



**Management Board Meeting
Thursday 14th March 2024**

10:00 – 12:00 hours

AGENDA

Conference Room, Olympia Building

1. Welcome and apologies (10:00-10:10)
2. Minutes of last meeting (December 2023), rolling actions and matters arising (10:10-10:20)
3. Verbal update on progress since December Board meeting (10:20-10:40)
 - including GCPH reflections paper for Scottish Government
4. General update (Paper GCPHMB/2024/454) (10:40-11:00)
5. GCPH work plan 2024-25 (Paper GCPHMB/2024/455) (11:00-11:20)
6. Finance update (Paper GCPHMB/2024/456) (11:20-11:30)
7. Glasgow Health Determinants Research Collaboration (GHDR) (11.30-11:50)
8. AOCB (11:50-11:55)
9. Close

Date of next meeting: June 2024 (date to be confirmed)



**Minutes of a meeting of the Management Board
of the Glasgow Centre for Population Health**

**14 December 2023
Hybrid in-person/online meeting**

PRESENT

Mr John Matthews (chair)	Non-executive Board Member, NHS Greater Glasgow and Clyde
Dr Martin Culshaw	Deputy Medical Director: Mental Health and Addictions, NHS GGC
Dr Jennifer McLean	Acting Deputy Director, Glasgow Centre for Population Health
Prof Chik Collins	Director, Glasgow Centre for Population Health
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Dr Anita Morrison	Co-Deputy Director, Health and Social Care Analysis Division, Scottish Government
Mr Gary Dover	Assistant Chief Officer, Glasgow City HSCP
Prof Laurence Moore	Director, MRC/CSO SPHSU
Prof Chris Pearce	Vice Principal for Research and Knowledge Translation, University of Glasgow
Dr Pete Seaman	Associate Director, Glasgow Centre for Population Health

IN ATTENDANCE

Ms Rebecca Lenagh-Snow (note)	Programme Administrator, Glasgow Centre for Population Health
Mrs Jennie Coyle	Communications Manager, Glasgow Centre for Population Health

		<u>ACTION BY</u>
745	<u>WELCOME AND APOLOGIES</u>	
	Mr Matthews welcomed everyone to the meeting. Apologies were recorded from Prof Moira Fischbacher-Smith, Cllr Anne MacTaggart, Ms Michelle McGinty and Ms Fiona Buchanan.	Noted
746	<u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u>	
	The minutes of the last meeting were ratified. All rolling actions had been addressed or were in progress.	Noted
747	<u>UPDATE FROM THE DIRECTOR ON PROGRESS SINCE SEPTEMBER BOARD MEETING</u>	
	Prof Collins gave a verbal update on progress since the last meeting and 2023. Challenges were identified on 3 levels in early 2023: 1) the organisation itself, its position, the context in which it operates, and aspects of organisational culture; 2) the partnership of GCPH, engagement and	To note

	<p>governance and the wider context of the partners; and 3) the challenge of funding.</p> <p>Following the Board and EMT away day in June, progress focused on re-establishing the EMT as a focus of partner dialogue and strategic operations, working within GCPH to reorganise the work programmes into two teams, and restructuring the workplan towards demonstrating impact and a new process of performance review and peer review. On 10th October GCPH hosted a visit from Michael Matheson, Cabinet Secretary, discussed in agenda item 5.</p> <p>The financial position going into 2024 and 2025 continues to be challenging, with flat funding from Scottish Government. There has been a reduction in staffing over time.</p> <p>The current Memorandum of Understanding is in place till April 2025 and discussions on renewing this arrangement will start in summer 2024. Partner contributions are considered unequal by NHS GGC and there has been indications from NHSGGC this should be rebalanced.</p> <p>Overall, 2023 has been interesting and challenging and Prof Collins is looking forward to 2024.</p> <p>Prof McIntosh asked if this was an opportunity to look at the strategic direction of the Centre, and relatedly the comms plan and recruitment of staff to help achieve? Prof Collins indicated that we have indeed been taking the opportunity to look at the strategic aims and how they are to be achieved. In terms of staff, skills in evidence translation will be key alongside replacing more quantitative skills.</p> <p>Prof Pearce asked if the benefits of the partnership to partners need to be communicated more clearly? He also reported that UofG have recently established the Centre for Public Policy led by Nicola McEwen. He will make an introduction to Prof Collins.</p> <p>Dr Morrison said this was a lot of positive information and aligned well with areas of SG work and asked if the opportunity for linkage with the new census data had been considered? It was highlighted that GCPH had a clearer focus on analysis of the data and translation to support evidence and learning.</p> <p>Mr Matthews reported he met with the new chair of NHSGGC, Dr Lesley Thomson, and held discussions about the current public health landscape and political context along. He also attended a meeting. She also attended a meeting of the joint committee chairs. A meeting of Prof Collins with Dr Thomson is to be arranged.</p>	<p>Prof Pearce</p> <p>Mr Matthews</p>
748	<u>GENERAL UPDATE AND DISCUSSION</u>	
	<p>Dr McLean spoke to the paper [GCPHMB/2023/452] and highlighted several items, including the November EMT meeting and refreshed EMT membership, and staffing changes. The GCPH ongoing equalities and anti-racist work was highlighted, as well as the activities relating to the iMatter action plan areas.</p> <p>Under developments, work supporting the Health Board to mitigate poverty and supporting the evaluation of Thriving Places were noted.</p>	<p>To note</p>

	<p>The NIHR Health Determinants Research Collaboration (HDRC) and Cash First Partnerships recently awarded funding were highlighted. Prof Moore reported the first national meeting of the HDRCs was just held, with Glasgow receiving an initial year of development work funding, then hopefully further years of funding will be awarded. It was suggested that a fuller discussion on the HDRC be held at the next meeting of the Board.</p> <p>Mr Dover noted he was now the HSCP representative on the Board and Ms Suzanne Miller should be removed from the mailing list.</p> <p>Mrs Coyle highlighted:</p> <ul style="list-style-type: none"> - The recent PHINS seminar and the first three talks of the GCPH Seminar Series 20. All slides and recordings are on the GCPH website. - A blog series on universal care and social services tackling child poverty based on the Healthier Wealthier Children work. - The website migration is progressing well. The CMS for the GCPH site is built and content is being migrated. Work on the Understanding Glasgow site is expected to complete in March. - Interviews are being held for the Digital Comms Officer post. <p>Related to the seminars, Prof Collins mentioned GCPH provides an open, participatory space but recently there has been an increase in people using them to vent some frustrations. Audiences are feeding back that they find this unhelpful so there is a challenge on how to balance this for future events.</p>	<p>Next agenda Prof Moore</p> <p>GCPH</p> <p>To note</p>
749	<p><u>CABINET SECRETARY VISIT TO GCPH: DISCUSSION AND NEXT STEPS</u></p>	
	<p>Prof Collins updated on the background to the visit and highlighted the official SG note of the meeting.</p> <p>Mr Matheson was presented with analysis of population health trends and detail about the Glasgow City Food Plan. Creating a national mission about health inequalities was raised by the Cabinet Secretary, along with the realities of the national funding situation and how to disinvest and reallocate resources. A subsequent discussion with Asif Ishaq and Katherine Myant from SG took place at the December GCPH team meeting. GCPH has now been asked to prepare a reflections paper in response to key questions, by mid-February.</p> <p>Dr Morrison confirmed the Cabinet Secretary was providing this message on health inequalities to other organisations and health boards. She thinks the reflection paper is a good opportunity to bring together GCPH learning from the last 20 years and the feedback from Mr Ishaq to SG colleagues following the meeting with the GCPH team was very positive.</p> <p>Mr Dover was wary in terms of a national mission that it could take away from the focus on Glasgow and west of Scotland that the Centre has. Prof Collins acknowledged the challenge, but also stressed that in order to achieve desired outcomes in Glasgow, we need also to be able to influence national level policy.</p> <p>Prof Moore suggested a mission may have more traction and impact if it is more focussed. He also queried how much GCPH is set up to take on a national remit, especially with limited resources. He also noted that the HDRC would be discussing disinvestment.</p>	<p>To note</p>

	Prof McIntosh seconded Dr Morrison's point about the opportunity in a GCPH response. Regarding the disinvestment discussion, she mentioned a good publication from Wales which would have useful learning.	
750	<u>FINANCE UPDATE</u>	
	<p>Prof Collins spoke to the finance report prepared by Ms Buchanan [GCPHMB/2023/453]. He noted £30k has been taken up by the payment of historic bills from the University of Glasgow for Centre running costs, otherwise the financial situation is as predicated.</p> <p>Prof Moore inquired if there was any indication of when GCPH would receive clarification on the matter of the carry forward. Prof Collins said this was being worked on but not yet received.</p>	<p>To note</p> <p>To note</p>
751	<u>RISK REGISTER</u>	
	<p>Dr Seaman spoke to this item.</p> <p>The risk register has been updated, risks prioritised and brought for annual review. The first two risks, diminishing GCPH funding and the review of the MoU, discussed earlier in the meeting, have high pre-mitigation risk scores but remain fairly high post mitigation. The other four risks and their mitigations were also spoken to and highlighted to the Board.</p> <p>Regarding the core funding, Dr Morrison explained SG are in the middle of the 2024/25 budget planning process which will end next Tuesday. She has spoken to Richard Foggo, Co-Director of Population Health, who has indicated he would be happy to meet with Prof Collins. Dr Morrison will arrange.</p> <p>Prof Pearce stated as GCPH's IT is provided by the UofG it should be noted that there is a high risk of cyber-attack. He also commented that senior management meetings of UofG consider one or two risks per business session, rather than annual review. It was suggested that GCPH may wish to adopt this approach.</p>	<p>Dr Morrison</p> <p>GCPH</p>
752	<u>AOCB</u>	
	<p>No other committee business was raised.</p> <p>The chair and Prof Collins wished everyone a happy festive break.</p>	
753	<u>DATE OF NEXT MEETING</u>	
	Thursday 14 March, 10am – 12pm	To note

Rolling actions list (March 2024)

Board meeting date	Action	Responsibility	Update
14th December	Prof Moore to make introductions between Prof Collins and Nicola McEwen, lead for the UoG Centre for Public Policy	Prof Moore	
14th December	A meeting between the new Chair of NHSGGC, Dr Lesley Thomson and Prof Collins to be arranged.	Mr Matthews, Prof Collins	Being arranged by Mr Matthews.
14th December	A discussion on the Glasgow Health Determinants Research Collaboration to be an agenda item led by Prof Moore at the next meeting of the Board	Prof Moore	Agenda item for the March Board meeting (also see General Update Paragraph 7).
14th December	Mr Dover is now the HSCP representative on the Board. Ms Suzanne Miller to be removed from the mailing list.	Dr McLean	Board mailing list updated.
14th December	Dr Morrison to set up a meeting between Prof Collins and Mr Richard Foggo, Co-Director of Population Health at the Scottish Government.	Dr Morrison, Prof Collins	Meeting took place in late January 2024. An update on discussion is provided in the General Update paper (Paragraph 3).



**Glasgow Centre for Population Health
Management Board
14 March 2024**

General Update

Recommendations

Management Board members are invited to:

- Note this update on ongoing work and other key developments since the December 2023 meeting of the Management Board.
- Identify any developments and priorities in their own organisational contexts that are of potential significance for the Centre, including any which might be referred to the Executive Management Team (EMT) for discussion of operational priorities.

Governance and Staffing

1. The proposal, drafted in February 2023, to establish a GCPH Centre Leadership Team (CLT), composed of the Director supported by two Deputy Director (DD) posts (with a revised DD job description), is currently delayed within NHSGGC. The revised job description for the DD posts was earlier reviewed by an Agenda for Change job evaluation panel and was graded, as we had anticipated, at 8c. The further steps were, firstly, a workforce change process and consultation discussion with one member of staff (our existing Associate Director). Secondly, we were required to submit a Vacancy Request Form via NHSGGC, but this was rejected by the panel considering the request, (the panel is currently in heightened cost control mode). Our advice at this stage is that we should return to the discussion after the end of the financial year, when our own funding for 2024/25 will also be clearer. The subsequent stage would involve an internal advert for the second DD post. We will update in due course. In the meantime, Dr Jennifer McLean, continues in the post of acting DD (under the previous DD job description).
2. *GCPH Executive Management Team (EMT) meeting (January 2024).* The first meeting of 2024 of the refocused EMT took place on the morning of Tuesday 23rd January at the GCPH, with excellent attendance and engagement from all partner representatives. The note of the meeting is shared for information (see Appendix 1). Following a progress update from Prof Collins, including current operational priorities, the 2023/24 workplan, financial management, staffing, and feedback and progress from GCPH team development sessions, the remainder of the meeting focused on the reflection paper and questions posed (Appendix 2) following our meeting with the Cabinet Secretary (see Paragraph 9) and subsequent dialogue with Scottish Government colleagues, Asif Ishaq and Katherine Myant. The next meeting of the EMT is scheduled for 2nd April 2024.
3. *Meeting with Richard Foggo, Co-Director of Population Health, Scottish Government.* Following discussion at the December Board, a meeting was arranged between Prof

Collins and Mr Richard Foggo, Co-Director of Population Health for Scottish Government and Senior Responsible Officer (SRO) for the care and wellbeing portfolio (aiming to improve population health and reduce health inequalities). Mr Foggo is accountable officer for population health expenditure, including the funding of the Centre. The meeting, which took place in late January, was also attended by Dr Emilia Crighton, Director of Public Health NHSGGC. The meeting, the first between our Director and Mr Foggo, was highly constructive. Subsequent discussions with Scottish Government colleagues have aligned with this view and our current expectation is that we will receive funding for 2024/25 at the same level as in 2023/24 (though this remains to be confirmed).

