



Management Board Meeting

Monday, 2 September 2019, 1400-1600hrs
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/2019/384

Part 2: Performance, Review and Governance

4. Budget position (Month 4)

Paper GCPHMB/2019/385

Part 3: Strategic Development

5. GCPH future direction
6. Food Sustainability and Glasgow Food Strategy
7. Housing Through Social Enterprise

Presentation: Prof Tannahill

Presentation: Ms Jill Muirie

Presentation: Dr Lisa Garnham
Paper GCPHMB/2019/386

Date of next meeting

Monday 2nd December 2019, 1400-1600hrs



**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health
held on 10th June 2019
in GCPH, Olympia Building, Bridgeton Cross, Glasgow**

PRESENT


Mr John Matthews	Non-executive Board Member, NHS Greater Glasgow and Clyde (Interim Chair)
Prof Moira Fischbacher-Smith	Professor of Public Sector Management, 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 Colin Edgar	Head of Communication & Strategic Partnerships, Glasgow City Council
Ms Fiona Moss	Head of Health Improvement & Inequality, Glasgow HSCP
Prof Laurence Moore	Director, MRC/CSO Social & Public Health Sciences Unit, University of Glasgow
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Prof Nick Watson	Professor of Disability Studies, University of Glasgow
Ms Jackie Erdman	Head of Equality & Human Rights, NHS Greater Glasgow and Clyde
Dr Michael Smith	Associate Medical Director for Mental Health and Addictions, NHS Greater Glasgow and Clyde

IN ATTENDANCE

Ms Rebecca Lenagh-Snow	Administrator, Glasgow Centre for Population Health
Ms Janet Robison	Office Manager, Glasgow Centre for Population Health
Ms Fiona Buchanan	Corporate Reporting Manager, NHS Greater Glasgow and Clyde
Ms Jennie Coyle	Communications Manager, Glasgow Centre for Population Health
Dr Ima Jackson	Senior Lecturer, Glasgow Caledonian University
Dr Judy Wasige	Researcher, Glasgow Caledonian University

			<u>ACTION BY</u>
593	<u>WELCOME AND APOLOGIES</u>		
	The Chair welcomed the group and apologies were received from Ms Liz Sadler and Mr Kevin Rush.		
594	<u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u>		
	The minutes of the meeting were ratified with no amendments. The majority of rolling actions have been achieved and completed. Dr Seaman highlighted:		

	<ul style="list-style-type: none"> The GCC procurement strategy has not been received as yet but this will be followed up. The suggestion of building in cost-effective approaches will be addressed when taking forward the Glasgow Health Summit report, which will be submitted to sub-committee for agreement. 		
595	<u>GENERAL UPDATE</u>		
	<p>Dr Seaman spoke to paper [GCPHMB/2019/378] highlighting the following points.</p> <p><u>Governance, partnership and staffing – paragraphs 1-8</u> The Centre received its results from the 2019 iMatter staff engagement survey. Overall results were positive, with just a small number showing as yellow, mainly around performance management, involvement in decision making and visibility of senior NHSGGC management. A morning workshop was held with staff and a plan developed for those areas indicated as requiring attention.</p> <p>David Williams has been seconded to Scottish Government and his replacement as GHSCP representative on the Management Board has yet to be agreed.</p> <p>Fiona Crawford, working in a joint Public Health Consultant role between GCPH and NHSGGC Public Health, is retiring at the end of September 2019. Her work in post has been highly valuable in supporting the alignment of Public Health Directorate priorities with GCPH's learning. Discussions are welcomed on how such joint posts might continue after Ms Crawford's departure.</p> <p>GCPH has increasingly been asked to engage with local health priorities and policy recommendations across the political spectrum. In response, public health policy recommendations that were previously developed will be updated and maintained as a live document moving forward.</p> <p><u>Outputs and activities – paragraphs 11-44</u> Dr Seaman reported that planning has started for the 2019-20 Seminar Series. A review paper was discussed at EMT. It was highlighted that in-house delivery of the series has been a useful way to strengthen relationships with partners and their priorities. GCPH is thinking about how to take these collaborations further and explore future topics. There are several ideas for possible topics and speakers, but any additions from the Board are very welcome.</p> <p>In relation to iMatter and workforce, Ms Moss suggested that GCPH may want representation on the HSCP workforce group. She will initiate contacts.</p> <p>Prof Fischbacher-Smith and Prof McIntosh highlighted the University's willingness to help with development advice or shadowing opportunities.</p> <p>Prof Tannahill highlighted the value for staff of exposure to experience of working in other organisations. The Chair reflected</p>	<p>To note</p> <p>To note GCPH/ NHSGGC</p> <p>GCPH</p> <p>Board/GCPH</p> <p>GCPH/Ms Moss</p> <p>GCPH/UoG</p>	

	<p>that this is an age-old problem of small organisations with limited career progression opportunities. It is not just about getting opportunities elsewhere, GCPH needs to get value out of the exchange too and should discuss such mutually beneficial opportunities.</p> <p>The Board has a responsibility to be guardian of the Centre's culture and ensure it is a fair and inclusive place to work, so conversations on the staff survey, and our being able to feedback to the team is important.</p> <p>Relating to the seminar series and exploring future thinking, Ms Moss suggested that revisiting previous topics such as the Participatory City would help to demonstrate where the city has made progress and where opportunities could be developed.</p>		<p>GCPH</p> <p>GCPH</p>
596	<u>CONSULTATION ON PUBLIC HEALTH SCOTLAND</u>		
	<p>Prof Tannahill gave a presentation [attached] and verbal update on the Public Health Scotland legislative consultation and proposed GCPH response.</p> <p>The consultation runs until 8th July. The proposal is for a small group to work in-house on GCPH's response. Board members' views on specific questions, advice on tone and ambition would be sought, as well as access to partner organisation responses if possible.</p> <p>Members made the following points:</p> <ul style="list-style-type: none"> • Ms Erdman will seek clarification and feedback on who is compiling NHSGGC's response, and provide further information in relation to EQIA. • Ms Moss reflected on the difficulties for national bodies to fully engage with Community Planning if they do not have a local presence. Mr Edgar agreed, expanding that engagement was also influenced by leadership and personalities within those organisations. • Prof Watson highlighted a need for the new body to report on its response to protected characteristics; and to recognise the geographical concentration of some population groups within the West of Scotland. • Prof Smith also emphasised that a focus on diversity and participation of BME groups needs to be built in to the work and structure of Public Health Scotland from the outset. <p>Prof Tannahill appreciated these helpful points and will incorporate them into the GCPH response, alongside points made at previous Management Board discussions. If anyone has any other views and if there are partner responses GCPH can view, these would be helpful.</p>	 <p>Consultation on the new National Pu</p> <p>All for GCPH to note/include</p> <p>Ms Erdman</p> <p>Board/GCPH</p>	
597	<u>END OF YEAR REPORT 2018-19</u>		
	<p>Dr Seaman presented this report [GCPHMB/2019/379] and highlighted the revision in timings whereby the workplan will be tabled annually in March and the end of year report in June.</p> <p>Dr Seaman summarised the report as demonstrating how the Centre has delivered on the 2018-19 workplan and underlined the</p>		

