channels (Twitter, Facebook and YouTube) | | | | conversations and awareness campaigns is an important aspect of our social media engagement. |
| Digital | Migration of GCPH website | SF, JC | Development | Tender and commission by May 2020<br><br>Migration over summer 2020<br><br>Complete Sept 2020 | The current content management system (CMS) on which our websites run has become outdated, necessitating a move to a new CMS. This will 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 easier use of 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 | Development | Timescales tbc – depends on capacity of BW and UG partners | From a technical standpoint, as above. However, this work will be more complex from a project management perspective as more people and organisations are involved in uploading and editing content on UG site and this needs to be considered re timescales. |
| Digital | Infographics | SF, research leads | Core | Spread over course of year. At least 6 new infographics to be produced over year | These are a useful tool for highlighting new findings and raising awareness of our work and different topics, particularly on social media. |
| Digital | Expansion of digital resources to include audio recordings, talking-heads and short films, and animations | SF, JCr, RF, JC | Development | TBC but aim to produce one new output each month | A priority in 2020-21 is to expand our digital resources to communicate our key messages via the spoken word through audio recordings, short talking-heads from team members, films and animations. These will be produced in-house and used on our website and social media. |

| Area of Focus/ Communications channel | Project | Leads and team members | Core/ In-development | Project delivery milestones for 2020-21 | Description of work, partners and resource implications |
|---|---|---|---|---|---|
| Digital | Newsletter to GCPH network and GCC elected members | JC, JCr | Core | Bi-monthly (Feb, Apr, June, Aug, Oct, Dec, Feb) | Main newsletter is circulated to our 3,000 subscribers to highlight past, current and future activities (including publications and events) and directs them to website for further information. A tailored and slightly shorter newsletter circulated to GCC elected members. |
| **Media:** This encompasses the use of mainstream media to increase our profile and share our work via both proactive and reactive responses.<br>The changing media landscape brings a new challenge in finding the right journalist and outlet for our stories, particularly for those that require an in-depth understanding of the issue. 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. | | | | | |
| 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 topics, findings and timings but aim to achieve coverage of at least two key publications/areas of work over year in national news outlet | 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, exclusives and op-eds. |
| Media | Media monitoring | SF, JCr | Core | Ongoing | Daily monitoring of the media for GCPH mentions, relevant/topical issues team should be aware of and awareness of how issues are being reported. |
| Communications review | External review of communications and stakeholder analysis | JC, JMcL, PS | Development | Commissioned by end-April 2020<br>Review complete and reporting end-July 2020<br>Refreshed Comms Strategy Sept 2020 | In-depth review of comms to identify strengths and gaps in strategy and networks, assess whether comms are effective and suggest improvements, and better understand how to capture and expand measurement of effectiveness and influence of our comms. |
| Framing of messaging | Ongoing priority of how to frame messages to maximise influence and impact across totality of channels. | JC, JCr, SF, MC | Development | Autumn 2020 – plan of how to take this forward | This includes balancing the use of 'framing' approaches alongside our trusted impartiality, transparency and evidence-led messaging; and ambition to embed human stories to depict lived reality of issues we focus on. |

| Area of Focus/ Communications channel | Project | Leads and team members | Core/ In-development | Project delivery milestones for 2020-21 | Description of work, partners and resource implications |
|---|---|---|---|---|---|
| | | | | | Connects with growing interest in the recognition and valuing of lived experience as data which informs development of services and policy responses. |
| Joint communications on key public health challenges | Key public health priorities it is important our messaging and comms connect with and support. Ambition to collaborate with others to develop joint messaging, outputs and activities. | Comms team and research leads | Development | Will arise over year | Likely topics: <br>• developing understanding on the causes and responses to stalling life expectancy; <br>• climate emergency and opportunities COP26 presents to highlight PH and social justice implications and responses; <br>• the health dimensions of an Inclusive Economy; <br>• taking a whole-systems approach to issues, e.g. on mental health, and the development of a city-wide food strategy; <br>• developing a response to racial inequality and the changing demographics at a local and national level. |
| Monitoring and reporting | Collation and review of standard measurement metrics | JC | Core | Progress reports to EMT and Management Board. Bi-annual and annual web and social media analytics | Ongoing collation and review of standard metrics including web and social media analytics, outputs produced, newsletter open and click rates, and event attendance and feedback. Also tracking or following longer term engagement of outputs and activities to assess which formats, activities and topics gain the most traction. |

**Glasgow**
**Centre for**
**Population**
**Health**

**Glasgow Centre for Population Health**
**Management Board Meeting**
**25 March 2020**

**Draft Budget Plan 2020-21**

**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 2020 Board meeting.

**Commentary**

1. Income for 2020-21 is anticipated to be £1,546,000 comprised of core Scottish Government funding of £1.25 million, £100,000 variance in budget led by vacancies explained in paragraph 3, deferred external funding from previous year of £83,000 and known additional income for the coming year of £113,000 for planned work as follows:

   - Inclusive growth joint post                                    £72,000
   - University of Glasgow (shared administrative costs)            £10,000
   - NIHR Community assets project                                  £30,000
   - Partner contribution to mental health event                   £1000

2. We anticipate further additional funding within the year and will amend the budget plan on confirmation.

3. Some points to highlight on the budget plan:

   - Staffing costs (E11) represent the main area of expenditure. The provision of £1,183,530 includes provision for the Associate Director's substantive post, backfill of the vacant 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

4. 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.
- Covid-19 represents a key uncertainty creating the possibility that the work plan and associated budget will be amended within year with associated uncertainty relating to the recruitment of key posts such as the joint PH Consultant role as wider workforce priorities change.

5. 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.

6. 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**
**March 2020**

**Financial Plan 2020-21**

|  | *Income* | *Planned 2020/21 £* |
|---|---|---|
|  |  |  |
|  | Annual SG Allocation | 1,250,000 |
|  | Other Income | 113,000 |
|  |  |  |
|  | *Total Income 20/21* | *1,363,000* |
| I 4 | Carry Forward and income from previous year | *183,000* |
|  | *Total Available 20/21* | *1,546,000* |
|  |  |  |
|  |  |  |
|  | **Expenditure** |  |
|  |  |  |
|  | Research: |  |
| E 1 | Action on Inequality | 10,000 |
| E 2 | Understanding Health Inequalities | 51,500 |
| E 3 | Sustainable Inclusive Places | 15,000 |
| E 4 | Innovative Approaches to Improving Outcomes | 25,000 |
| E 5 | New project developments and CLW | 40,000 |
| E 6 | Training & Development | 12,500 |
| E 7 | Allocation to Networks | 1,750 |
|  | *Total Research* | *155,750* |
|  |  |  |
|  | Communications: |  |
| E 8 | Communications | 60,000 |
|  | *Total* | *60,000* |
|  |  |  |
|  | Management and Administration |  |
| E9 | Centre Management, Admin & Running Costs | 25,000 |
| E10 | Accomodation Costs | 120,000 |
| E11 | Core Staffing | 1,183,530 |
|  | *Total Management & Admin* | *1,328,530* |
|  |  |  |
|  | *Total Expenditure* | *1,544,280* |
|  |  |  |
|  | *Balance* | *1,720* |