4. *GCPH Workplan 2024/25 and End of Year Report 2023/24.* The draft GCPH workplan for 2024/25 has been prepared and circulated and is tabled for discussion and approval at this Board meeting (GCPHMB 2024/455). The workplan paper describes activity across the team, and an 'At a Glance' table and matrix document describe the individual projects in the plan with key delivery milestones for the year. In line with a previous Board request, the end of year review and report for the 2023/24 workplan, which is in preparation, will be shared with Board members for consideration and discussion at the June meeting.
5. *Staffing.* In January, we welcomed Rory MacLean to the GCPH in the post of Digital Communications Officer. In this role, Rory is responsible for the management and development of the GCPH and Understanding Glasgow websites, our social media channels and all of our digital outputs. After 13 years at GCPH, James Egan, Public Health Programme Manager, left the Centre at the start of March to take up a post at Public Health Scotland. Our very best wishes go to James for the future and for his new role. Our colleague, Bruce Whyte, Public Health Programme Manager, has also tendered his resignation from GCPH having been offered an Information Consultant post, also with Public Health Scotland. Bruce is planning to leave GCPH in later May.
6. *GCPH equalities work and taking forward GCPH as an anti-racist organisation.* Work progresses on both aspects of this equalities work – through Equalities Impact Assessments – and our work on becoming an anti-racist organisation.

Equalities Impact Assessment. The planning of all GCPH projects requires an equality lens to be applied to assess how work is identified and prioritised and how that work is delivered in an inclusive way to meet the requirement of the Equality Act (2010). To this end, GCPH has developed a bespoke, internal Equalities Impact Assessment form to be used during the development of new projects. The form prompts consideration and explanation of how the project relates, or not, to each of the nine Protected Characteristics; and what efforts will be made (and at what stage) to directly engage Protected Characteristic groups in the project. As well as new projects using this form, all new GCPH strategy developments will complete a full NHSGGC Equality Impact Assessment.

GCPH as an anti-racist organisation. We have commissioned Gillian Neish of Neish Training Ltd to partner us in working towards becoming an anti-racist organisation. This contract is to provide expert support and facilitation for the entire team over a period of around six to nine months. We aim to meet as a team at least monthly and with Gillian in between meetings for planning. The first 60-minute session focused on establishing ground rules and exploring issues of power among the team. The session enabled learning needs to be identified by the team. In advance of this, two questionnaires were completed by the team to provide baseline information on the teams' perceived readiness and expectations for the training. This data will support the development of

future sessions on individual and organisational reflection, growth and culture change, and embedding anti-racist principles and practice.

7. *Finance update.* The GCPH financial position paper from January to end-March 2024 is brought to this Board meeting for discussion and approval (paper GCPHMB 2024/456).
8. *iMatter* is the annual NHS Scotland Staff Experience continuous improvement tool, developed nationally, and used within all NHS Scotland Boards. iMatter is designed to help individuals and teams to understand and improve the staff experience. The iMatter survey was completed by the GCPH team members in May 2023, with the team report received in July. The GCPH iMatter 2023 action plan was submitted to NHSGGC in mid-August and shared with the Board at the September meeting. We continue to track and feedback to the team on progress against the action plan. Mid-year staff reviews are now underway enabling focused conversations on progress against individual objectives for 2023/24, including in-year changes and any support required to achieve objectives, and progress with professional development plans.

In relation to the iMatter action relating to visibility of the Board (discussed at previous meetings), the revised Management Board page on the GCPH website with photographs and short biographies of members is now complete (see Appendix 3) and will go live with the launch of the new website. Thank you to members for sharing their information to support creation of the page.

Developments and partnerships

9. *Scottish Government reflections paper.* Following a visit to GCPH by the Scottish Government's former Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson, on Tuesday 10th October 2023, and subsequent discussions with Scottish Government colleagues, we were asked to deliver a 'reflective paper' on current challenges in population health and health inequalities, responding to three main questions posed to us (see Appendix 2). The questions were challenging – reflecting the context in which they are posed, including the adverse trends in population health, the need to 'amplify communication' to raise awareness of these developments in population health, the financial constraints facing government, and the desire to identify areas for disinvestment. We have shared our reflections on what might be done taking cognisance of the reality of these constraints. Our reflections paper was submitted to the Scottish Government in mid-February and is shared with Board members for information. The paper provides a contribution to what is intended to be a continuing dialogue. A key theme of our response is that we see strong merit in the idea of a national mission on population health and health inequalities, which we believe would be important in providing the unifying coherence likely to be necessary to make progress in both the shorter and longer term.
10. *GCPH exhibition at the Scottish Parliament, 6-8th February.* Across three days in early February, GCPH was able to make use of the Garden Lobby exhibition space in the Scottish Parliament. We used this opportunity to raise awareness of GCPH and the value of our work to MSPs and their staff, to increase engagement with MSPs and, most importantly, to raise their awareness of the nature and gravity of the current health trends and trajectory, discussing what needs to happen in the short to medium term to maximise the opportunity in the longer-term to return to an improving trajectory in population health. A panel display (see Appendix 4) was created to attract attention and engage MSPs, their research and policy officers and other parliamentary staff in discussion with the headline 'Hard truths: Time to protect Scotland's health?'. Over the three days, members of the team spoke (often at length) with over 30 different members

from across the political spectrum, increased awareness of GCPH and shared our resources. Spending time in the Parliament and hosting the space was felt to have been a very good opportunity and one which we made good use of – and altogether a very positive experience. Importantly, we met with no disagreement in relation to the current trends and the need to prioritise action to mitigate them and to work towards a return to an improving population health trajectory.

11. *Meeting with Alison Thewliss, SNP MSP for Central Scotland and Shadow SNP Spokesperson for Home Affairs.* A meeting between Alison Thewliss and GCPH team members took place on 1st February – following a request from Ms Thewliss. An interesting and wide-ranging discussion took place around the question “*what has worked in Scotland, in terms of public health policies/interventions, since devolution?*” Current population health trends were discussed, and our new messaging of the current situation and where action could be focused to mitigate the worst of the impact, especially for our most disadvantaged individuals and communities. This included discussion of the Scottish Child Payment, the Cash First Approach, action on the commercial determinants of health, the role of superpolicies and ‘fairness’ in politics. Work across the GCPH was highlighted including the Glasgow City Food Plan, working with communities and the value of lived experience in research, and how taking a more equalities-focused approach could have multiple benefits.
12. *Evaluation of the Sighthill Bridge.* The Glasgow City Region Programme Management Office (GCR PMO; the PMO) has commissioned GCPH to undertake elements of their evaluation of the Sighthill Bridge. The redevelopment of the Sighthill Bridge has been undertaken as part of Glasgow City’s Canal and North Gateway project which is supporting regeneration activity across four city sites. The opening of the new bridge in March 2023 represented an important milestone in the delivery of the Sighthill Regeneration Project, as part of the Glasgow City Region City Deal. The Bridge is intended to provide a safe and accessible walking, wheeling, and cycling link across the M8 corridor and to connect Sighthill residents with the amenities and wider travel links of the nearby city centre and neighbouring communities in north Glasgow. The GCPH evaluation aims to explore the opinions of users of the bridge (including pedestrians, cyclists and wheelchair users) regarding the acceptability and utility of this new urban infrastructure. The research will seek to determine who uses the bridge and for what purposes. The study will also gather the views of local residents on broader aspects of the social and environmental regeneration of the Sighthill area and will include people who do not routinely use the Bridge. The evaluation will involve four main research components – a contextual study of the regeneration of Sighthill and the surrounding areas, a survey of bridge users, focus groups with Sighthill residents, and the development of a model for the evaluation of transformational regeneration areas. The research will be undertaken between March and October 2024.
13. *NHSGGC Endowment Committee.* A request, from the Chair of the GCPH Board, was made to the team to compile ideas that could possibly be funded by the NHSGGC Endowment Committee. These are ideas that relate to public health, in the broad sense, but would not be delivered within the work plan of the Public Health Directorate. Following internal suggestions being provided by the team, it was agreed that an application for ongoing support for the delivery of the Glasgow Food Plan (GCFP) would be put forward by the Centre. Following submission of our application, Jill Murie, on behalf of the GCFP, was invited to present to the Committee in mid-February. Positive feedback was received following the session, and we understand that the application will now be considered by the NHSGGC Population Health and Wellbeing Committee.

14. *NHS Greater Glasgow and Clyde – Supporting the Health Board to mitigate poverty.* This work seeks to identify actions which mitigate the impact of poverty, through engagement with healthcare services, and which enable individuals/households to ‘optimise’ health in the face of poverty. It further seeks to identify actions the Health Board can take and advocate for with other partners in service delivery (non-Health Board) to mitigate the impact of poverty. Two short-term outputs have been identified and are now progressing.

Literature review to support NHSGGC mainstream understanding of poverty as a health determinant. This will be a practice review focused on how particular services respond to poverty as a cause of demand and ‘Did Not Attend’ or ‘missingness’ (itself a source of wastefulness in system). The Scottish Burden of Disease is being used as a guide to where demand is most severe and where we could have the biggest impact through a focus on poverty and its intersections. A commission is being sought which includes consideration of knowledge translation.

The second output is co-production of visual outputs (infographics, animation, or vignettes) to communicate the extent and impacts of poverty in a manner that connects with NHSGGC staff and those accessing NHSGGC services. Initial examples have been included in the 2024 Director of Public Health report.

15. *Support for the evaluation of Thriving Places.* The Centre agreed to an urgent request to support Glasgow City HSCP in the evaluation of the Thriving Places programme, through producing a high-level analysis of interview data (both individual and group interviews) collected by Council colleagues. Learning from this evaluation is a priority for the Council and for the Community Planning Partnership in considering the future commitment to place-based work in the city. Two short analysis reports have been prepared and submitted to the HSCP and GCC. Firstly, a report focused on an assessment of the views of stakeholders across ten city areas regarding the progress made with their Thriving Places activity during the last three years, and secondly a report focused on the use from the Thriving Places Standard Tool and views on the future of locality planning in Glasgow. Learning from the GCPH evaluation formed part of the Thriving Places review which went to the CPP Strategic Board on 13th February.
16. *CommonHealth Assets.* The fifth meeting of the CommonHealth Assets (CHA) Lived Experience Panel (LEP), led by Mohasin Ahmed and Jennifer McLean of GCPH, is taking place in Bournemouth on the 14th and 15th of March. The meeting is being hosted by Vita Nova, an arts organisation and recovery community. The meeting will bring together 12 Panel members from across the UK, the CHA Principal Investigator, Prof Rachel Baker from Glasgow Caledonian University, and several of the project researchers. Advice and guidance from the LEP continue to inform the interpretation of survey findings and the testing and refinement of the programme theories. Panel members also recently attended and participated in the full CHA team meeting in November 2023 and the Study Steering Committee meeting in February 2024. [A new blog](#) sharing an update on progress and delivery, including an [impact case story](#) from a Panel member has recently been published. The final meeting of the LEP will take place in July/August 2024.
17. *Funded projects*
 - *New bid submission. Glasgow Health Determinants Research Collaboration (GHDRRC) (see Board papers 447 and 448).* The National Institute of Health Research (NIHR) funded development year for the Glasgow HDRC continues, with GCPH involved in further developing and building capacity around the community engagement and culture change work stream, including stakeholder mapping and

development workshops on aspects of cultural change sought. As well as providing 10% time from Pete Seaman and 5% from Chik Collins over the five-year period, GCPH is investigating how it can support a 0.5 FTE Project Manager for the development year. To allow Board members to hear more about the project, the GHDR is an agenda item on the March Board meeting agenda with discussion led by Prof Laurence Moore.

- *Cash First Partnerships*. As highlighted in the report to the December Board meeting, Glasgow has been awarded funds for one of eight national 24-month 'Cash First' partnership projects, as part of funding provided through Scottish Government's "*Cash-First: Towards Ending the Need for Food Banks in Scotland*" plan (2023) to tackle food insecurity. The GCPH was the lead applicant in a partnership developed from Glasgow City Food Plan's Fair Food for All working group, which is chaired by Glasgow City HSCP. The two-year project has now begun, with GCPH's Jill Muirie attending national briefing meetings and working with local stakeholders to develop the project. The appointment of the Public Health Practitioner Specialist who will take the project forward is underway.

Communications outputs and activities

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

Events and seminars

19. *Full of Beans Campaign*. The Glasgow 'Full of Beans' campaign was launched on 30th January at an online webinar. This saw the Glasgow Food Policy Partnership and the Food and Climate Action project of Glasgow Community Food Network partner with world-renowned experts to showcase the latest knowledge on the multiple health and environmental benefits of growing and eating beans. This was followed in February by a Glasgow Community Food Network 'Full of Beans' themed networking event at Kinning Park. Future engagement events aimed at different sectors are planned for the months ahead, which will culminate in October at a harvest showcase event.
20. On Tuesday, 6th February we held a *Neighbourhood Profiles workshop* at GCPH. The aim was to explore the possibility of creating a new set of profiles for Glasgow, with the specific aim of using the 2022 Census data, due to be published in Spring 2024. The workshop was attended by 24 people from various partner organisations (HSCPs, Public Health Scotland) where they discussed the design, delivery, content, and geography of the current and future profiles. Overall, there was enthusiasm and support for the profiles, with many highlighting how easy they were to navigate and praising them as a "trusted and reliable resource with expert knowledge". Many individuals also agreed that our USP was the "curated contextual element, and the narrative surrounding the data". We also gained insight into how the profiles are used by partners (community planning, informing priorities and budget setting) and there was a consensus that we should create profiles for all local authorities in Glasgow, while retaining an in-depth focus on Glasgow City. Going forward, our plans are to host a similar, smaller, event with community organisations and use this collated information to design the new profiles.
21. The team submitted five abstracts to the Scottish Public Health Conference being held in Glasgow on 1st May. Two were accepted: one from Bruce Whyte on active commuting

and one from Pete Seaman on climate change. We have also been offered a one-hour break out session. Planning is underway to agree how best to use this slot.