	<p>importance of recognising the work of the GCPH team in delivering the workplan.</p> <p>The report incorporates a number of sections: a narrative, an at-a-glance summary and a detailed workplan. Success is described against the agreed GCPH 'success indicators'.</p> <p>Appendix 2 includes an update on the areas of slippage reported at mid-year. Most projects are back on track with a small number of exceptions.</p> <p>The Chair commented on the amount of work covered in the report. Prof Watson agreed, adding that to have this many projects and so few of them showing as red or amber is a significant achievement. Dr Seaman said producing the report does help demonstrate the large amount of work the team delivers.</p> <p>The Board noted and agreed the end of year report, and the Chair hoped that the measure of how impressive the Board found this was fed-back to the GCPH team, and that they could feel pride and contentment in their achievements.</p>		<p>To note</p> <p>GCPH</p>
598	<u>BUDGET POSITION (MONTH 12)</u>		
	<p>Ms Buchanan spoke to paper [GCPHMB/2019/380], highlighting the Centre's financial position at end of March 2019.</p> <p>The main items noted were:</p> <ul style="list-style-type: none"> • An underspend of under £2k. • Carry forward is very small in contrast to previous years which highlights the tightness of the budget. <p>The Board noted and approved the contents and thanked Ms Buchanan for preparing the paper and the work she has put in to catch-up with her new role so quickly.</p> <p>Ms Moss noted that accommodation costs are quite high for the workforce size. Prof Tannahill reassured her that this was being noted moving forward.</p>		<p>To note</p> <p>GCPH</p>
599	<u>BUDGET PLAN 2019-20</u>		
	<p>Dr Seaman spoke to paper [GCPHMB/2019/381] and asked the Board to note the tightness of the budget for 2019/20, with the majority taken up in staffing costs led by salary uplifts.</p> <p>The GCPH team is increasingly considering sources of additional external funding, and exploring the potential to recoup costs where appropriate while keeping in mind partnership responsibilities. It was proposed that the budget will be added to the risk register to ensure regular review through EMT.</p> <p>The training and development line has been reduced slightly. This includes conference registration and attendance.</p> <p>Comments from the Board included:</p>		<p>To note</p> <p>GCPH</p>

	<ul style="list-style-type: none"> • The Chair asked whether there was an ask of the Board for some action, such as speaking to Scottish Government. • Accommodation costs and the comparability of the rent for the area was queried. Prof Tannahill reported that GCPH pay two thirds of the office space and this will be reviewed if the University look to take up more floor space. The rent for the area was deemed reasonable at the time of the move. • Prof Watson recommended looking at the overheads costing in grants awarded and the overhead split. • In relation to development and outside funding, Prof McIntosh highlighted that GCPH staff members have skillsets that could bring in income, although this would need to be managed in relation to core work. • Prof Tannahill stated that she and Dr Seaman would have a conversation about the salary uplifts with Scottish Government. She had already highlighted the position to the Chief Executive of NHSGGC. • Prof McIntosh suggested a possible small income stream from running short training and development events, such as Masters training on place based profiles. Prof Fischbacher-Smith thought the Scottish Funding Council may be able to at least advise on this suggestion. She will enquire and feed back. • Prof Moore suggested that in future planning, projects be judged on whether they help to deliver core work and if not consider if they should be done. • The Chair queried if charging for what GCPH does was a possibility and Prof Tannahill explained that while that approach was being adopted in some areas of the Centre's work, in others it would cut across the Centre principles and would be difficult for the smaller organisations we deal with. <p>The Board noted and agreed the budget plan, which will be monitored and reported on quarterly.</p>		<p>GCPH</p> <p>To note</p> <p>Board/GCPH</p> <p>To note/ Prof Fischbacher- Smith</p> <p>To note</p> <p>To note/GCPH</p>
600	<u>WIDER PRIORITIES IN GCPH WORK PLAN</u>		
	<p>Prof Tannahill briefly spoke to paper [GCPHMB/2019/382], produced to inform the Board of the work done for Turning the Tide Through Prevention. The paper was noted and Prof Tannahill and Mr Matthews will have a separate conversation about taking it to the public health sub-committee of NHSGGC.</p>		<p>Prof Tannahill/Mr Matthews</p>
601	<u>RESPONDING TO THE CHALLENGE OF UNDER REPRESENTATION</u>		
	<p>The Chair welcomed Dr Ima Jackson and Dr Judy Wasige to the meeting.</p> <p>Dr Seaman spoke to the paper [GCPHMB/2019/383] and explained its background as a response to an event held in April following Prof Laura Serrant's seminar.</p> <p>Dr Jackson thought it important to say that GCPH came toward her and those she worked with, and that willingness helped set the tone of responses like Mildred Zimunya's and those on the day.</p>		

	<p>A short film from Mildred Zimunya was presented, to provide an example of presentations from the day.</p> <p>Dr Seaman said it would be good to hear responses from those who were there on the day, but to speak to what the GCPH role might be in response to the three areas highlighted in the paper – knowledge, money and resources, and power, prestige and beneficial social connections.</p> <p>Ms Erdman emphasised that this topic is urgent and timely. She felt the event itself was powerful and gave some examples of feedback evaluations from the day, including statements that there has never been a more important time to have these discussions given the climate of anti-immigration and such things as the legacy of Windrush that the country is currently dealing with, and that not tackling these issues would be a huge opportunity lost. She gave credit to GCPH for taking the event forward. Due to timing there were some people interested who were unable to attend and it would be good to extend conversations to include them.</p> <p>Dr Smith also said the event was powerful but he felt that the people on the day affected by these issues who presented and attended put a lot into it and we should not keep asking them to do all the work. This could be an opportunity for GCPH to raise as exemplar.</p> <p>Ms Moss said she found the event quite uncomfortable on a personal level and it did make her start questioning what she and her organisation could be doing around this issue.</p> <p>Prof Tannahill said she would like to see GCPH become an exemplar but we would need to consider what that looks like and also what GCPH can best do, given our partnership responsibilities and restrictions.</p> <p>Dr Jackson said from her point of view she was pleased GCPH came towards her, but the Centre was interesting to her because of the position and influence it has. It can help raise this genuine health issue. She highlighted that there has been massive demographic change in the last 20 years in Glasgow, and people of the BAME community who grew up here had very different experiences from those who immigrated here. There are endemic issues that affect second generations.</p> <p>Ms Erdman said in health promotion they have seen issues and communities change and there can be something about the focus being on working with the ‘new’ community that can be at detriment to the previous or current community.</p> <p>The Chair emphasised that those at the top need to start handing over the levers of power.</p> <p>Ms Coyle highlighted that as well as finding the day challenging and difficult personally for her one thing that came through strongly was the tiredness of the speakers and attendees with the issue – having to deal with this trauma every day and never seeing any change.</p>	
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	<p>Dr Wasige said she and the other contributors have gone through this a lot and often the feeling is of being co-opted into the day and then not seeing that contribution reflected back. She said there needs to be change in how decisions are made, that they need to be shaped and framed by those who are affected by the issues. She also said it was difficult for those who spoke on the day and that it can feel dangerous to speak out as you don't know how your words will be received.</p> <p>Dr Smith thought that an uncomfortable reaction from those who attended was right, that is the correct response to have. He recommended a book called <i>Blame the Victim</i> by William Ryan.</p> <p>Prof Watson thought the onus for ensuring diversity in organisations and on boards etc lay with those organisations. If they aren't getting recruits from BAME communities then they need to do things differently. Dr Jackson agreed that there is a need to decide what needs to be done and what is necessary to achieve that.</p> <p>Dr Seaman emphasised the need to coproduce any change. The Centre is hearing that its knowledge is important but how the GCPH uses money and resources could also help create leadership capacity. Prof Watson used an example of the GoWell reports not mentioning race or BAME issues to highlight that we should also interrogate why these issues aren't mentioned when they should be.</p> <p>Dr Jackson said there needs to be change from the top, and mentioned there can often be an issue of only getting funding for 'problems' and research into those, but then not getting any funding for solutions. Dr Jackson also highlighted how the process of doing this can be the research: do something and evidence what the process was.</p> <p>Prof Tannahill thanked everyone for engaging with this discussion. This is an important issue for GCPH to work on, not in 'saviour' mode but in collaboration with those affected, working with our partners to try to push things forward. She thought the Centre should work something up with next steps and bring that back to the Board.</p> <p>The Chair said he thought the main point was 'How do we make this event count?', and that should be shaped a bit more.</p> <p>Dr Seaman thought this conversation has been helpful and highlighted that a second event is planned, although details of what that will look like are unknown. Ms Coyle emphasised that this would not just be re-doing the same event, going back to Dr Wasige's point about the potential difficulty for those who spoke. Ms Moss suggested perhaps doing some pre-work with these new relationships, to build on them and help shape what kind of event would be useful for all involved.</p>		<p>To note</p> <p>To note</p> <p>To note</p> <p>GCPH</p> <p>GCPH</p>
602	<u>ANY OTHER COMPETENT BUSINESS</u>		
	There was no other business raised.		