Publications

22. *Go Cycle evaluation report* (Gregor Yates, Bruce Whyte). As part of the UCI World Cycling Championships, twenty-nine organisations were funded up to £10,000 to deliver sustainable and inclusive cycling activities across the city. GCPH evaluated the fund on behalf of Climate Action project Glasgow Life. This report captures learning from 26 of these 29 funded organisations, highlighting the variety of ways in which participants benefited from activities delivered through the fund, as well as how the organisations involved demonstrated a commitment to breaking down barriers and ensuring participation from under-represented population groups. Overall, the evaluation highlights the important role that community organisations play in identifying and meeting the varying needs of different population groups when it comes to diversifying the cycling population. The evaluation report will be published at the end of March 2024, and jointly promoted with Glasgow Life.
23. *Economies for Healthier Lives: year 2 evaluation report*. (Gregor Yates, Valerie McNeice). Economies for Healthier Lives is a three-year (2021-24) programme managed and delivered by the Health Foundation, involving five local partnerships in Glasgow, Havant, Liverpool, Leeds and Salford. Each partnership aims to promote health and reduce inequalities by strengthening the relationship between economic development and health. The Glasgow City Region [Programme Management Office](#) is delivering the Glasgow-based partnership, with GCPH providing evaluation support. This involves providing ongoing evaluation support to the project's Core Team and annual reporting of progress and learning for the Health Foundation. This year-two report provides a narrative of project progress, process learning from Core Team members, stakeholder feedback and an assessment of progress against the project's intended outcomes. Recommendations for the Core Team are offered in relation to the project's Community Panel, resourcing and future planning, ways of working and how to facilitate co-productive working. This report will be published in March 2024.
24. *Examining the social determinants of LGBT+ health and wellbeing: A scoping review of evidence, unmet health needs and policy implications* (Chris Harkins). Written in collaboration with LGBT Health and Wellbeing, this paper summarises the findings of an evidence scoping review examining the contemporary social determinants of LGBT+ health and wellbeing. In doing so, it illuminates areas of unmet health needs within this community. The fundamental drivers of health inequalities among LGBT+ groups are examined within the UK, where possible, with some limited reference to studies out with the UK, to illustrate specific issues or gaps in UK evidence. Consideration is given to individual groups within the LGBT+ community and the ways in which unmet public health needs are manifest at different life stages. The paper goes on to develop a set of policy recommendations based on the evidenced social determinants of LGBT+ health and the identified unmet public health needs within the population. This report will be published in Spring 2024.

Media

25. GCPH was mentioned by Foysol Choudhury MSP, Willie Rennie MSP and Liam MacArthur MSP during the Scottish Government debate on *Delivering Record Social Security Investment in Scotland to Tackle the Cost-of-Living Crisis and Inequality*. [Scottish Government Debate: Delivering Record Social Security Investment in Scotland](#)

[to Tackle the Cost of Living Crisis and Inequality | Scottish Parliament TV \(07 February 2024\)](#)

- 26. News item on the Scottish Government website about the Cash First Fund. [Supporting people in need - gov.scot \(www.gov.scot\)](#) (25 January 2024)
- 27. [Blog on the Eurocities website about the Glasgow City Food Plan. Sowing seeds of change: Glasgow’s Food Plan – Eurocities \(05 January 2024\)](#)

Digital

- 28. The building of the new Content Management System (CMS) and migration of the GCPH and Understanding Glasgow websites is almost complete. The GCPH website CMS has been majority populated, with migration of final events now happening. The new website will be launched internally on 6th March and then externally later in the month.
- 29. Our e-update was circulated to our network subscribers [n=2857] on 31st October. The open rate for this was 63% with a click through rate of 6.1%, which is well above the respective [sector averages](#) of 40% and 3.2% respectively. Discussions are underway as to whether to move to a monthly update and also publish via LinkedIn direct, as per industry standards.
- 30. Follow up messaging from our exhibition at the Scottish Parliament (previously mentioned in Paragraph 10) was sent to all MSPs in February which had an extremely high open and click rate of 99.2% each. This is standard, as all emails to parliamentary accounts are opened. Engagement after click through was very low, with only one MSP using the specialist sign up and none using visit centre link request. Reflection is that this is not the best method of parliamentary engagement digitally and we are exploring other options.
- 31. *Twitter*. The below table shows analytics for the corresponding previous reporting period. These are mostly positive, there is a small drop in impressions, this can be attributed to a higher number of tweets in the first period (31) against the second period (22). The drop in link clicks is due to using these less as they cause tweets to be deprioritised by the algorithm. Our engagement rate is above [industry standard of 1.31%](#).

	Nov 13 th - Dec 20 th	Jan 22 nd – Feb 27 th	Change (%)
Engagement Rate	2.20%	3.70%	68.2
Impressions	17,800	17,100	-3.9
Link Clicks	90	27	-70.0
Retweets	30	58	93.3
Likes	47	128	172.3
Replies	7	10	42.9

32. *LinkedIn*. We recently started developing our presence on this platform, therefore it is not possible to provide comparative period reporting. Instead, we have used an industry standard to benchmark our current engagement rate against. This should be taken with some scepticism though since engagement is higher than average during page development. Our engagement rate is above [industry standard of 1.91%](#).

	Jan 22 nd – Feb 25 th	Change (%)
Engagement Rate	9.70%	x
Impressions	4403	x
Unique Impressions	2118	x
Clicks	181	x
Reactions	103	x
Likes	128	x

GCPH
February 2023

Appendix 1: Note of EMT meeting, January 2024



Meeting: Executive Management Team Meeting

Date: Tuesday 23rd January 2024

Place: Conference Room, Olympia Building

Attendees: Chik Collins (GCPH, Chair), Jennifer McLean (GCPH), Fiona Moss (GHSCP), Anna Baxendale (NHS GGC), Pete Seaman (GCPH), Laurence Moore (UofG) Frankie Barrett (GCC), John Dawson (PHS, Observer), Katherine Myant (SG, Observer), Jennie Coyle (GCPH), Rebecca Lenagh-Snow (GCPH, notetaker)

	<u>AGENDA ITEM</u>	<u>ACTION BY</u>
1.	<p>Introductions and note of previous meeting (13th November). There was a welcome from Chik Collins. Apologies were noted from Gerry McCartney (University of Glasgow) and John Sherry (Glasgow City Council).</p> <p>The note of the previous meeting was accepted as accurate. There were no matters arising not covered under other agenda items.</p>	<i>To note</i>
2.	<p>Director’s verbal update</p> <p>CC reported continued progress on the development of the workplan for 24/25. This will be brought in draft to the March Management Board meeting, and for finalising at the June meeting. An end of year report for 23/24 will also be brought to the June meeting.</p> <p>MoU – renewal discussions are due, as per the current MoU, to begin between partners in July.</p> <p>Finances and funding – after discussions with NHS GGC Management Accounts, there is a degree of confidence that we can have a small carry forward into 24/25. CC updated he had a good first meeting with Richard Foggo, Director of Population Health at SG. An application has also been submitted to the NHSGGC Endowment Fund for support of the Glasgow City food plan.</p> <p>Staffing – no appointments are being made beyond the current MoU end date (end of March 2025). CC also reported that James Egan, Public Health Programme Manager, will be leaving post at the end of February to take up a post at PHS.</p>	<p style="text-align: center;"><i>To note</i></p> <p style="text-align: center;"><i>To note</i></p> <p style="text-align: center;"><i>To note</i></p> <p style="text-align: center;"><i>To note</i></p>

	<p>Questions relating to organisational staffing and capacity were discussed. FM highlighted that guidance from NHSGGC relating to restrictions in recruitment services are now in place (13-weeks between post agreement and advertising).</p>	To note
3.	<p>GCPH reflections paper in response to questions from Scottish Government</p> <p>Following the visit of the Cabinet Secretary to GCPH in October and further discussions with KM and Asif Ishaq, GCPH colleagues are preparing a 'reflections paper' in response to a number of questions to the SG. The paper is to be submitted by the 14th February.</p> <p>The first question reflects our evolving understanding of the current adverse alignment of the key determinants of health. We are unlikely to return in the short-medium term to a trajectory of population health improvement and reducing inequalities. This is the framing of our response with a focus on mitigative action and harm reduction.</p> <p>PS has been leading on responding to question two and on the disinvestment aspect.</p> <p>In relation to purpose of the paper for SG - are GCPH being asked to steer SG at a national level or is this more about what happens where GCPH is already positioned and local policy? It's difficult to say an approach or programme universally doesn't work and should be disinvested. However, there are areas and ways of working that SG have that could make a difference.</p> <p>KM said that any reframing or rewording of the questions would be welcome. The SG are also not expecting a list of programmes to disinvest in, more recommendations on where they could do better and invest more strategically. FM also said SG could review their own internal processes and approaches and their impact on service delivery.</p> <p>LM mentioned that implicit in the first two questions is the issue of timescales. Truly bringing about change needs systemic change and part of the response could be about more explicitly framing that timescale.</p> <ul style="list-style-type: none"> • Cumulative work to bring about system change rather than singular pieces of work. • Health impact assessment across all polices is a recommendation that could be easily implemented. • Simplicity vs complexity; quick wins vs systematic change. <p>Care was urged around disinvestment advice because if advice specifies a particular area or type of programme, in the current context this may be quickly acted on by funders looking to make savings. It was agreed that disinvestment needs to be carefully handled as general conditions of scarcity rarely benefit the poorest and most disadvantaged.</p> <p>KM said SG aren't expecting a list of cuts but more a steer on 'this is how you need to work'.</p>	To note

	<p>The Equity Standard was also highlighted as a useful framework for ensuring systems decisions are taking health and equity into account.</p> <p>The proposal of developing a national mission was discussed. In relation to proportional universalism, the current rebalance required to impact on the current trajectory is so disproportionate we need to ask at what point is it no longer universal. Should we be more comfortable with that?</p> <p>Given the timescales for the paper and the big picture being asked for reflections on - is there something about framing a question that goes beyond this paper? The need for key areas were proposed rather than trying to cover all aspects. The important role of leadership at multiple levels was highlighted - to have impact you need leadership.</p> <p>It was also agreed the paper could have an important role beyond the SG request - a document of future GCPH work with partners and an anchor document for the team in future.</p>	
<p>4.</p>	<p>Partner updates</p> <p>LM had no update on the MRC funding situation. A meeting to discuss population health work was agreed at the Health Sciences unit.</p> <p>FM reported the Adult Health & Wellbeing survey data is being launched at the IJB tomorrow (Wednesday 24th January). Attention within the HSCP is focused on cost savings.</p> <p>AB also reported work in relation to the H&WB survey. The survey report informs the DPH report where a programme of engagement is in place till April. The Annual Delivery Plan is being reviewed and planning relating to the Alcohol and Drug Partnership.</p> <p>KM said following discussions on the Population Health Plan in December, a draft plan on how SG will be developing this will be published shortly.</p> <p>FB said the City Region Investment Zone work is advancing, with a call out for funding bids in 4 topic areas. Work is also continuing with GRID (Glasgow Riverside Innovation District). The Pathways are advancing, and the Community Plan refresh is progressing.</p>	<p>All to note</p>
<p>5.</p>	<p>AOB</p> <p>CC thanked all for a very good meeting and important discussion.</p>	<p>To note</p>
<p>6.</p>	<p>Date and Time of Next Meeting</p> <p>Tuesday 2nd April 2024, 2-4pm at GCPH</p>	<p>To note</p>

Appendix 2: Questions posed by Scottish Government for response in the GCPH reflections paper