603	<u>DATES OF MEETINGS FOR 2019</u>		
	The dates of the 2019 Management Board meetings are: Monday 2 September, 2pm Monday 2 December, 2pm		To note

Rolling Actions list (September 2019)

Board meeting date	Action	Responsibility	Update
10th June 2019	iMatter. Ms Moss suggested GCPH may want representation on the HSCP workforce group	PS	PS in contact with group via Nichola Brown
10th June 2019	Offers from University colleagues to support development advice and shadowing opportunities	PS/GCPH	Meeting arranged between PS and MFS and NW to discuss opportunities in relation to responses to underrepresentation Board item
10th June 2019	Consultation on PH Scotland. Agreed to incorporate Board comments into GCPH response and align with NHSGGC response	CT	Submitted. See General Update
10th June 2019	Budget Plan. Open conversation regarding salary uplifts with Scottish Government.	GCPH	Commenced. See General Update
10th June 2019	Budget to be included on Risk Register and brought to EMT meetings	GCPH	Actioned
10th June 2019	Responding to racial underrepresentation. GCPH will work up response to conversation, in collaboration with other partners and bring back to Board in due course	GCPH/PS	To be developed and included in work plan. Partner discussions commenced.



Working Towards Good Food for All in Glasgow

Jill Muirie

Public Health Programme Manager
Glasgow Centre for Population Health



Prof Kevin Morgan

Dean of Engagement, Professor of Governance and Development,
School of Planning and Geography, University of Cardiff

Nourishing the City: The Rise of the Urban Food Question

Summary

This seminar looks at the rise of cities around the world as new players in the debates around food policy, including food security and health and wellbeing. In Prof Morgan's view, the rise of cities is one of the most important changes that has been taking place across the world in the last 10-20 years. This talk attempts to explain why this is happening and gives some examples of what leading cities across the globe are doing within and through their food systems. The seminar concludes by considering what this means here in the UK in terms of how we promote healthier cities through more sustainable food systems.

- A GCPH seminar in 2014 laid the foundations for this work.
- A partnership of interested people and organisations was formed.
- This became the 'Glasgow Food Policy Partnership' (GFPP).
- GCPH played a key role in this partnership throughout.

Shared interests

- Food poverty and insecurity
- Poor dietary health
- Economic challenges
- Environment, sustainability and climate change
- Inadequate food related facilities, knowledge and skills
- The potential of progress and coherent action on food issues at city level.

Sustainable Food Cities Approach

1. Promoting healthy and sustainable food
2. Tackling food poverty and diet related illhealth
3. Building community knowledge and skills
4. Promoting a vibrant and sustainable food economy
5. Transforming catering and procurement
6. Reducing food waste in the food system



Glasgow Food Policy Partnership:

Working together towards our goals:

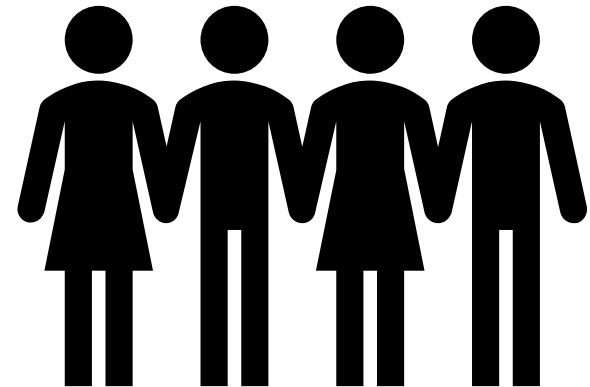
- Everyone has access to fresh, fair, healthy, affordable food;
- Growing and cooking food brings communities together;
- The local food economy is thriving;
- We can all enjoy and celebrate diverse, tasty and healthy food; and
- Our food is produced and disposed of in a way that's good for the environment as well as us.



Partners

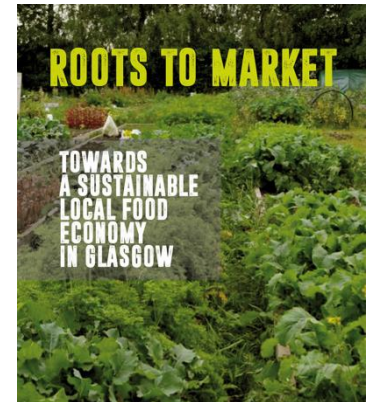
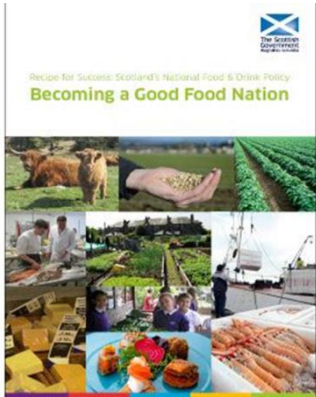


- Glasgow Centre for Population Health
- Glasgow City Council
- Glasgow Community Food Network
- NHS Health Scotland
- Nourish Scotland
- The University of Glasgow
- Fareshare
- Zero Waste Scotland





Progress since 2014



Towards a city strategy

- The food system influences many aspects of our health and wellbeing, our environment, inequalities and our economy.
- A city food strategy would ideally focus on improving equity, health, the local economy and the environment through changes across the food system.
- Glasgow's Food Inequality Inquiry made it clear that inequalities needs to be central to a Glasgow food strategy.
- Other strategies and policies that relate to our food system include: Glasgow's anti-poverty strategy, Our Resilient Glasgow Strategy, Glasgow's school food policy, Glasgow's food growing strategy, NHS GGC's public health strategy, Glasgow City Region's economic action plan, Glasgow City Region's Tourism Strategy, and climate change emergency working group report ...
- And there are lots of enthusiastic and innovative people and projects working on food across the city.
- A city food strategy would help bring cohesion, synergy and more coordinated city level action, which in turn can support the local level food action plans which are in development across the city.