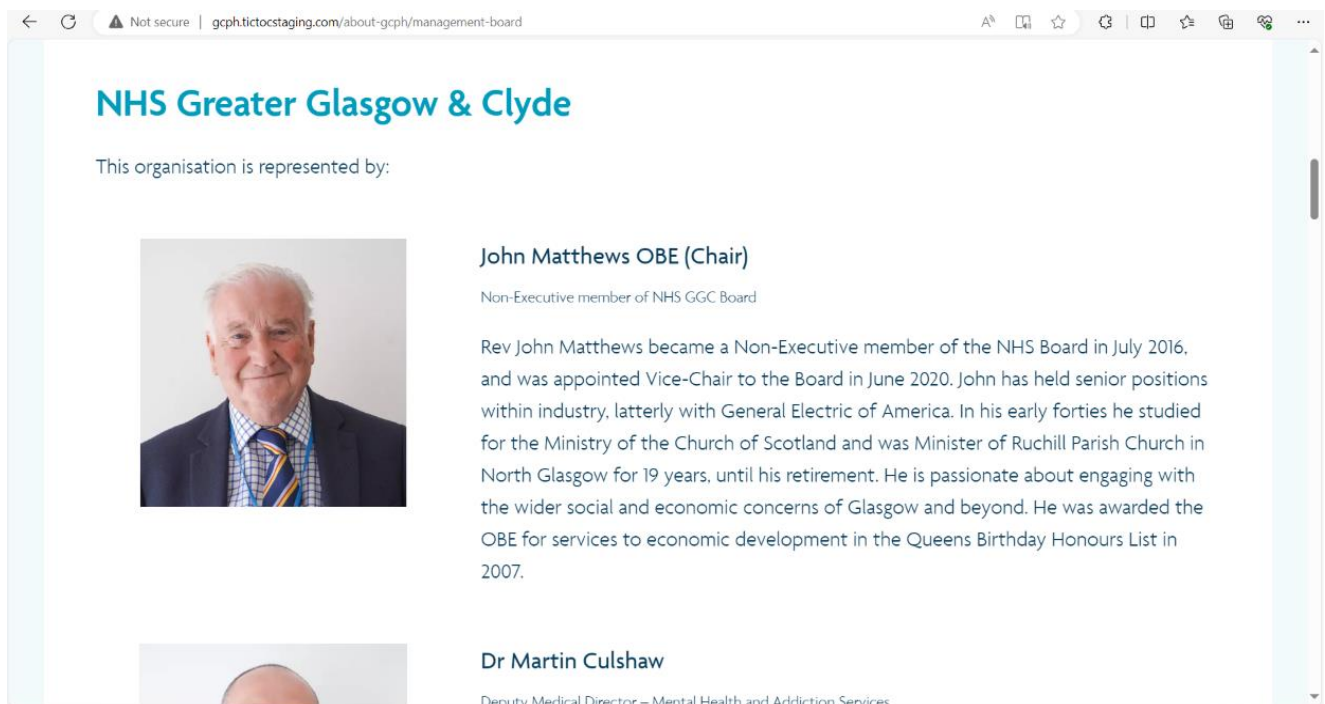
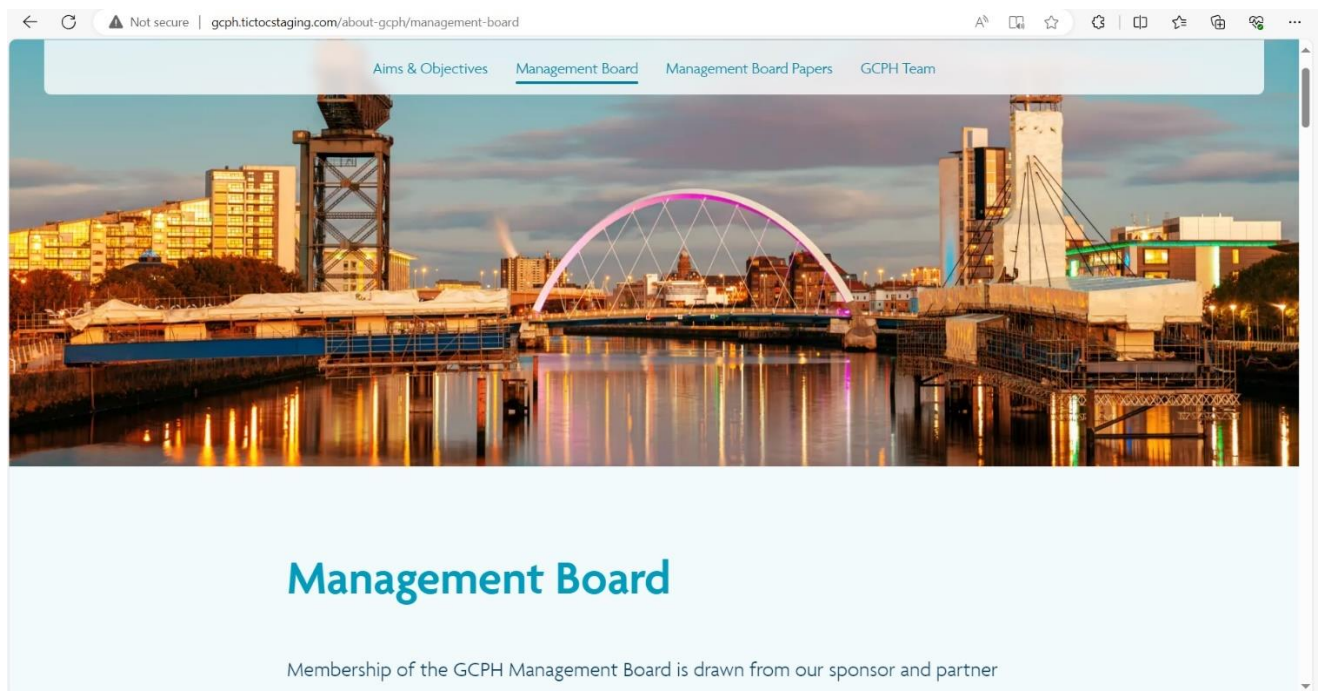
Question 1. Bearing in mind the evidence and insights GCPH has been gathering on health inequalities over the past 20 years, in the view of GCPH, how can such evidence be utilised to help inform what Scotland's priority (policy) areas of focus should be in future (i.e. in order to help us change the trajectory in life expectancy and poor health outcomes in Scotland)?

Q2. Are there any examples of things/interventions, including any associated learning and robust evaluation, that have emerged from GCPH's recent or past research activities that have the potential to make meaningful impact in reducing health inequalities in the current context?


- How can we make use of such learning and evaluation, esp. at national level, to help inform our policy priorities, in future?*
- Are there any examples of things which haven't worked well, or seen as much impact, as expected? How can we use this learning to inform areas where we can cut back investment?*
- What specific contribution, in addition to gathering insights and evidence, can GCPH provide to help us in this endeavour?*

Q3. How can GCPH work more creatively/innovatively alongside other whole system partners to help us achieve our goal of improved population health?

Appendix 3. New Management Board website page




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Prof Moira Fischbacher-Smith (Vice Chair)

Vice-Principal Learning and Teaching

Moira Fischbacher-Smith is Professor of Public Management and Vice-Principal (Learning & Teaching) at the University of Glasgow. She leads the University's strategy and policy development for learning and teaching, has responsibility for teaching quality, and works with colleagues across the University to support student and staff development in relation to teaching and learning. Prior to her role as Vice-Principal, she held a number of management roles within the Adam Smith Business School and College of Social Sciences alongside her research, teaching and supervisory activities.



Prof Emma McIntosh

Professor of Health Economics

Emma is Professor of Health Economics at the University of Glasgow, where she holds the post of Deputy Director of Health Economics & Health Technology Assessment (HEHTA). She joined the group in May 2011 as Reader in Health Economics and programme leader on the Economics of Population Health.

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Glasgow City Health and Social Care Partnership

This organisation is represented by:



Gary Dover

Assistant Chief Officer, Primary Care and Early Intervention

Supporting the Chief Officer of the Glasgow City HSCP, Gary provides strategic leadership and co-ordination for the development, delivery and continuous improvement of all Primary Care Services across Glasgow City. This includes strategic development of prevention, early intervention and health improvement oriented primary care services. Gary also has Executive lead responsibility for Health Improvement Services that are delegated to Glasgow City Integration Joint Board.

Appendix 4. Scottish Parliament exhibition panel display



**Glasgow
Centre for
Population
Health**

HARD TRUTHS: TIME TO PROTECT SCOTLAND'S HEALTH?



**Glasgow
Centre for
Population
Health**

Picture by Alexander Fabb for women's body. When there is too much alcohol, it can lead to health and life expectancy.

Boards and food with their 1860s, at each one were in development. The last to reach out of the 1860s.

From the Glasgow of the 1860s with their children. Mrs. Walker and her family had a difficult time in the 1860s.

By the 1860s, Glasgow had become a city where many people were poor and lived in difficult conditions.

From the 1860s, Glasgow had become a city where many people were poor and lived in difficult conditions.

From the 1860s, Glasgow had become a city where many people were poor and lived in difficult conditions.

1999 TO 2011

Scotland's health was steadily improving. We were living longer and spending an increasing part of our lives in good health. But improvements were slower than elsewhere, leading to 'excess mortality'. Within this, there were unacceptable levels of health inequality.

2012 TO 2023

The policy of austerity caused improvements to slow and then stall. Later, life expectancy started falling for the population as a whole. These changes are unprecedented in peacetime. The situation became one of worsening health outcomes and further widening inequalities.

WHERE WE ARE NOW

Financially we are in extremely difficult times, which will continue to impact health negatively - regardless of who governs. If left unmitigated, the anticipated health outcomes will mean an even worse future social and economic burden, making recovery more difficult.

NATIONAL MISSION

Scotland should commit to protect population health. Mitigating further health decline in the coming years will mean we retain a greater chance of returning to long-term improvement. A national mission is needed to protect and support the most vulnerable whilst working to create new conditions for improving population health.

How does this make you feel?

How is this reflected in your community?

Images taken from the Ministry of Health's report 'The State of the Nation: Scotland's Health 2023' published in 2023. Created for the research paper 'History, Politics and Wellbeing' from the Glasgow Centre for Population Health.



Work plan 2024-25

Introduction

The Glasgow Centre for Population Health (GCPH) was established to understand the evolving patterns of population health and health inequalities in Glasgow and Scotland, and to work with partners to identify solutions. The Centre achieves its purpose through delivery of trusted evidence and practical support for partners working to create better and more equal health.

GCPH is funded by the Scottish Government as a partnership between NHS Greater Glasgow and Clyde (NHS GGC), the University of Glasgow and Glasgow City Council (GCC) – because improving population health and reducing inequalities requires effective collaboration of multiple organisations and agencies.

For 2024-25, our purpose remains: *Working towards enabling partners to achieve improved and more equal population health outcomes, through identifying the action and responses required to address underlying vulnerabilities and supporting the development and delivery of these actions with our partners. We achieve this through:*

- Delivery of highly credible evidence on the past, present and emerging patterns of population health in Glasgow and Scotland.
- Analysing and understanding the causes of these patterns.
- Development and evaluation of responses with partners in service delivery and in communities.
- A highly effective communications strategy, growing and diversifying our networks and adapting outputs accordingly.

In 2024-25, our work is focused on:

- Understanding and mitigating the health impacts of ongoing financial austerity and the cost-of-living crisis, particularly the impacts on the most vulnerable populations.
- Closer alignment with the work of our key partners, especially in NHS GGC, GCC and the Health and Social Care Partnership (HSCP).
- Supporting the shared pursuit of a more equitable and sustainable economy.
- Supporting the creation of connected, inclusive and empowered communities and places.

Our work is directed at the longer-term outcome of improved healthy life expectancy and a narrowing of health inequalities, and in the short-medium term, support for the mitigation of the causes of the current declining population health trajectory.

The Centre's way of working benefits from our long standing, and consequently embedded, role within networks of policy and delivery. This has enabled us to be instrumental in establishing shared understandings and creating common purpose, leading to concerted action among the many organisations and agencies whose focused involvement is necessary to address population health challenges.

The structure of this work plan

This work plan is presented in four main sections. Section 1 describes the continued development and evolution of GCPH over the last 12 months, our priority action areas, our renewed focus on impact and risks to delivery. Section 2 presents an 'At a Glance' table of projects presented by area of activity for ease of reference, and Section 3 sets out a more detailed matrix of key projects for the year, grouped by existing and continuing work (from 2023-24) and new projects for 2024-25. Finally, Section 4 presents our Communications work plan for 2024-25.

Section 1. Continued evolution of GCPH in 2024-25

Over the last 12 months, GCPH has been in a process of 'accelerated evolution', following the appointment of our new Director (in January 2023). This has seen us working towards closer alignment with NHS GGC and our other partners, renewing and refreshing our governance (as described below), taking account of how the context of our work has altered over the past decade (including Covid, the cost-of-living crisis and the adverse economic and fiscal circumstances). This evolution has involved a review and refresh of our overarching strategy, renewal of our working relationships with key partners, leadership and management structures and internal organisation.

Given this context, our work plan for 2024-25 is focussed on a smaller number of projects with a more explicit and visible link to core partner needs. It is guided by a heightened consideration of the potential for impact on health and inequalities. Two teams now replace the previous four programme structure, one focused primarily on 'evidence *for* action' and another primarily on 'evidence *into* action'. This is to enable a clearer focus on Centre-wide priorities, impact, knowledge exchange and utilisation.

- *Evidence for Action*: the production of evidence and knowledge about the patterns and causes of poor health and health inequality in Glasgow and Scotland.
- *Evidence into Action*: the identification and evaluation of policies and practical actions for the improvement of population health and its determinants and supporting partners to use relevant knowledge to shape local and national action and policy change.

Our communications function involves strategic and responsive use of a range of media to further build our profile, ensure the most appropriate and maximum exposure for our work in pursuit of impact, and to support other organisations and agencies to respond to the relevant challenges. Activities include expanding our digital presence, a substantial calendar of engagement and dissemination events, and the publication, dissemination and promotion of a wide range of outputs from the annual work plan.

From a governance perspective, we have refreshed membership and re-established a clearer division of function and purpose between our Management Board and External Management Team (EMT), in accordance with the underpinning GCPH Memorandum of Understanding. This is enabling more productive dialogue with our core partners, focused on strategy and collaborative identification of operational priorities for resource allocation, based on identified pathways to impact on population health and health inequalities.