Glasgow Food Summit 29th May 2019



Good food for all

GLASGOW FOOD POLICY PARTNERSHIP

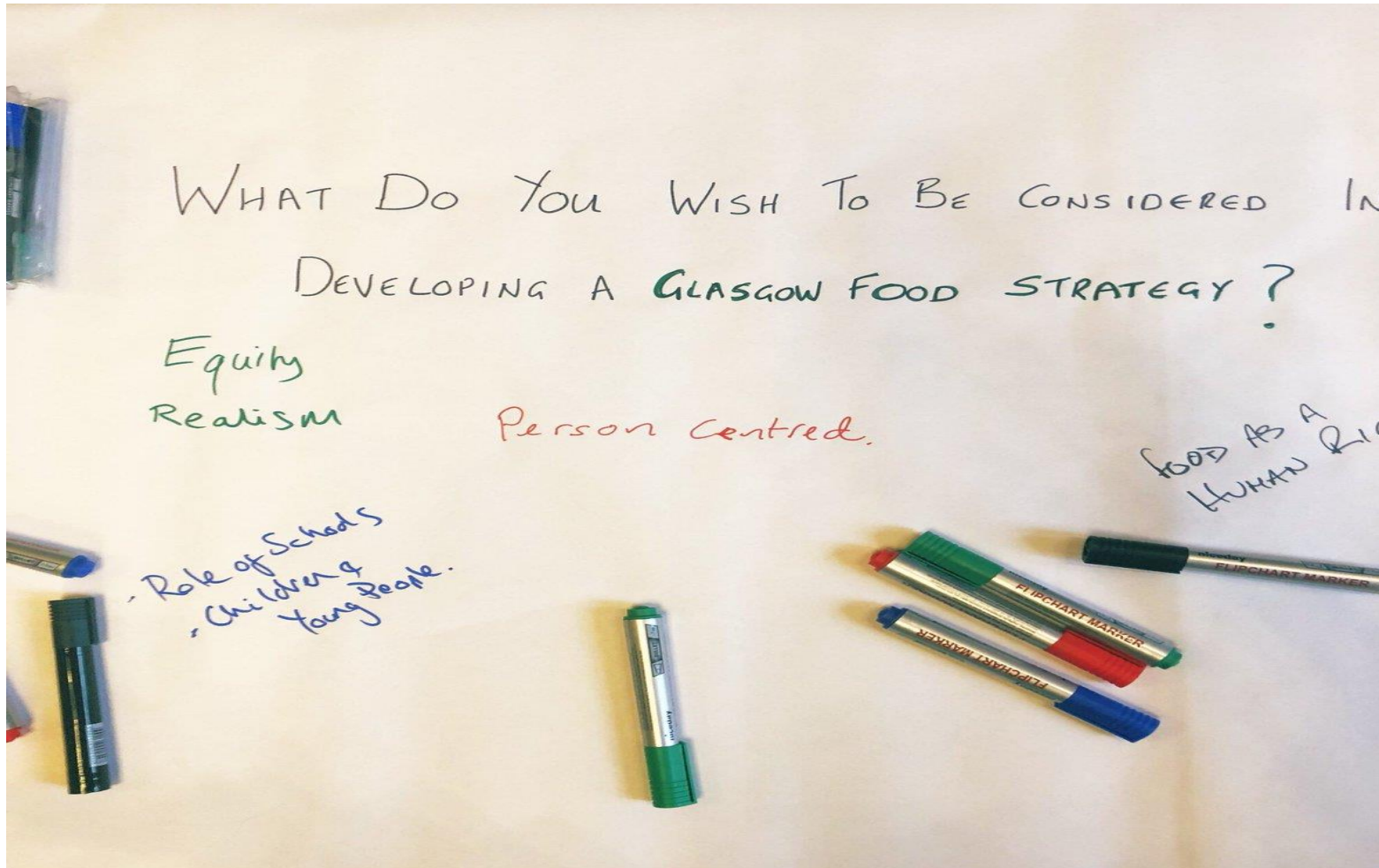


Food Summit Topic Areas

- 1. Good Food at Home and Reducing Food Insecurity**
- 2. Good Food for the Economy**
- 3. Good Food in the Community**
- 4. Good Food for Children and Young People**
- 5. Growing Good Food**
- 6. Good Food for the Environment**



Summit Feedback



10 key points

1. **Strategy must be inclusive**
2. **Human right to access healthy, sustainable food**
3. **Existing work needs to be better connected**
4. **Need for increased education and skills development**
5. **Support for community/growing projects and enterprises**
6. **Food waste reduction should be made a priority**
7. **Accessing available land should be made easier**
8. **Importance of local food economy**
9. **Importance of schools - school day and beyond**
10. **Utilise learning from other cities**



Next steps

- GCC committed to a city food strategy, but wish it to be a city (rather than City Council) strategy
- Plan is for a 5-10 year strategy with a 1 year action plan
- Broad timescale:
 - August to October 2019: develop baseline, agree strategy outcomes and identify theme leads and working groups
 - November/ December 2019: develop priorities for each theme, through engaging with key stakeholders and communities
 - January 2020 agree consultation and engagement approach
 - January/February 2020 draft Strategy and year 1 implementation plan
 - March to May 2020 consultation and engagement
 - June/July 2020 draft final Strategy and Year 1 implementation plan
 - August 2020 agreement of Strategy and implementation plan

Current uncertainties...

- Engaging and involving city stakeholders
- Governance of process (i.e. who makes the decisions?)
- Building meaningful engagement and coproduction into the process
- Funding/resourcing (especially community engagement)
- Identifying theme leads with knowledge and influence



**Glasgow Centre for Population Health
Management Board
2 September 2019**

General Update

Recommendations

GCPH Board members are asked to:

- Note and discuss this update on progress since the last meeting on 10th June 2019.
- Identify any developments and priorities in their own areas that are of potential significance for the Centre.

Governance, staffing and partnerships

1. Congratulations are due to two members of staff on recent academic achievements. To Janet Robison on being awarded a BSc (Hons) first-class from the Open University; and to Dr Katharine Timpson on being awarded a doctorate by the University of the West of Scotland for her thesis on 'Regional and urban policy, vulnerability and capacity: Using archival sources and a comparison with Liverpool to contribute to the explanation of Glasgow's excess mortality'.
2. There are two posts currently vacant. Our Community Engagement Manager, Cat Tabbner commenced maternity leave at the end of July; and the recruitment process for our joint Knowledge Exchange post with University of Glasgow is about to commence.
3. Fiona Crawford, Consultant in Public Health, who works in a joint role between the NHS GGC Public Health Directorate and GCPH is retiring at the end of September 2019. Fiona has worked in GCPH since 2005, formerly as one of our Public Health Programme Managers and latterly in this joint Consultant in Public Health role. The relatively recent joint nature of this Consultant post between NHS GGC and GCPH has been a valuable development in aligning our work with the priorities of NHS GGC and we are considering how best this can continue after Fiona's departure. Fiona has also co-led Programme 1 within the Centre, managing a substantial suite of projects on early years care, the pregnancy pathway and ACEs. Handover of Fiona's responsibilities has been arranged within the team and external partners.
4. Following David Williams' secondment to the Scottish Government, we have had confirmation that Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention, will replace him as the HSCP representative on the GCPH Management Board.
5. On the back of the discussion of the iMatter staff engagement survey responses at the last EMT and Management Board meetings, GCPH will join the HSCP workforce group which will help link us into development opportunities within the HSCP. Board members

are asked to alert us to other potential development opportunities (such as training, shadowing, mentoring, placement or secondment opportunities) that may be available or arise for GCPH staff to gain exposure or experience of working in other organisations.

6. Prof David Pencheon's seminar on climate change earlier in the year and the more recent food summit has prompted us to consider what aspects of the working practices within the Social Research Hub (SRH) could be addressed to make us a more environmentally sustainable office. Chaired by Jill Muirie, a small working group of staff from across the SRH is now meeting on a monthly basis. The purpose of the group is threefold – to improve understanding of the different ways that environmental sustainability can be improved at the SRH; to lead or support the implementation of actions that seek to do this; and to monitor any reductions in energy use/carbon that result. The group is currently focussing on energy saving/lower carbon alternatives/adaptations to current office systems, for aspects of kitchen use and for events hosted at or by the SRH or GCPH.
7. The GCPH budget position is now identified as a significant risk on our risk register. Management Accounts have provided forward projections of our salary costs and these indicate that, with no change to our staffing complement and no increase in our funding (cash or in-kind), our fixed costs for salaries, accommodation and running costs will exceed our income by 2021/22. In the years up to that point, there would be little scope for staff or infrastructure development (e.g. in relation to training, website Content Management System, etc) and diminishing funding for any research, development and communications activity. Discussions have been initiated with Scottish Government requesting that salary uplifts are built into our future core funding, and that some additional resource for staff and infrastructure development be provided. These discussions have also highlighted the need for funding security to be provided in the medium-term while the relationship with Public Health Scotland is developed and the best long-term organisational model agreed. It is possible that these discussions will result in a more formalised MOU or grant award being put in place between Scottish Government and GCPH, which would also be welcome.
8. The University of Glasgow has confirmed that it will extend the lease on the third floor of the Olympia building, providing the opportunity for GCPH to agree an extension to our Licence to Occupy for a further five years. As part of the process, the University proposes undertaking a space planning exercise, which might result in a reduction in the proportion of space occupied by GCPH (currently 2/3) and a commensurate reduction in our charges. Terms are otherwise expected to remain as at present. An initial meeting has taken place involving property advisers from NHS GGC and the University of Glasgow, and the extension will be logged on the NHS GGC property updates log.
9. Following consultation with members of the Management Board, the GCPH response to the statutory consultation on the establishment of Public Health Scotland (PHS) was submitted in early July, and is [available on the GCPH website](#). More generally, in relation to Public Health Reform, Jim McGoldrick has been appointed as interim Chair of PHS and recruitment of the Chief Executive is taking place. Carol has had an initial meeting with Mr McGoldrick, which covered a range of issues and established his awareness of and positive disposition towards the GCPH. Further informal meetings will take place, and it is anticipated that the Reform Oversight Board will continue to meet in the period until the substantive PHS Board is in place.
10. As updated at the last meeting, it has now been formally agreed that the GCPH Director will be a co-opted member of the Strategic Board of the Glasgow CPP. This strengthens the public health contribution to community planning within the city. In addition, the Strategic Board has supported the establishment of a public health committee reporting