Strategic priorities

The causes of and consequences of health inequality are multiple and complex. The way in which we work for change often addresses the multiple components and levels of influence on population health simultaneously both within individual projects and across the work plan. To capture how GCPH addresses numerous underlying causes and key outcomes of concern

for our partners, we describe our work with reference to five priority areas. These priorities help capture the ‘co-benefits’ of our work – how we rarely focus on a singular cause or outcome. As agreed with the team and via the relevant governance processes, the priorities are:

- *Poverty, Inequality and the Economy* – this includes the impacts of austerity and understanding the role of the economy in mitigating impacts on health such as through inclusive economy approaches.
- *Place, Community and Engagement* – as a site where mitigation can be delivered but also as a site for addressing imbalances in power and rebalancing access to the social determinants of positive health.
- *Mental Health* – a key outcome of concern within the current patterning of disease burden in relation to health inequalities.
- *Racism, Equalities and Intersectionality* – alongside our continuing focus on socio-economic inequalities we have been working to develop the capacity of the team and the wider public health system to understand and respond to racism as a fundamental determinant of health inequality. Through Equalities Impact Assessment (EQIA) of our work, we also aim to have a stronger focus on intersections across a range of protected characteristics.
- *Climate Change* – the impacts of climate change have public health consequences and there are social justice implications in relation both to impacts and mitigation. Some examples of our work have co-benefits with addressing the determinants of health inequality, such as active travel, food and economy perspectives.

Within the new work plan the lead priority area for each project is detailed, alongside the other priority areas to which the work is contributing. For example, our work leading the Glasgow City Food Plan (as detailed in the matrix table in Section 3) highlights that the key priority area for this work is *Poverty, Inequality and the Economy*, but that it also contributes to our priorities of *Place, Community and engagement, Climate Change, and Mental Health*. This emphasises the richness of this work in relation to inequalities and population health. All projects listed in Section 3 contribute to more than priority area.

Risks to delivery

Refreshing the Memorandum of Understanding (MoU): The current risk register (December 2023) highlights how the success of the Centre has rested on a shared vision and commitment to the Centre by its core partners and on the Scottish Government providing the funding on which our operation is based. This funding has been essentially flat for around a decade, which has – especially given recent inflationary pressures – posed challenges and reduced capacity. The renegotiation of the MoU that embodies the Centre’s shared ownership on which our core funding settlement rests, is due to begin in July 2024. Providing a refreshed and mutually beneficial MoU, with sufficient resourcing to address core organisational purposes, will be essential to enabling the future delivery of the work plan.

Replacing staff: The period 2023-24 has seen movement of team members onto new opportunities or retirement. This provides the Centre with an opportunity to review the composition of roles and skills within the team as we move from a four programme to a two-team structure (as described above). However, current financial challenges faced by us, and our partners are limiting our scope to make use of this opportunity. A key challenge entering 2024-25 is to replace departing expertise in what has been the ‘observatory’ function of GCPH – which is the basis of our ‘evidence for action’ team, and a key element of our organisational purpose.

How the GCPH works for change

The Centre achieves impact by aligning evidence-based insight with the challenges facing our partners in delivery. This is often through co-producing our work, be it work focussing on data collection or on how insights are used. This relies on close working with partners and end-users to create shared understanding and common purpose, and through this, establishing a pathway to impact for our work. Brief examples of such working from our current work plan include:

Supporting NHS GGC mainstream an understanding of poverty as a health determinant

The 2024 Director of Public Health report highlights the Health Board's role in tackling poverty as a determinant of health and producer of service demand. To support colleagues in NHS GGC develop appropriate responses, we are producing a practice review highlighting how services elsewhere have addressed issues arising from poverty as both a driver of demand and of rates of 'missingness' in services, meaning presentation is often late and more costly to treat. Examples are more likely to find traction and usefulness if tangible cost-effectiveness is demonstrated.

To maximise the potential for knowledge transfer (take up), a briefing paper ahead of the practice review will be used to engage participants at an NHS GGC Board seminar to inform and shape the output. The review of practice will also look at leading causes of service demand with reference to Scottish Burden of Disease. A workshop will take place prior to publication to shape recommendations.

Glasgow City Food Plan and Cash First

The Glasgow City Food Plan (GCFP) has been a means of aligning activity across a range of city partners working to enable all Glaswegians to have access to nutritious food, irrespective of circumstances. A new development for the coming year is our support of Scottish Government's "*Cash First: Towards Ending the Need for Food Banks in Scotland*" plan (2023), which seeks to establish an approach to food poverty set within the broader framework of responses to financial hardship, so reducing the need for emergency food parcels. GCPH and the GCFP are supporting the Glasgow 'cash-first approach'. This involves the recruitment of a practitioner specialist to develop the partnerships, systems and community development actions required. This will be focussed on building referral pathways to develop cross-city approaches to income crises based on a transition away from food aid referrals. In linking with the GCFP it will also enhance easier access to affordable, nutritious food and learn from the variety of wider innovation being implemented and tested across Glasgow.

Understanding the health inequalities experienced by LGBT+ populations

Public Health in the UK has long investigated health inequalities between socio-economic groups, however the examination of the health and wellbeing of lesbian, gay, bisexual, transgender and other identities (LGBT+) groups have occupied a lower profile within public health research and policy. Our evidence scoping review examines the contemporary social determinants of LGBT+ health and wellbeing, illuminates LGBT+ health inequalities and areas of unmet health need and makes actionable policy recommendations. There is a lack of routine population LGBT+ status data in Scotland, but despite this, the review presents over 150 quality, UK studies, which demonstrate that LGBT+ groups experience mental and physical inequalities, further compounded by diminished healthcare access.

By working in partnership with *LGBT+ Health and Wellbeing* charity and timing the report to precede the publication of early Scottish Census analysis (which for the first time includes analysis of LGBT+ status), GCPH positions itself to influence the understanding of how the LGBT+ inequalities reported in the Census can be interpreted, understood and the how steps can be taken towards recommendations for practice.

Communications

A key component of how we work towards change is through our strategic and responsive use of communication outputs. Our Communications function continually evolves to maximise the impact of the Centre through:

- Maintaining and strengthening our profile through increasing awareness of GCPH.
- Raising awareness of the social determinants of health across multiple policy areas.
- Disseminating our research findings, increasing awareness of our research priorities and projects, and maintaining our reputation for credible and trusted research.
- Growing our influence through enhanced engagement and reach with target audiences including policymakers, planners, third-sector partners and the media.
- Supporting partnership working on which the Centre's activity and impact rests, among an expanded range of stakeholders and end-users of outputs.

Success for the Communications function during 2024-25 will be for GCPH to be known for its flagship research on health and inequalities in Glasgow, which is trusted, respected and valued, and which has influence and impact on policy and practice across the public policy spectrum.

This will be achieved by the timely development, production and sharing of relevant outputs, resources and activities appropriate for the intended purpose and audience and with a focus on collaboration and supporting partner and community priorities.

This will include capitalising on windows for change and emerging opportunities to shape action including consultation responses, calls for evidence, awareness campaigns and dialogue with our partners and elected representatives.

Pathways to impact

We use a portfolio of communication channels and tools on a continual and prolonged basis to achieve influence and impact. Our aim is to keep audiences engaged over time to ensure our messaging remains live on people's agendas, gains traction, and in turn informs policy and practice.

Our established and trusted relationships and alliances and a continual interest in forging new ones are crucial on the pathway to impact. These relationships and alliances contribute to impact in several ways: by reducing the gap between research activity, communities, policy and practice thereby ensuring the relevance of our work at community, strategic and operational levels; by opening up opportunities for two-way influence and dialogue; by bringing different perspectives together to yield new insights and ways of working; and by extending the reach of our own work and outputs through others' networks.

The relevance and timeliness of our communications are also key in ensuring receptiveness to their messages. The local and wider context is crucial to this. Given the current health trajectory, and challenging economic context, our messaging must be grounded in reality when supporting others to respond, invest and act.

Section 2. Work plan 2024-25: 'At a Glance' table

AREA OF FOCUS	PROJECTS	STATUS
<i>Young people</i>	Long-term, life-course evaluation of Sistema Scotland	CORE
<i>Adult years and working age</i>	Ageing and later life work: evidence from British-Scottish Pakistanis living in Glasgow	CORE
<i>Mental health</i>	With NHS GGC mental health services, tracking and exploring demographic, social, economic and cultural changes in demand	In Development
<i>Poverty as a barrier to health services access</i>	Working with NHS GGC to develop responses which, through patients' engagement with healthcare services, mitigate the impact of poverty	CORE
<i>Understanding Glasgow</i>	Website migration, re-development and maintenance	CORE
	New community profiles	CORE
<i>Excess mortality research</i>	Differences in the experiences of poverty/deprivation between Scotland and England	CORE
<i>Health inequalities</i>	Understanding health benefits of active commuting	CORE
	Breastfeeding analyses	CORE
<i>Sustainable travel and transport</i>	Modelling of cycling and pedestrian casualties and active travel trends	CORE
	Evaluation of the Sighthill Bridge (on behalf of GCR PMO/GCC)	CORE
<i>Sustainable food</i>	Glasgow Food Policy Partnership: Leadership and development of Glasgow City Food Plan	CORE
	Cash First Partnership to reduce the need for foodbanks (Scottish Government funded)	CORE
	Evaluation of Thrive Under 5 (on behalf of NHS GGC)	CORE
<i>Housing</i>	Moving from temporary homelessness accommodation to secure housing: comparative case studies across three local authorities	CORE
	SIPHER Collaborative – understanding policy processes and evidence in housing and public health	CORE
<i>Promoting community-based participation</i>	Community approaches that mobilise people as assets (contribution to NIHR funded Common Health Assets): Patient and Public Involvement lead	CORE
<i>Health Determinants Research Collaboration</i>	Glasgow HDRC with GCC, Glasgow City HSCP and UoG, to develop research culture across GCC to address health and inequality (NIHR funded)	CORE
<i>Equalities and racialisation in Public Health</i>	Understanding the health inequalities experienced by LGBT+ populations	CORE
	Learning to support GCPH to become an anti-racist organisation	CORE
	Equalities organisational development and internal EQIA systems	CORE
<i>Climate adaptation and resilience</i>	Systemic approaches to economic, health inequalities and climate resilience – contribution to GALLANT project community collaboration and active sustainable transport workstreams	CORE
<i>Health and Inclusive economy in Glasgow City Region</i>	Evaluation partner in Health Foundation's Economies for Healthier Lives funded project	CORE
	Supporting community wealth building (CWB) approaches and the health and wellbeing opportunities of the City Region's economic development strategies	CORE

Section 3. GCPH work plan 2024-25 matrix of projects

Ongoing and existing work moving into 2024-25						
Project title, main outputs, timescales and resources	GCPH priority areas ¹	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p>Project: <i>Glasgow City Food Plan (GCFP) – food plan leadership and coordination</i></p> <p>Main outputs: Delivery of the GCFP; Annual report of progress</p> <p>Timescales: Ongoing: year 3-4 of 10-year plan</p> <p>Resources: Coordinator (JM, part funded); Programme Manager (RG, 0.5FTE); Communications officer (TG, part funded)</p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributes to: <i>Place, Community and Engagement; Climate Change; Mental Health</i></p>	<p>RG, JM, TG</p> <p>With Glasgow Food Policy Partnership partners (e.g. GCFN, GCC, HSCP, NHS GGC, Chamber of Commerce) - 23 partners in all.</p>	High	<ul style="list-style-type: none"> GCFP 2023-24 annual report on progress in year 3. Webinar series on food system developments in Glasgow. The Good Food for Glasgow campaign (with GCFN) to widen knowledge of improvements underway through the Food Plan. Progress all city food plan actions across themes/working groups: <ul style="list-style-type: none"> Fair Food for All (food inequality) Community Food Catering and Procurement Food economy Reducing food waste 	<p>Continuing progress towards a healthier, fairer and more sustainable food system in Glasgow, including:</p> <ul style="list-style-type: none"> More nutritious food grown locally. More nutritious food is available and affordable in lower income communities. More local businesses offer locally produced, sustainable and healthy food. Children and young people learn about the food system and have opportunities to develop their food growing and cooking skills. More opportunities for people to cook and eat together in communities across Glasgow. 	<ul style="list-style-type: none"> Working through the established structures of the GCFP to further build understanding and commitment, including senior buy-in from key partners. Collaboration, coordination and coherence across the work of all stakeholders improving Glasgow’s food system. Securing funding for collaborative projects that support delivery of the Food Plan. Improved support for third sector and community organisations working to address food insecurity and improve opportunities to access affordable nutritious food. Collaboration with academic partners to

¹ *Poverty, Inequality and the Economy; Place, Community and Engagement; Race, Equalities and Intersectionality; Climate Change; Mental Health.*

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				<ul style="list-style-type: none"> ○ Increasing urban agriculture ○ Food education ○ Communications <p>Examples include:</p> <ul style="list-style-type: none"> ● Cash First project ● King’s Coronation Food Waste project (with FareShare) ● Sustainable Food Directory v3 (with Slow Food Glasgow) ● Community fruit and veg market expansion (with GCC) ● Full of Beans campaign ● Glasgow Food Growing projects (with GCC) ● Support Good Food Groups in Schools (with GCC Education). 	<ul style="list-style-type: none"> ● Increased uptake of school meals in primary and secondary schools. ● Fewer people require emergency food aid. 	<p>ensure that up-to-date evidence informs the Plan, and that the Plan is regularly and robustly reviewed.</p>
<p>Project: <i>Understanding Glasgow: the Glasgow indicators project. Maintenance and development of health and wellbeing</i></p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributes to: <i>Place, Community and Engagement;</i></p>	<p>BW, MY, KT, KMCL, GY & GCPH Comms team</p>	<p>High: A key aspect of the Centre’s observatory role</p>	<ul style="list-style-type: none"> ● Migration of site to new CMS (Spring 2024). ● Addition of new and updated indicators from 2022 Census (Spring – Autumn 2024). 	<ul style="list-style-type: none"> ● Policymakers, planners, community groups and others across Glasgow and the wider city region are supported to base discussions, planning decisions, priority setting, funding applications, etc., on 	<ul style="list-style-type: none"> ● Provision and active promotion of a set of credible and relevant public health indicators in an accessible format in one place. ● Providing this type of public health intelligence supports understanding

Project title, main outputs, timescales and resources	GCPH priority areas ¹	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p><i>indicators for Glasgow</i></p> <p>Main outputs: Up-to-date timely and accessible public health intelligence for Glasgow City Region</p> <p>Timescales: On-going</p>	<p><i>Climate Change; Mental Health; Race, Equalities and Intersectionality</i></p>			<ul style="list-style-type: none"> • Addition of updated profiles to the site. (anticipated late Autumn 2024). 	<p>up-to-date public health data that provides comparative trends in key health and social determinants.</p>	<p>of population health and its determinants, including inequalities, in local areas.</p>
<p>Project: <i>Understanding differences in the experience of poverty and deprivation between populations in Scotland & England</i></p> <p>Main outputs: Final output would be new measurements; but unlikely to be achieved this year. The output for this year would be to complete planning and have funding in place.</p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributing to: <i>Place, Community and Engagement</i></p>	<p>KT with D Walsh (lead) & G McCartney (University of Glasgow).</p>	<p>High</p>	<ul style="list-style-type: none"> • Work planning group established/meeting regularly. • Funding to be agreed. • Primary research planning. 	<ul style="list-style-type: none"> • Improved understanding of differences in the experiences of poverty and deprivation, and how they are related to different health outcomes, enables policy and practice to reduce the harmful impacts of poverty on health outcomes. 	<ul style="list-style-type: none"> • Establishing a set of prioritised concepts (including further working with people with experience of poverty). • Enabling validated measurement of these concepts. • Comparing these measures between Scottish and English populations in population surveys. • Finally, presenting all resulting evidence to policymakers regarding the gaps in current levels of knowledge and the extent to which these can be filled by the new research.

Project title, main outputs, timescales and resources	GCPH priority areas ¹	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p>Timescales: More than 1 year</p> <p>Resources: KT time around 0.1 FTE – added to resources from partners.</p>						
<p>Project: <i>Understanding the health benefits of active commuting</i></p> <p>Main outputs: Published paper in Spring 2024.</p> <p>Timescales: Spring – Summer 2024</p> <p>Resources: Possible costs of two open access publications.</p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributes to: <i>Climate Change; Place, Community and Engagement; Mental Health</i></p>	<p>BW with input from colleagues at the Universities of Glasgow and Edinburgh</p>	<p>High</p>	<ul style="list-style-type: none"> • Robust, Scotland-specific, policy-relevant evidence of the benefits of active vs non-active travel for a wide range of health outcomes. • Paper (Spring 2024). • Second paper on associated cost savings to NHS associated with active commuting (Summer 2024). 	<ul style="list-style-type: none"> • Greater understanding and support amongst policymakers for health improvement through investment in active travel. 	<ul style="list-style-type: none"> • Policymakers will have a better understanding of the scale of improvement in health outcomes (and associated financial savings for the NHS) that could result from investment in active travel in Scotland. • Widespread dissemination of findings of two journal papers, including specific targeting of Scottish Government ministers, and other Scottish politicians. • Presentation at the Scottish Faculty of Public Health conference (May 24).
<p>Project: <i>Modelling of cycling and pedestrian casualties</i></p> <p>Main outputs:</p>	<p><i>Poverty, Inequality and the Economy</i></p>	<p>BW & MY with D McArthur (University of Glasgow)</p>	<p>Medium</p>	<ul style="list-style-type: none"> • Report and possibly a paper in Summer/Autumn of 2024, if analysis goes to plan. 	<ul style="list-style-type: none"> • Increased focus and action around reducing cycling and pedestrian casualties, increasing safety of and 	<ul style="list-style-type: none"> • Improved understanding of the circumstances and heightened risks pertaining to road collisions involving

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<p>Published paper later in 2024.</p> <p>Timescales: Spring – Summer 2024.</p> <p>Resources: Open access publication costs.</p>	<p>Also contributes to:</p> <p><i>Climate Change; Place, Community and Engagement</i></p>				<p>engagement with active travel.</p>	<p>vulnerable road users (pedestrians and cyclists) versus car drivers.</p> <ul style="list-style-type: none"> Based on a successful conclusion to our analysis (which is still progressing), the work would be written up and disseminated. Key audiences include Transport Scotland, Police Scotland, regional transport authorities and local authorities. Relevant to the National Road Safety Framework.
<p>Project: <i>Breastfeeding analyses</i></p> <p>Main outputs: academic paper if accepted.</p> <p>Timescales: Work complete.</p> <p>Resources: Open access publication costs.</p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributes to:</p> <p><i>Place, Community and Engagement; Mental Health; Race, Equalities and Intersectionality</i></p>	<p>BW working with 'Tomi Ajetunmobi (PHS)</p>	<p>Low: Completion of a legacy project, demonstrating the health benefits and healthcare cost savings associated with breastfeeding versus bottle feeding.</p>	<ul style="list-style-type: none"> Academic paper (Spring 2024). 	<ul style="list-style-type: none"> Increased focus and action around the health benefits, and healthcare cost savings associated, with breastfeeding versus bottle feeding, especially for families in the most deprived areas. 	<ul style="list-style-type: none"> Paper submitted for publication and in due course the findings will be widely disseminated and promoted. The work is expected to be of wide interest given strong health inequalities focus that breastfeeding can not only protect child health but has a role in addressing child health inequalities.
<p>Project: <i>CommonHealth Assets</i></p>	<p><i>Place, Community and Engagement</i></p>	<p>JM, MA</p>	<p>High</p>	<ul style="list-style-type: none"> Delivery of two LEP meetings (March & July 24). 	<ul style="list-style-type: none"> Support for investment by various funders in, and improved efficacy 	<ul style="list-style-type: none"> By working with UK academics, practitioners and CLOs this research

Project title, main outputs, timescales and resources	GCPH priority areas ¹	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p>Main Outputs: Robust evidence and important learning about the impact of community-led organisations (CLOs) on health.</p> <p>Timescales: April – Sept 2024</p> <p>Resources: External income £15,900 for GCPH expertise on project and £15,926 for delivery of the LEP.</p>	<p>Also contributes to: <i>Poverty, Inequality and the Economy; Mental Health; Race, Equalities and Intersectionality</i></p>	<p>Led by GCU, academic partners (University of East London, University of Bournemouth and Queens University Belfast) and community partners (CLOs)</p> <p>UK Lived Experience Panel (LEP)</p>	<p>Project completion Sept 24.</p>	<ul style="list-style-type: none"> • Monthly PMT online, in-person Glasgow (Mar 24) and London (June 24). • LEP exit planning (July – Sept 24). • Final project LEP process and impact evaluation report (Sept 24). • Further development of blog series. • Presentation at ‘Authenticity into Action, University of Central Lancashire (May 24). • LEP academic paper (by Sept 24). • Policy analysis paper (under review). • Presentation to SG Expert Speaker Series (Nov 24). 	<p>of, CLOs in supporting health in communities.</p> <ul style="list-style-type: none"> • Position GCPH as experienced source of PPIE expertise. • Impact on possibility of future GCPH income. • Enhanced UK academic and community links. • Evaluation of LEP will bring learning on facilitating meaningful engagement which can be replicated across other PPIE activities. 	<p>will provide evidence as to how CLOs impact on H&WB, providing insights by what mechanisms these changes take place, for who and in what context – thus influencing funders in their decision making.</p> <ul style="list-style-type: none"> • Dissemination will influence support for investment in and efficacy of CLOs. • Improved relevance/useability of outputs from the perspective of those with ‘lived experience’ - support translation into community level impact.
<p>Project: <i>SIPHER Collaborative</i></p> <p>Main outputs: Fuller understanding of health inequalities evidence needs of policymakers.</p>	<p><i>Place, Community and Engagement</i></p> <p>Also contributes to: <i>Poverty, Inequality and the Economy</i></p>	<p>LG</p> <p>University of Strathclyde, University of Glasgow, Scottish Government, various English</p>	<p>High</p> <p>Project completion Sept 2024</p>	<ul style="list-style-type: none"> • Secondment until Aug 2024. • GCPH outputs and format of knowledge transfer within the organisation (Sept-Dec 2024). 	<ul style="list-style-type: none"> • Improve knowledge of evidence needs for policy partners (at different levels of government) within GCPH. 	<ul style="list-style-type: none"> • Improve knowledge of systems approaches (qual and quant) within GCPH, their value, and consider if we should use them (where/why). • Contribution to SIPHER outputs on housing as a social determinant of

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<p>Timescales: Secondment runs until Sept 2024, translation of learning to GCPH to continue until year end.</p> <p>Resources: LG salary until end of August 2024.</p>		Universities and policy partners				<p>health, including evidence products delivered to SG and PHS.</p> <ul style="list-style-type: none"> • Improve quality and relevance of GCPH outputs on housing for SG, PHS and other policy audiences.
<p>Project: <i>Thrive Under 5 evaluation</i></p> <p>Main outputs: Evaluation report on efficacy and sustainability of healthy weight project.</p> <p>Timescales: March to June 2024</p> <p>Resources: £12,722 GCPH income.</p>	<p><i>Place, Community and Engagement</i></p> <p>Also contributes to: <i>Poverty, Inequality and the Economy; Mental Health; Climate Change</i></p>	GY	High	<ul style="list-style-type: none"> • Evaluation report by June 2024. 	<ul style="list-style-type: none"> • Learning to support decisions relating to healthy weight SG funding allocation. • Learning to support delivery of healthy weight approaches in pilot neighbourhoods (Health improvement, early years organisations, third sector partners). • Enhanced relationship with Health Improvement staff. 	<ul style="list-style-type: none"> • Publication and active dissemination of report. • Focused session with Advisory Group based on learning to collectively identify recommendations. • By building relationships with organisations involved, commitment to learning and good quality and robust evaluation.
<p>Project: <i>Examining the social determinants of LGBT+ health and wellbeing:</i></p>	<p><i>Place, Community and Engagement</i></p> <p>Also contributes to:</p>	CH in collaboration with Mark Kelvin and Rebecca Hoffman from	High	<ul style="list-style-type: none"> • Evidence scoping review report presenting clear evidence of LGBT+ health inequalities, unmet health needs 	<ul style="list-style-type: none"> • Increased focus and action around LGBT+ health inequality, which has lacked profile, priority and awareness within the 	<ul style="list-style-type: none"> • GCPH is taking a leadership role in furthering the understanding and profile of this large, overlooked population

Project title, main outputs, timescales and resources	GCPH priority areas ¹	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p><i>A scoping review of evidence, unmet health needs and policy implications</i></p> <p>Main outputs: Collaborative report</p> <p>Timescales: April/May 2024 (dependent on LGBT Health and Wellbeing capacity)</p>	<p><i>Poverty, Inequality and the Economy; Mental Health</i></p>	<p>LGBT Health and Wellbeing (expert LGBT charity)</p>		<p>and policy recommendations.</p> <ul style="list-style-type: none"> • Development of an LGBT+ health model. • Communications and dissemination plan. • Presentation to GCPH Board and partner agencies; HSCP Equalities Group, GCC Vulnerable Adults Committee. • Presentation to Scottish Government Policymakers (Dec 24). 	<p>UK public health profession.</p>	<p>group and its experience of profound inequalities.</p> <ul style="list-style-type: none"> • Addressing significant barriers to impact, implicit bias and lack of cultural competence within public services, local and national government. • Timed to precede publication of early Scottish Census analysis which for the first time includes analysis of LGBT+ status. • GCPH will shape the understanding of how the LGBT+ inequalities reported in the Census are interpreted and understood. • Potential for GCPH to lead data linkage of LGBT+ demographic data to health outcomes and healthcare usage information later in 2024-25.
<p>Project: <i>Sistema Evaluation</i></p> <p>Main outputs: Collaborative report</p>	<p><i>Place, Community and Engagement</i></p>	<p>CH in collaboration with Aileen Campbell</p>	<p>High</p>	<ul style="list-style-type: none"> • A series of interviews and focus groups with Big Noise parent and guardians to qualitatively assess 	<ul style="list-style-type: none"> • The GCPH evaluation of Sistema Scotland remains an impactful long-term project with several national 	<ul style="list-style-type: none"> • The evaluation has several national partners who will support and disseminate the findings as well as local partners

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<p>Timescales: December 2024</p>	<p>Also contributes to: <i>Poverty, Inequality and the Economy</i></p>	<p>(Audit Scotland)</p>		<p>programme impacts on family and community life.</p> <ul style="list-style-type: none"> AC will conduct fieldwork, CH will supervise and edit report. 	<p>partners involved in the advisory group including Scottish Government.</p> <ul style="list-style-type: none"> Will be undertaken across six local authority sites with dissemination in each. 	<p>in six geographies across Scotland.</p> <ul style="list-style-type: none"> The Sistema evaluation also has international interest and will be shared within existing networks.
<p>Project: <i>Economies for Healthier Lives</i></p> <p>Main outputs: Ongoing evaluation support and annual report to funder</p> <p>Timescales: February to December 2024 (with possible extension depending on funding).</p> <p>Resources: £10,946 GCPH income.</p>	<p><i>Place, Community and Engagement</i></p> <p>Also contributes to: <i>Poverty, Inequality and the Economy</i></p>	<p>GY, VM, BW</p>	<p>High</p>	<ul style="list-style-type: none"> Evaluation report by end December 2024 (may change in line with potential funding extension). Ongoing evaluation learning presented to Core Team and project groups. Appraisal of requirement for further evaluation of the project. 	<ul style="list-style-type: none"> Learning to support ongoing delivery of project. Learning on efficacy of three-year approach. 	<ul style="list-style-type: none"> Publication and dissemination of learning. Support for development of Capital Investment Health Impact assessment toolkit (BW). Continued involvement in next stage of approach which involves capturing toolkit use and impact.