to the CPP Executive Group, with responsibility for progressing the recommendations of the Health Summit. Carol and Linda are progressing discussions with Bridget McConnell and senior colleagues from Glasgow Life to discuss their proposal about the role of culture and sport in public sector transformation, which is being developed as part of a new approach to Community Planning; and with Bernadette Monaghan about the proposed community planning public health committee.

11. Members of the GCPH team contributed to the Glasgow Labour policy review process at a meeting at the City Chambers on Thursday 8th August. The party has produced a series of 'challenge papers' with a number of questions outlined. Following discussion of some key pieces of work relevant to their challenge areas (Community Empowerment, Food and Transport) we await further contact from Billy McAuley, the officer leading, for further focussed follow-up conversations.

Developments

12. GCPH has been commissioned by GCC to evaluate the four participatory budgeting (PB) pilot wards across the city. We were approached to undertake this work based on an existing relationship with the Council and key partners involved, including the Scottish Government and COSLA and our experience in evaluation of PB. We are matching the Council's evaluation budget with in-kind contributions (staff time). Chris Harkins, who is leading this work, has a 'hot desk' within the Council and has also spent time conducting interviews and focus groups with delivery partners and community members within the pilot areas. Fieldwork and time spent working within the Council equates to approximately one to two days a week, with a further two days per week within the GCPH performing analysis. The findings will be presented to the Council in September 2019.
13. GCC's Inclusive Growth programme has identified population health, and its impact on employment and productivity, as a priority for investment and action. The Health Summit in January identified fair work and an inclusive economy as priorities for improving the city's health. This convergence of interests has resulted in a proposal being agreed for the establishment of a public health programme manager to develop an action plan for the long-term that will achieve the dual outcomes of reducing health inequalities and contributing to the city's economic targets. The post has been offered in the first instance for seven months, focussed on the city; with the expectation that it will move to a regional focus thereafter. Expressions of interest have been invited and received from members of the GCPH team; and the cost will be met from the Council's inclusive growth programme.
14. Centre colleagues have collaborated on two funding bids with external partners, both recently submitted. Pete Seaman and Jennifer McLean are co-applicants on a first stage bid led by the Yunus Centre to the National Institute for Health Research (NIHR) call 'Community-Focussed Approaches that Mobilise People as Assets'. GCPH will provide expertise on asset-based approaches and lead on the public engagement dimensions. We have also collaborated with Glasgow Museums on a bid to the Wellcome Trust to deliver a citizen research project to shape the programme at the Burrell Collection and increase engagement with local communities. If funded, GCPH will lead on the citizen research dimension.
15. Jill Muirie (Programme Manager) and Riikka Gonzalez (Sustainable Food Cities Coordinator) presented to Glasgow City Council's General Purposes Committee (August 14th) to update on May's Glasgow Food Summit. Jill provided background information on the Glasgow Food Policy Partnership and the rationale for developing a Glasgow Food Strategy, including the potential health, equity and environmental benefits. Riikka followed

with a presentation on the Food Summit providing information about the structure and content of the event as well as feedback and the next steps in our work towards a Glasgow Food Strategy. Other items on the same agenda also related to the developing Glasgow Food Strategy and included an update on the food inequality inquiry, the development of community food 'pantries' in the city as part of action on food insecurity and a proposal for Glasgow to sign up to the Milan Urban Food Policy Pact.

Outputs and activities

16. This section summarises the Centre's outputs and activities since the last Management 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. On 28th May, Prof Corinna Hawkes delivered the penultimate seminar in the 2019/20 seminar series: 'What do we need to do differently to tackle obesity equitably?' Based on 20 years of working in the field, Corinna explored the fundamentals of what this means for acting differently, through engaging with people affected by the problem, taking a more systems-based approach and aligning with economic goals. She highlighted not just what needs to be done, but how it needs to be done differently. Corinna drew on both her research and practice and provided, as an example of the new thinking, the work of the London Child Obesity Taskforce. The seminar was attended by 85 delegates.
18. The following day, on 29th May, in partnership with the Glasgow Food Policy Partnership, we hosted a 'food summit' as part of the collective commitment towards making Glasgow a sustainable food city. Opened by Baillie Elaine Ballantyne and attended by 152 delegates, the event built on the great work that is already established in Glasgow and explored city-wide, holistic approaches to changing our food system in order to improve health, reduce food insecurity, build community resilience and reduce Glasgow's impact on the environment. Keynote addresses were provided by Corinna Hawkes, building on her seminar the previous evening, and Andrea Magarini Pellini, Co-ordinator of Milan Food Policy and Chair of the Eurocities Food Working Group. A report from the event along with the presentation slides from the day are [available on the GCPH website](#).
19. Architect and Founder of Marini Urbanismo, Riccardo Marini, delivered the final lecture in Seminar Series 15 on 24th June on the subject of architecture, place-making and wellbeing. Riccardo outlined how he was acutely aware of the destructive nature of architecture which does not know where it belongs or who it is there to serve. He described an inability of professionals to listen and learn from past mistakes and argued that meaningful engagement that ensures people are central to the process of creating our future settlements and rethinking our existing ones is crucial. He outlined what he thinks makes places work and that the path to health, happiness, wealth and wellbeing is one that must put people, their culture and art central to our planning processes. Riccardo's seminar was attended by 100 delegates.
20. The podcasts of the full Seminar Series 15 lectures are [available to listen or download on the GCPH website](#).
21. The 24th Healthier Future Forum will take place on the morning of 24th September entitled 'A Healthy Future for Children and Families'. The event will consider and discuss what works, where, when, and how, in supporting children and families and how this can be better embedded in our systems in an equitable and sustainable way. The event will be chaired by Pauline Craig, Head of Population Health at NHS Health Scotland with

presentations from Prof John Delaney, University of Edinburgh on 'Re-imagining family support' and Dr Angela O'Hagan, Glasgow Caledonian University on 'The care economy and childcare'. Fiona Crawford and Valerie McNeice will deliver a joint presentation synthesising the findings from recent GCPH work which explored the impact of extended early learning and childcare provision and family support services on child/parent wellbeing. Utilising the experience and knowledge of delegates, the discussion session aims to draw out evidence for action, promising practice, emerging ideas and potential next steps.