New work for 2024-25						
Project title, main outputs, timescales and resources	GCPH priority areas	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p>Project: <i>Glasgow City Food Plan - Cash First project</i></p> <p>Main outputs: Clear and consistently delivered referral pathways to advice and cash first support for those in crisis across all frontline services.</p> <p>Improved understanding of emergency food demand and support services in Glasgow.</p> <p>Timescales: Months 3 to 15 of 24-month project.</p> <p>Resources: £200,000 income over 24 months (SG award)</p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributes to: <i>Place, Community and Engagement; Climate Change; Mental Health</i></p>	<p>JM & new postholder (SG funded). With GCFP Fair Food for All Partnership (part of the GCFP delivery structure) (incl. HSCP, GCC, Trussell Trust, IFAN)</p>	High	<ul style="list-style-type: none"> • Appointment of practitioner to lead the project. • Fully mapped cash first and social retail provision in the city. • Revised and clear referral pathways enabling the transition from foodbank-centred to cash-based support for people in food insecurity. • Training for front line staff to enable implementation of the referral pathways. • Research projects to improve understanding of the drivers for different population groups using food banks. 	<p>Improved/more effective system for referrals to advice and cash-first support for households in crisis across all front-line services, meaning:</p> <ul style="list-style-type: none"> • Reduced reliance on emergency food aid. • Enhanced access to healthy, affordable, fresh food in local communities. • Future planning is better informed by understanding of the drivers of foodbank use and the potential interventions to address these. 	<ul style="list-style-type: none"> • Frontline staff in the city understand poverty, incorporating the broader issues of destitution and food insecurity, and are confident in the referral pathways to advice and cash first support. • Strengthened relationships with and between partners working on emergency food aid, financial inclusion and welfare advice. • Peer learning across Scottish Cash First projects. • Consistently implemented pathways to income maximisation and welfare advice for those in crisis. • Linking delivery of this project to the wider food system change as part of the implementation of the GCFP.

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<p>Project: <i>Ageing and later life work: evidence from British-Scottish Pakistanis living in Glasgow.</i></p> <p>Main outputs: GCPH report, proposal for future work.</p> <p>Timescales: 1 year</p> <p>Resources: Estimated development budget: £15,000.</p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributes to: <i>Race, Equalities and Intersectionality; Place, Community and Engagement</i></p>	<p>PS & KT</p> <p>Co-investigators: Dr Lain, Newcastle University; Dr Ferdous, Queen's University Belfast.</p> <p>Steering Group: GCPH, GCC, Public Health Scotland, CEMVO Scotland, Age Scotland, Scottish Asian Business Chamber.</p>	High	<ul style="list-style-type: none"> Advisory Group convened and research approach agreed (Mar/Apr 24). Ongoing Advisory Group meetings (Apr 24 onwards). Expert anchor organisation(s) chosen (Apr/May 24). Interview schedule/methods co-designed (May/Jun 24). Interviewees contacts and primary research undertaken (Jun-Aug 24). Analysis (Aug-Sep 24). Write-up (Oct 24). Academic paper(s) (Oct-Dec 24). Dissemination (Nov 24-Jan 25). 	<ul style="list-style-type: none"> In this year one development phase, improved understanding of the policy challenges associated with demographic and economic shifts around working life. Implications for health inequality, economic policy (employability) and workforce diversity, formal and informal care and healthy ageing will be developed with advisory partners. The Centre's capacity for understanding racism as a fundamental determinant will be enhanced through methodological developments made alongside community partners. 	<ul style="list-style-type: none"> Co-production with anchor organisations: crucial to work being relevant to their work and to their members' experiences. An Advisory Group is being convened which will evolve in the early months of the research as areas of policy challenge come to light. Generated learning shared with relevant policy networks/forums tackling key strategic priorities that include poverty, anti-racism, and work-related inequalities.
<p>Project: <i>Supporting NHS GGC to understand and respond to poverty</i></p>	<p><i>Poverty, Inequality and the Economy</i></p>	<p>PS, Anna Baxendale and Debbie Schofield (Dept</p>	High	<ul style="list-style-type: none"> A practice review (literature) and associated 	<ul style="list-style-type: none"> Enabling NHS GGC to better tackle/mitigate poverty. 	<ul style="list-style-type: none"> A need for this knowledge has been driven by the 2024 Director of Public Health

Project title, main outputs, timescales and resources	GCPH priority areas	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p><i>as a driver of demand</i></p> <p>Main outputs: Practice review and associated knowledge transfer materials</p> <p>Timescales: Commissioned by end-March 2024, Delivered Autumn 2024</p> <p>Resources: £20,000 expenditure</p>	<p>Also contributes to: <i>Place, Community and Engagement; Mental Health; Race, Equalities and Intersectionality</i></p>	<p>of Public Health, NHS GGC)</p> <p>Potentially SPIRU at GCU.</p>		<p>knowledge translation materials.</p>	<ul style="list-style-type: none"> This work will produce applicable, practical solutions to mitigate the impact of poverty, through engagement with healthcare services and identifying actions the Health Board can take to influence and how it can advocate for other partners to take action to mitigate poverty's health impacts. 	<ul style="list-style-type: none"> Report. This indicates NHS GGC has a role in tackling poverty and its determinants as a medium-term action, including understanding and delivering a role in poverty mitigation as a provider of services, alongside reducing inequalities in relation to accessing services. This work, a direct response to a request for support from NHS GGC, will enable the translation of learning – directly into practice, around how services mitigate the impact of poverty.
<p>Project: <i>Glasgow Health Determinants Research Collaboration (GHDR)</i></p> <p>Main outputs: Recruitment of project manager. Delivery of integrated GHDR work plan within 12-</p>	<p><i>Place, Community and Engagement</i></p> <p>Also contributes to: <i>Poverty, Inequality and the Economy; Mental Health; Race, Equalities</i></p>	<p>PS, CC, and another GCPH team member.</p> <p>GCC, UofG and, NHS GGC, Glasgow City HSCP</p>	<p>High</p>	<ul style="list-style-type: none"> Identify a pipeline of research-informed innovation in service delivery and research that positions partners to attract further research and development funding. Establish collaborative research capacity and 	<ul style="list-style-type: none"> To improve the health of the people of Glasgow by embedding research-practice collaboration across Glasgow City Council, its partners and communities. 	<ul style="list-style-type: none"> A shared understanding, commitment and vision across the collaborators (GCC, NHS GGC, HSCP and UofG) and wider partners for a research-informed prioritisation, design, development and implementation culture to drive forward action on health determinants.

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<p>month development period</p> <p>Timescales: 2024 and then a further 5 years if 12-month development period successful.</p> <p>Resources: GCPH resource for 0.5FTE</p> <p>0.2 and 0.1 FTE of PS and CC time if passes development year.</p>	<p><i>and Intersectionality</i></p>			<p>processes with wider stakeholders including elected members, public and community representatives.</p> <ul style="list-style-type: none"> • April 2024. Complete stakeholder mapping. • July 2024. Complete stakeholder interviews. • September 2024. Systems Mapping workshops. • September 2024. Leaders event. 		<ul style="list-style-type: none"> • Creation of the collaboration model for wider implementation. • Identify a pipeline of research-informed innovation in service delivery and research that positions partners to attract further research and funding.
<p>Project: <i>Sighthill Bridge Evaluation</i></p> <p>Main outputs: Evaluation of impact of Sighthill Bridge and wider regeneration</p> <p>Timescales: March -- Oct 2024</p> <p>Resources: £38,560 GCPH income, including £18K external commission.</p>	<p><i>Place, Community and Engagement</i></p> <p>Also contributes to: <i>Poverty, Inequality and the Economy; Race, Equalities and Intersectionality</i></p>	<p>BW, VMcN, GY, JMcl</p> <p>GCR Programme Management Office</p>	<p>High</p>	<ul style="list-style-type: none"> • Evaluation report (Aug 2024). • Transferrable Learning report (Oct 2024). 	<ul style="list-style-type: none"> • Improved understanding of the health-related impacts of major regeneration investment to inform future investment decisions. • Better understanding of the impacts on different population groups. • Transferable learning. 	<ul style="list-style-type: none"> • Evaluation learning provided to a strategic partner organisation centrally involved in major investment decisions. • Influence on approaches to evaluating other regeneration schemes in GCR.

Project title, main outputs, timescales and resources	GCPH priority areas	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p>Project: <i>Moving from temporary homelessness accommodation to secure housing: comparative case studies across three local authorities</i></p> <p>Main outputs: GCPH report Paper</p> <p>Timescales: February to October 2024</p> <p>Resources: Limited budget: £1000 transcribing, travel etc.</p>	<p><i>Poverty, Inequality and the Economy</i></p> <p>Also contributing to: <i>Place, Community and Engagement; Mental Health</i></p>	<p>KT & MY (delivery) PS (supervisory support)</p> <p>Homelessness Network Scotland, Crisis, Public Health Scotland.</p>	<p>High</p>	<ul style="list-style-type: none"> • Advisory group meetings – at each stage of research. • Agree case study areas with group – late Feb/early Mar 2024. • Case study interviews: Apr - Jun 2024. • Data analyses: Jun-Aug 2024. • Final report: Oct 2024 • Dissemination: Nov 2024 onwards. 	<ul style="list-style-type: none"> • Improved understanding and action to improve outcomes for those moving from homelessness into secure accommodation. • Direct and indirect impacts on policies - national/local. 	<ul style="list-style-type: none"> • Early involvement with partners to support research and build collaborative opportunities to share knowledge/learning. • Generated evidence takes account of contextual policy/practice pressures – to encourage meaningful uptake and implementation of evidence through established networks/alliances. • Advisory Group members support knowledge exchange. • Policy influence: Scot Gov working group has urged national/local gov to speed up processes causing delays in moving into secure housing, underlining importance of partnership work. • Sharing examples of good practice among local authorities.
<p>Project: <i>New community profiles</i></p>	<p><i>Poverty, Inequality and the Economy</i></p>	<p>BW, MY, KT & Comms Team input</p>	<p>High</p>	<ul style="list-style-type: none"> • Planning work has started (Feb 2024). 	<ul style="list-style-type: none"> • Accessible public health profiles support 	<ul style="list-style-type: none"> • A wide demand for this type of public health intelligence among

Project title, main outputs, timescales and resources	GCPH priority areas	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p>Main outputs: a set of health profiles for the Glasgow City Region</p> <p>Timescales: Feb 2024 – late autumn 2024</p> <p>Resources: likely to require some funds for external work, c. £20,000</p>	<p>Also contributes to:</p> <p><i>Place, Community and Engagement; Climate Change; Mental Health; Race, Equalities and Intersectionality</i></p>	<p>Likely to be undertaken in collaboration with Public Health Scotland and with the support of local partners in GCC, HSCPs and in NHS GGC</p>		<ul style="list-style-type: none"> • Data availability from 2022 Census (Spring/summer 2024). • Profiles potentially available in late Autumn 2024. • Dissemination phase Autumn 2024 to Spring 2025. 	<p>understanding of, and action on, population health and its determinants, including on inequalities, among a wide range of organisations and agencies.</p>	<p>planners, policymakers, third sector groups community groups and the public.</p> <ul style="list-style-type: none"> • New Census data, such as gender identity and trans history and updated intelligence on ethnicity, likely to generate a lot of interest and to be widely used by planners, policymakers and communities. • Dissemination will encourage awareness and use of updated profiles.
<p>Project: <i>Learning to support GCPH to become an anti-racist organisation</i></p> <p>Main outputs: Coproduced program of activity to:</p> <ol style="list-style-type: none"> 1. Build upon existing 'baseline' racial literacy to create foundation for change. 	<p><i>Race, Equalities and Intersectionality</i></p> <p>Also contributes to:</p> <p><i>Poverty, Inequality and the Economy; Place, Community and Engagement; Mental Health</i></p>	<p>PS, CH, JC, KMcL and Neish Training</p>	<p>High</p>	<ul style="list-style-type: none"> • Series of monthly team sessions. • Report to GCPH Board. • A set of outcomes identified that the team could work towards collectively in relation to anti-racist practice. 	<ul style="list-style-type: none"> • Improved internal knowledge, confidence and capacity to address racism as a fundamental determinant of inequality. 	<ul style="list-style-type: none"> • A process of training coproduced between an external facilitator and team utilising team knowledge, experience and desired areas for growth. Designed to maximise buy-in and create collective agreement and commitment to the outcomes to be pursued in relation to becoming an anti-racist organisation.