22. Planning is underway for Seminar Series 16 which will commence in autumn and run until May/June 2020. As in previous years we are aiming for six seminars. Approaches have been made to a number of potential speakers on a broad range of topics and we have received a positive response from Ichiro Kawachi, Professor of Social Epidemiology at Harvard, and from Anna Minton, Reader in Architecture at University of East London and author of the book 'Ground Control: Fear and Happiness in the 21st Century City' (which explores how cities have changed through the power of multinationals, inequalities, gated communities and what we can do in response).

Centre contributions to partner/other events

23. Carol Tannahill delivered a plenary overview of key trends, challenges and opportunities within the 'Applying the National Performance Framework: learning from the past and looking to the future' session at the Scottish Leaders Forum conference on 3rd June. Jennie Coyle was also present as part of the event team.
24. Russell Jones presented on the health benefits of volunteering at a breakfast briefing for GCC elected members on 7th June organised by Volunteer Glasgow to mark the culmination of Volunteering Week 2019.
25. Jennifer McLean presented a poster on Children's Neighbourhoods Scotland, Russell Jones on Health and Place in Glasgow and we had an exhibition stand at the joint NHS Health Scotland and World Health Organisation European Healthy Cities Network 1st International Conference on Place and the Place Standard held in Glasgow on 10th June. Russell also presented at the WHO European Healthy Cities Network Place Standard training held the day after.
26. We had an exhibition stand at the annual NHS Scotland Conference 'Working Together, Improving Outcomes' held in the SEC on 20-21 June 2019.
27. Our work was presented at the World Community Development Conference 'People, Place and Power' held in Dundee from 24-26 June 2019 through a poster presentation by Cat Tabbner on the GoWell community panel and via colleagues at Health Scotland on the joint GCPH/NHS HS animation on power as a health and social justice issue.
28. Russell Jones, Gregor Yates, Valerie McNeice and Pete Seaman met with Duncan Booker (Sustainable Glasgow Manager, Chief Resilience Officer, Glasgow City Council) to discuss how GCPH can support climate emergency work and ambitions for Glasgow to reach net zero carbon by 2030 as the Centre's continuing contribution through Weathering Change.
29. Lynn Naven has been invited by the Scottish Parliament Social Security Committee to participate in a roundtable evidence session on benefit take-up on 5th September 2019. Lynn is representing GCPH's part in the Healthier, Wealthier Children partnership.

30. Russell Jones will present at the Future Planning: Designing Places in a Climate Emergency conference on 8th October, organised by Green Infrastructure Scotland. His contribution will be in the Principles of a Climate Adapted Neighbourhood workshop.
31. As in previous years, several members of the team have been involved in organising and contributing to the annual PHINS seminar being held on 13th September. This includes Fiona Crawford in the role as Chair for the morning and presentations from Jill Muirie on the food sustainability work in the city and David Walsh on our systematic review of ACEs.
32. We will be contributing to this year's Scottish Faculty of Public Health Conference 'Social Justice in Public Health: Preventing premature death and mortality in Scotland' being held in Dunblane in November through presentations and an exhibition stand. The three team members who submitted abstracts have been accepted: Valerie McNeice on our evaluation of the Stepping Stones for Families family wellbeing service; Lisa Garnham on the Housing through Social Enterprise evaluation; and David Walsh on our systematic review of ACEs.

Publications

33. The following reports and articles have been published since the last meeting.
 - *Stepping Stones for Families' Family Wellbeing Service An evaluation: 2016-2019* (June 2019)
 - *Supporting vulnerable people on Glasgow city centre streets: views of service providers* (June 2019)
 - *Glasgow 2018 European Championships: Findings from a survey of 'Team 2018' volunteer applicants* (August 2019)

Journal articles

34. The following journal article has been published through the Homes for Good (CommonHealth) work: Rolfe S, Garnham L, Anderson I, Seaman P, Godwin J, Donaldson C. (2019) 'Hybridity in the housing sector: examining impacts on social and private rented sector tenants in Scotland', *Housing Studies*. DOI: 10.1080/02673037.2019.1648770

Forthcoming publications

35. *An evaluation of childcare in the East end of Glasgow* (September 2019). This report from the CHANGE: Childcare and Nurture, Glasgow East project describes childcare provision in the CHANGE area and summarises the use of childcare services in relation to different demographic dimensions. It compares the cost of childcare at different ages and by type of provider and examines the impact of the cost of childcare on families. A short-summary and infographics are also being produced to aid dissemination.
36. *Aspiring Community Fund – an evaluation of community engagement and participatory budgeting within Gorbals* (September 2019). New Gorbals Housing Association commissioned GCPH to undertake this evaluation of community engagement and PB within Gorbals funded by the Aspiring Community Fund. The paper highlights positive findings which have implications for the national development and implementation of PB. These include the simplicity and accessibility of the application process as well as the transparency of the overall PB process and the constant and clear communication that underpinned this. Amid the largely technocratic narratives that surround the move towards 'mainstreaming PB' this evaluation is a timely reminder that quality relationships between

professionals and community members are vitally important in PB. Characteristics such as empathy, patience, humility and kindness among PB professionals are therefore desirable in cultivating such relationships; alongside professional experience and technical competence.

37. *Building a healthier future for children and families in Scotland: What more have we learned?* (September 2019). This short report will discuss what more we have learned since the publication of our previous early years' synthesis, written by Sara Dodds, in 2014. The report will focus mainly on the family/parent environment, learning environment and socioeconomic context. Key dimensions will include: policy/practice implications of the impact of extended early learning and childcare provision; what works in family support and why in improving child/parent wellbeing; building the evidence base for action on ACEs; and making explicit the links between family socioeconomic circumstances and early years' experiences. This will be launched at the next HFF on 24th September.

Consultation responses

38. We have responded and published our responses to the following consultations:
- Infrastructure Commission for Scotland call for evidence and contributions on Scotland's future infrastructure priorities (May 2019)
 - Glasgow HSCP Draft Glasgow Family Support Strategy (response not published)
 - Glasgow City Council 'Climate emergency' consultation (May 2019)
 - Public Health Scotland consultation (July 2019)

Media

39. The food summit event was featured in *The Herald* in an article entitled 'Glasgow Food Strategy could cut social problems, experts claim' (29.05.19). GCPH and the food strategy work was quoted again in an *Evening Times* article in August on 'Glasgow leading way in 'planet saving' meat free movement.
40. David Walsh and our work on excess mortality was quoted in an article in the New York Times on the recently published drug-related mortality figures for Scotland (07.08.19).

Digital

41. The latest issue of the GCPH e-update was circulated to our almost 3,000 network subscribers in June. The open and click rates for this remain stable with a 30% open and click rate. A shorter tailored e-update for GCC elected members was also issued in June. This had a higher open rate at 42% but members don't tend to follow-through on the links. We are reviewing how useful it is to continue using this as a way to communicate with elected members.
42. We reached 5,000 followers on Twitter at the end of May, having been active on Twitter for nine years last month. We continue to receive a slow and steady increase of approximately one new follower a day, currently totalling 5,098 followers.
43. Our infographics continue to be one of our more popular resources, particularly on social media. We have now collated the [full collection](#) on a page on the website making them easier to view, download, share and print.
44. As part of work to continually improve the GCPH website, we issued a short, anonymous online survey to gain feedback on the relatively new topic-led structure of the website and

its overall look, functionality and use. Three groups of website users were targeted: the GCPH team; the GCPH network; and a group of communications professionals. We received 30 responses in total. Overall the feedback was very positive, with most respondents rating the website easy to use and navigate and indicating they find it easy to find what they are looking for. Suggestions of how to improve the website included integrating our infographics and more visual content into the website more, making the content less text heavy and more regular news items. Many of the suggestions however related to functionality to make the website more interactive, accessibility features, design and mobile optimisation which are not possible within the current content management system. This is an issue we are considering alongside future technological upgrades required.

**GCPH
August 2019**



**Glasgow Centre for Population Health
Management Board Meeting
2 September 2019**

Budget position: 1st April 2019 to 31st July 2019 (4 Months)

Recommendations

The Management Board is asked to note:

- The increase to the available budget due to additional / extended streams of income
- The Centre's financial position for the period 1 April 2019 to end-July 2019 detailing expenditure of £436,862 against a planned budget of £1,430,694.

Commentary on Table 1

1. Board members will note the increased availability of funds and consequential increase in budget due to the Centre's success in procuring some further streams of income. Details totalling an additional £152,800 income are as follows:
 - Participatory Budgeting Work £5,000
 - Climate/Weathering Change £25,000
 - Community Link workers £69,000
 - People's Postcode Lottery (Big Noise) £15,000
 - NHS Health Scotland £25,000
 - Children In Scotland £13,800 (increase to former amount)
2. The expenditure lines have been updated accordingly and the overall expenditure to date is £436,862. This is broadly in line with the revised plan; there are no significant variations to report at this time.
3. There remains a small budget, £12,000, which at this point in the year is uncommitted.
4. At this relatively early point in the financial year a breakeven year end position is expected.

**Fiona Buchanan
Aug 2019**

		<i>Planned 2019/20 £</i>	<i>Actual to July £</i>	<i>Forecast Out-turn £</i>
	<i>Income</i>			
I 1	Annual SG Allocation	1,250,000	1,250,000	1,250,000
I 3	Other Income	190,743	99,507	190,743
	<i>Total Income 19/20</i>	<i>1,440,743</i>	<i>1,349,507</i>	<i>1,440,743</i>
I 4	Carry Forward from previous years	<i>1,951</i>		<i>1,951</i>
	<i>Total Available 19/20</i>	<i>1,442,694</i>	<i>1,349,507</i>	<i>1,442,694</i>
	<i>Expenditure</i>			
	Research:			
E 1	Action on Inequality	29,000	-	29,000
E 2	Understanding Health Inequalities	24,000	6,018	24,000
E 3	Sustainable Inclusive Places	20,200	-	20,200
E 4	Innovative Approaches to Improving Outcomes	17,700	1,000	17,700
E 6	Training & Development	10,794	-	10,794
E 7	Community Links Workers	20,000		20,000
	<i>Total Research</i>	<i>121,694</i>	<i>7,018</i>	<i>121,694</i>
	Communications:			
E 8	Communications	45,000	15,977	45,000
	<i>Total</i>	<i>45,000</i>	<i>15,977</i>	<i>45,000</i>
	Management and Administration			
E 9	Centre Management, Admin & Running Costs	25,000	4,163	25,000
E 10	Accommodation Costs	118,000	38,060	118,000
E 11	Core Staffing	1,121,000	371,644	1,121,000
	<i>Total Management & Admin</i>	<i>1,264,000</i>	<i>413,867</i>	<i>1,264,000</i>
	<i>Total Expenditure</i>	<i>1,430,694</i>	<i>436,862</i>	<i>1,430,694</i>
	<i>Balance</i>	<i>12,000</i>	<i>912,645</i>	<i>12,000</i>



**Glasgow Centre for Population Health
Management Board
2 September 2019**

Housing Through Social Enterprise

Recommendations

The Board is asked to:

- Note completion of the Housing Through Social Enterprise project, a key collaboration with Glasgow Caledonian University, and the recommendations proposed for policy and practice.
- Highlight links with current developments in their own areas and other advice and opportunities for increasing the impact of the work.

Background

1. Housing provision represents an investment with significant potential to influence population health outcomes and related inequality. This potential comes into particular focus for populations vulnerable to homelessness or living in poor quality housing. The routes between housing and health outcomes are complex and recent decades have seen significant shifts in housing provision with a decrease in social rented housing occurring alongside a growth in private sector housing. This means that low-income and otherwise vulnerable households face growing challenges in gaining access to affordable, secure and good quality housing.
2. The *Housing Through Social Enterprise* study represented GCPH's core contribution to the *CommonHealth* research programme led by the Yunus Centre at Glasgow Caledonian University and jointly funded by the Economic and Social Research Council and the Medical Research Council. The wider programme was established to examine the potential of social enterprises to generate public health impacts.
3. The work reported here approaches housing provision through the lens of social enterprise, as an emerging innovation in the sector, to evaluate the potential of different forms of housing provision to improve health, wellbeing and housing security for tenants vulnerable to homelessness. Dr Lisa Garnham, Public Health Research Specialist at GCPH and Dr Steve Rolfe, University of Stirling led this research.
4. The researchers analysed housing need in Glasgow, barriers to quality housing for low income households and existing evidence on the links between housing and health. The primary research followed a group of tenants from three different housing organisations to examine the health and wellbeing impacts of different approaches across the social and private rented sectors. Through their analysis they identify some subtle and less well

researched processes in the pathway between housing provision and health outcomes that relate to the ability of tenants to make a home from their tenancy and issues of tenant autonomy and identity. The attached *Recommendations* paper discusses these findings and the implications for policy and practice in more detail.

5. The work makes an important contribution to understanding how housing provision can be aligned to improving health and wellbeing outcomes, building on the larger GoWell study and current CaCHE funded work on tenant participation as a determinant of health, wellbeing and empowerment outcomes. Notably, many of the recommendations point to changes in practice in a manner in-keeping with person-centred service design and provision more broadly, rather than calling for substantial financial investments.
6. Following Dr Garnham's introduction of the key messages and implications at the Board meeting, we invite discussion of how the findings can influence strategic developments in the city including recent work to integrate housing and public health. Guidance on the future development of GCPH's interest in both housing and social enterprise is also welcomed.

GCPH
August 2019

Housing through Social Enterprise

Recommendations

About the research

The Housing through Social Enterprise research project examined the impacts of different approaches to housing provision on tenants' health and wellbeing. The project included tenants from social housing and private rented sector (PRS) providers in a three-year, longitudinal, mixed methods study. This document details the recommendations from the research, which will be relevant for: policy-makers in housing and public health; housing associations and practitioners in social housing; and landlords and letting agents in the PRS.

The research showed that tenants' health and wellbeing is shaped by whether they are able to feel at home in their tenancy, and that this is underpinned by four key foundations:

- **Relationships.** Tenants do better when they have a named member of staff, who respects and understands their individual needs, history and situation.
- **Property quality.** Beyond the basics of a defect-free, efficient property, tenants need to be able to make their property feel like home. For some the ideal is an empty, blank canvas that they can customise. For others, it is much harder to make a home if the property is unfurnished and undecorated.
- **Affordability.** Reasonable rent levels are important, but there are other financial factors at the start of a tenancy which can have a substantial effect on tenants' wellbeing. Help to deal with benefits, utility costs, refurbishment expenses and arrears is key.
- **Neighbourhood.** Tenants settle more easily into their property if they have as much choice as possible about where they live and are supported to find the right property in the right place where they feel safe and a sense of belonging.

More details about the research and the findings report are available at www.gcph.co.uk – search for 'Housing through Social Enterprise'. The project was part of the Commonhealth research programme, which explored health impacts of social enterprise in a range of fields (see www.commonhealth.uk). While the report does not focus on the differential impacts of social enterprise per se, it was notable that a social mission was important for all three organisations in delivering positive housing experiences for their tenants.

In order to develop recommendations that would be realistic and practical, the project concluded with an event in February 2019 which brought together housing practitioners, tenants, policy-makers and public health professionals. Participants discussed the implications of the research findings in the contexts of their own experiences and expertise. The recommendations that follow are based on these discussions and fall into six categories: health and wellbeing of tenants; relationships and communication; property quality; finance and affordability; tenant participation and empowerment; and organisational standards and regulation. Each section indicates the research findings that participants highlighted as being important, before providing a set of recommendations.

There was a considerable degree of overlap between those recommendations for the social and private rented sectors and, as such, we have not divided these recommendations by sector. However, we have highlighted the recommendations that are practice-focused (in blue) and those that are policy-focused (in green) for ease of reading.

Health and wellbeing of tenants

The research highlights the centrality of housing as a social determinant of health and the crucial role of housing providers in shaping the impacts on health and wellbeing. All of the recommendations in this paper relate to this core finding, but there are also some general proposals that build on this understanding:

Awareness. Greater awareness needs to be raised, especially across the PRS, about the impacts that housing can have on tenants' health and wellbeing. Organisations representing landlords and letting agents should communicate with members about the public health implications of their decision-making and practices. Local authorities should raise awareness with individual landlords at the point of registration and provide information on resources that could be used to support tenants.

Prioritise tenants' needs. Housing organisations should ensure that their strategic approach is centred on tenants' stability and security in their home, to ensure successful, sustainable tenancies. Housing providers should ensure that tenants, not properties, are their first priority, and work with tenants to empower them individually and collectively.

Public health. The role of housing as a social determinant of health, including in the context of climate change, should be embedded in public health policy and practice, and be placed high on the agenda of the new Public Health Scotland organisation. Housing is central to a Whole Systems Approach to tackling poverty and inequality.

Relationships and communication

The research demonstrates the importance of strong relationships between tenants and housing providers and clear communication between them. Where relationships and communication are good, tenants tend to settle in more easily and are more likely to sustain their tenancy. To help housing organisations and staff to meet the needs of a diverse range of tenants:

Person-centred service. Housing organisations need to support their staff to provide a person-centred service. This requires training and support at an organisational level. The work being done in homelessness services around 'Psychologically-Informed Environments' may be helpful here.

Start early. Housing staff should be supported to start building relationships with tenants early, ideally before the start of a tenancy.

Named contact. Tenants benefit from having a named main contact and being able to communicate with them directly. This is particularly important for vulnerable tenants. This does not mean that one person is solely responsible for the tenant, their tenancy and their property or that this person cannot change. It means that tenants should know who their main contact is and receive a direct communication when this changes.

Meeting diverse needs. Different tenants have different needs. Housing organisations need to have a robust system for assessing the needs of new tenants and employ a flexible approach to contact, based on these assessed needs. This will result in a more proactive approach for some tenants and a more ad hoc, light-touch approach for others. For potentially vulnerable tenants, regular contact and relationship-building should continue even when the tenant is managing well in their tenancy.

Managing diverse expectations. Different tenants have different expectations from their housing and housing provider. Staff need to manage tenants' expectations and focus on building their confidence and capacity. This can mean challenging tenants whose expectations are unrealistic, or who do not engage with support when their tenancy is at risk. This relies on having a good relationship with the tenant.

Information. New tenants have to deal with a lot of information at the very start of their tenancy and often cannot take it all in. Repeating information during follow-up contact can help ensure that tenants are informed, settled and happy.

Funding. High quality tenancy support services require funding, particularly for vulnerable households in the PRS. The Scottish Government should review the provision of tenancy support services and explore funding options with local authorities and housing providers across the social and private rented sectors.

Property quality

The research shows that housing quality is extremely important to tenants, although each tenant has different expectations and aspirations. The condition of a property on move-in day can provide or undermine the foundation of a sustainable tenancy, with impacts on health and wellbeing. Recognising the need to manage costs, these recommendations aim to improve property quality:

Broader basic standards. The aspects of housing quality that are important for tenants include the standard of décor, any furnishings and the cleanliness of a property. Housing providers should aim to keep these standards as high as possible.

Customisation. Some tenants are happy to internally refurbish properties and have the capacity and resources to do so, while others struggle with a 'blank canvas'. Housing organisations need to understand tenants' expectations, capacities and resources from the outset and use this understanding to match tenants to available properties, providing additional support for refurbishment where needed.

Raise minimum standards. The Scottish Housing Quality Standards (SHQS) should be expanded to include basic standards of décor and more detailed checks for defects. The SHQS, the Repairing Standard and the enforcement of these standards should be harmonised across sectors, levelling up to the higher standard in each aspect.

Funding. A large number of properties in the PRS suffer from poor quality, a significant proportion of which are related to issues with common parts. These issues particularly affect tenemental stock and are often outwith the control of tenants and landlords. The Scottish Parliamentary Working Group on Tenement Maintenance should consider options for financial support where necessary to bring all properties up to the required standard, including addressing common parts.

Finance and affordability

This research did not find significant problems with rent affordability, but it did highlight a range of other housing-related costs that cause substantial problems for tenants. Many of these are unexpected and occur at the outset of the tenancy or soon after. These financial issues can seriously impair tenants' ability to settle in and, in turn, their health and wellbeing. The following recommendations aim to reduce the financial strain placed on tenants:

Arrears management. Rent arrears are of central concern to housing organisations and lead to a range of interventions. However, intervening when a tenant is already in arrears or having other problems may be too late to restore stability to their tenancy and staff should identify triggers for additional or early intervention as part of their relationship-building with the tenant. Working with third sector partners may help here, as tenants may be more open with organisations who are not their landlord.

Funding the basics. The processes and conditions for the Scottish Welfare Fund need to be reviewed. While the Fund is invaluable for tenants moving into a new property, particularly if it is unfurnished, there are issues. Tenants cannot make a claim until their tenancy has begun, the process is often very slow and the level of grant is insufficient to meet some tenants' needs. 'Starter packs' provided through housing organisations may be an effective, alternative option.

Tenancy and benefits transitions. Establishing new or amended claims for either Housing Benefit or Universal Credit are problematic for both tenants and housing providers. Landlords struggle with the fact that rent is charged in advance but benefits are paid in arrears. Tenants struggle when their new property is not in move-in condition and they need to retain a previous tenancy for a short period to undertake basic refurbishment before moving. The Scottish Government should develop proposals for improved systems that support both landlords and tenants in tenancy transitions.

Housing supply. The supply of affordable housing is crucial in meeting the housing needs of low-income households and the Affordable Housing Supply Programme is making a substantial contribution to this. However, there is a need to continue this investment beyond the initial five years.

Tenant participation and empowerment

The research highlighted the importance of housing organisations meetings tenants' needs and empowering them to manage their tenancies effectively. Tenant involvement in housing service and provision is an important mechanism to ensure that organisations respond effectively to the diversity of tenants' needs. As well as responding to individuals, housing organisations need mechanisms to listen to tenants collectively:

Broader perspectives. Housing Associations should aim to support and involve independent tenants' organisations in shaping their service, separate from their Board, to gather as wide a range of perspectives as possible.

Regulatory requirements. Tenant participation has been an important element in improving accountability and standards in social housing, but the requirements need to be fit for the 21st century. The Scottish Government should review these requirements to ensure that they respond to the increased diversity of tenants and the changing nature of social housing providers. PRS tenants should also have rights to participate or be consulted about their housing, including the way it is managed by letting agents.

Organisational standards and regulation

The research highlighted some examples of excellent practice in working with and supporting tenants but also demonstrated the need to ensure that regulation works effectively to raise standards of practice across the social and private rented sectors. These final recommendations will help to deliver all of the other recommendations in this paper:

Collaboration. There are many examples of excellent practice in working with and supporting tenants. Housing providers and representative bodies for the housing sector should work together to share examples of good practice through inter-organisational and cross-sectoral collaboration.

Training for letting agents. The Letting Agent Code of Practice is a significant step in regulating the PRS, so its impact should be carefully reviewed. Such a review should focus on the experience of tenants and consider the training that would be required for letting agents to deliver a person-centred service as described above.

Training for landlords. Landlords are not currently required to sign up to a code of practice and the 'fit and proper person' test for landlord registration is limited. A code of practice for landlords should be introduced, mirroring that for letting agents. This should include training requirements, particularly for larger landlords with multiple properties, including local arrangements for referring tenants for support with a variety of agencies.