Project title, main outputs, timescales and resources	GCPH priority areas	GCPH contributors & partners	Delivery priority (high/medium/low)	Key deliverables for 2024-25	Anticipated impact	Pathways to anticipated impact
<p>2. Promoting understanding of racism as a determinant of health.</p> <p>3. Individual and organisational reflection, growth and culture change.</p> <p>4. Embed anti-racist principles and practice.</p> <p>Timescales: February – summer 2024 in first instance</p> <p>Resources: £15,000 expenditure</p>						
<p>Project: <i>Understanding and responding to the changed demand in mental health services.</i></p> <p>Main outputs: To be confirmed.</p> <p>Timescales: 12 months</p>	<p><i>Mental Health</i></p> <p>Also contributes to: <i>Poverty, Inequality and the Economy; Race, Equalities and Intersectionality</i></p>	<p>PS and Martin Culshaw (Director of MHS, NHS GGC)</p>	<p>Medium</p>	<ul style="list-style-type: none"> This is a developmental piece of work which requires further discussion and clarification. PS to engage with MC over the first three months of 2024-25 as capacity becomes available. 	<ul style="list-style-type: none"> A clearer evidence-based narrative for MH services, informing direction of service change, what to expect and what interventions. Building on the expertise in the system that informed the NHS GGC Mental Health 5-year Strategy. 	<ul style="list-style-type: none"> The involvement of Director of MH services for NHS GGC would maximise the likelihood of findings being implemented.

Team member contribution to external Steering and Advisory Groups

Groups	Frequency/Commitment	Who?
GALLANT research collaboration	1 hour per week (x2)	BW/JM
Public Health and Sustainable Transport Partnership Group	Every 2 months	BW
Public Health and Sustainable Transport Partnership Group – Data & Evidence sub-group	Every 2 months	BW
Economies for Healthier Lives Strategic Group/Champions network	Every 3/4 months	BW
Scottish Alliance for Food (research programme led by UofG) – health inequalities sub-group	Monthly meetings	JM
Scottish Sustainable Food Places Network	Every 3 months	RG
CommonHealth Assets Project Management Team	Monthly	JMcL
Sistema Scotland evaluation Steering Group	Monthly	CH
Flourish Glasgow	Monthly	PS
NHS GGC Public Health Inequalities Group	Monthly	PS
Glasgow CPP Academic Advisory Group	Monthly	PS/CC
Glasgow City Public Health Oversight Board	Monthly	PS
Scottish Health Survey Advisory Group	Every 6 months	BW
Glasgow Life Physical Activity and Sports Strategy	Every 3 months	BW
Public Health Intelligence Partnership Group	Every 2/3 months	BW
NHS GGC Health and Wellbeing Population Surveys Oversight Group	Every 2/3 months	BW
ScotPHO Steering Group	Every 3 months	BW

Section 4. GCPH Communications work plan 2024-25

Communication channel / area of focus	Description of work	Comms lead & contributors	Key deliverables for 2024-25	Pathways to anticipated impact	Anticipated impact
<p>Publications</p>	<p>Range of publications will be published and disseminated to communicate our findings and synthesise evidence. This includes research reports, briefing or summary papers, project outputs, and responses to consultations and calls for evidence.</p> <p>Promotion of published papers in academic journals.</p> <p>*Specific outputs not listed here as detailed in Centre work plan (Section 3 of this report) or will emerge in year.</p>	<p>BC, JC, lead authors, research collaborators</p>	<ul style="list-style-type: none"> • Oversee internal peer review process and lead robust proofing, editing and approval of all publications. • Targeted dissemination plan for each output responding to the identified pathways to impact. • Ongoing development of ‘house’ style including increased use of design and imagery. • Promotion of academic journals through collaborating with journals, development of outputs for non-academic / non-specialist audiences and targeted dissemination. • Continuous improvement of accessibility and inclusivity. 	<ul style="list-style-type: none"> • Broad range of high-quality, relevant, accessible and memorable outputs. • Quality of publications maintained with consistency in tone, messaging and style. • Targeted dissemination ensures outputs reach and engage intended audiences. • Others sharing and using our publications. • Deeper and more strategic comms alliances and coalitions through increased collaborative communications via dissemination plans. • Engagement of broader range of perspectives through accessible and inclusive communications. 	<ul style="list-style-type: none"> • Increased awareness of GCPH and research findings. • Reputation and credibility maintained/increased. • Our work – both current and historic – is used and referenced. • Decision-makers are influenced in their commitments and decisions.
<p>Infographics</p>	<p>Development of infographics to support promotion of research findings, the social determinants of health, current health trends, and contemporary</p>	<p>BC and researchers</p>	<ul style="list-style-type: none"> • Existing Understanding Glasgow infographics updated with new Census data. • New infographics to accompany new publications/projects. 	<ul style="list-style-type: none"> • Concise at-a-glance summaries of key findings, insights and recommendations. • Sharable outputs to support wide dissemination by others 	<ul style="list-style-type: none"> • Increased understanding and awareness of drivers of poor health and inequality. • Increased awareness of how health is

Communication channel / area of focus	Description of work	Comms lead & contributors	Key deliverables for 2024-25	Pathways to anticipated impact	Anticipated impact
	public health priorities and challenges.		<ul style="list-style-type: none"> New series of infographics on the social determinants of health and key GCPH priorities and areas of work. 	beyond our own networks.	<p>created and supported (social determinants of health).</p> <ul style="list-style-type: none"> Awareness of GCPH and relevance of our work beyond existing networks through others sharing and advocating.
Events	Calendar of events throughout year to engage existing and new audiences. Will include a mix of online and in-person events.	CF, JC & comms team with other leads for different event types/topics	<ul style="list-style-type: none"> Delivery of remaining Seminar Series 20 seminars April to June. Review of Seminar Series format and sustainability. Topic-specific and targeted workshops and events. Knowledge exchange/knowledge translation events focussed on the interpretation of evidence. Exhibition stands at conferences and external events. Increased use of Olympia Building, UofG facilities and other partner venues as more cost-effective way to host events. 	<ul style="list-style-type: none"> Well planned, organised and executed events run smoothly, are documented, and have visual outputs and/or event reports when appropriate. Two-way engagement. Engagement of new audiences (via external orgs events and conferences). Bringing public health and inequalities expertise together with knowledge from other disciplines, sectors and topics enables the sharing of different perspectives to yield new insights. Co-produced recommendations grounded in reality. 	<ul style="list-style-type: none"> Increased awareness of GCPH. Improved understanding of external context by GCPH researchers. Growth in size and diversity of network. Recommendations better connect and support partners, policymakers and practitioners. Increased trust, mutual support and receptiveness between GCPH and key stakeholders.

Communication channel / area of focus	Description of work	Comms lead & contributors	Key deliverables for 2024-25	Pathways to anticipated impact	Anticipated impact
<p>Understanding Glasgow website</p>	<p>Migration of Understanding Glasgow website to new Content Management System (CMS).</p> <p>Maintenance and updating of migrated website with new content and outputs.</p> <p>Ongoing review of analytics to inform development and sharing of future content.</p>	<p>RM, BC, JC (with Bruce Whyte, Katharine Timpson & Mairi Young)</p>	<p>Project management of migration including:</p> <ul style="list-style-type: none"> • Overall approval of new web content (proof and edit new webpages). • Quality check of all migrated pages. • Gathering bank of visuals. • Testing new CMS through uploading content, images, checking migrated content and tagging. • Weekly liaison with tictoc to troubleshoot technical issues and glitches. • Completion of project and launch of new website. <p>Communications support for new and updated indicators from 2022 Census, and updated profiles.</p> <p>Post-migration:</p> <ul style="list-style-type: none"> • Daily ensure website in working order. • Continue to ensure search engine optimisation after migration. • Regular content updates. • Liasing with digital agency on issues in a timely manner and pursuing updates. • Use keywords and phrases to ensure webpage ranking remains high. • Ensure all information is uploaded and accessibility in key formats that are consumed by our audience. 	<ul style="list-style-type: none"> • Provision and active promotion of a set of credible and relevant public health indicators in an accessible format in one place. • Demand for and use of this type of public health intelligence among planners, policymakers, third sector orgs and community groups. • Dissemination will encourage awareness and use of updated profiles. • Ensures that main public facing output is maintained. • Increased visibility of site within search engines. 	<ul style="list-style-type: none"> • Stakeholders supported to utilise evidence to base discussions, planning decisions, priority setting, funding applications, etc., on up-to-date public health data that provides comparative trends in key health and social determinants. • Accessible public health profiles support understanding of, and action on, population health and its determinants, including on inequalities, among a wide range of organisations and agencies. • Maintain reputation of Centre and ensure it continues to be seen as up-to-date and relevant.

Communication channel / area of focus	Description of work	Comms lead & contributors	Key deliverables for 2024-25	Pathways to anticipated impact	Anticipated impact
GCPH website	<p>Maintenance and updating of GCPH website with new content and outputs.</p> <p>Ongoing review of analytics to inform development and sharing of future content.</p>	RM, BC	<ul style="list-style-type: none"> • Daily ensure website in working order. • Continue to ensure search engine optimisation after migration. • Regular content updates. • Liasing with digital agency on issues in a timely manner and pursuing updates. • Use keywords and phrases to ensure webpage ranking remains high. • Ensure all information is uploaded and accessibility in key formats that are consumed by our audience. 	<ul style="list-style-type: none"> • Ensures that main public facing output is maintained. • Increased visibility of site within search engines. • Maintain reputation of Centre and ensure it continues to be seen as up-to-date and relevant. 	
Social media	<p>Since coming into post in January, new Digital Communications Officer has reviewed our use of and engagement with our social media platforms and developed a social media strategy. This will be implemented over 2024-25.</p>	RM	<ul style="list-style-type: none"> • Grow engagement. • Expand and grow audiences. • Increase LinkedIn presence. • Greater use and reporting of analytics. • Concept explainers. • Visuals and storytelling. 	<ul style="list-style-type: none"> • Maintain monthly engagement rate above sector average outlined in social media strategy. • Broad interactions across platforms with relevant change-makers. • Leveraging personal profiles and maintaining consistent output • Use in-depth insights from LinkedIn/Twitter for tailoring output. • Utilising people behind research wherever possible to arouse emotions. 	<ul style="list-style-type: none"> • Higher prioritisation from the algorithms, which favour high engagement content. • Awareness of the social determinants of health across non-health policy areas. • Reputation raised online which can be leveraged by other organisational areas. • Generates focal point for online learning and potential collaborations. • Output becomes more credible due to inclusion of human element.

Communication channel / area of focus	Description of work	Comms lead & contributors	Key deliverables for 2024-25	Pathways to anticipated impact	Anticipated impact
Digital outputs	Development of new digital outputs including videos, graphics and associated mixed media.	RM, BC	<ul style="list-style-type: none"> • Text • Images • Videos • Interactive • Graphics. 	<ul style="list-style-type: none"> • Publishing articles, reports, and documentation. Sharing educational materials and resources. • Enhancing visual communication and engagement by creating infographics, photography and AI generated images. • Leveraging multimedia for storytelling and understanding by sharing video experiences and expert accounts. • Building interactive elements; polls, quizzes, and generators. Developing gamified approaches to knowledge and narrative dissemination. • Ensuring that content stays within brand and visual identity in social media posts and website outputs. 	<ul style="list-style-type: none"> • Enhanced reach and engagement among target audiences, including those with accessibility needs. • Increased understanding and retention among stakeholders through compelling and interactive digital outputs. • Relatability of content to improve expert status online. • Enhanced time spent on pages and website by users. Generate new analytical content. More fun. • Overall coherence of multiple content formats is maintained and develops further user recognition online.
E-newsletter	Newsletters	BC, RM	<ul style="list-style-type: none"> • New templates developed to match branding of new websites and with improved functionality, use of visuals and accessibility. • Monthly newsletters to GCPH network. 	<ul style="list-style-type: none"> • Reaching intended audience direct to their inbox. • Testing different messaging to gain insights 	<ul style="list-style-type: none"> • Increased engagement with and use of our work. • More email subscribers.

Communication channel / area of focus	Description of work	Comms lead & contributors	Key deliverables for 2024-25	Pathways to anticipated impact	Anticipated impact
			<ul style="list-style-type: none"> Specialist newsletters tailored to specific audiences e.g. parliamentary briefings for MSPs. 	<ul style="list-style-type: none"> into what engages to inform future messaging. Increased engagement (open and click rate) through shorter tailored content. 	
Media	Use of mainstream media to share new findings, increase understanding of health trends and their drivers.	JC, BC	<ul style="list-style-type: none"> Media coverage of key publications over year through exclusive and general press releases. Offering commentary and responses to trending topics, release of new data and policy developments. Daily monitoring of media and regular media round-ups to team. 	<ul style="list-style-type: none"> Responsive to media enquiries. Being proactive in offering commentary/responding to new data or relevant reports. Increased coverage of our work. 	<ul style="list-style-type: none"> Increased media requests. Enhanced profile with key journalists and media outlets. Improved media relations. Through increased coverage of our work, increased profile of GCPH.
Strategy development and continuous improvement	Internal development work to review current strategy and approach and amend in line with current context, new GCPH strategic priorities and work plan, and best practice.	JC & other team contributors	<ul style="list-style-type: none"> Review of current strategy including overall aims, objectives and principles, key audiences, and risks. Stakeholder analysis and power/context mapping to identify strengths and gaps, particularly in relation to strategic priorities. Review of evidence on knowledge translation/utilisation, policy influence, and social movements to inform and shape new strategy. Review and utilisation of framing approaches to strengthen our messaging – particularly looking at FrameWorks UK published research. 	<ul style="list-style-type: none"> Strengthened strategy informed by latest evidence on policy influence and framing approaches. Refreshed messaging for new context grounded in reality to connect better with key audiences. Expanding and strengthening our networks and alliances. 	<ul style="list-style-type: none"> Increased impact and influence through strengthened strategy, targeted communications and continuous improvement.

Communication channel / area of focus	Description of work	Comms lead & contributors	Key deliverables for 2024-25	Pathways to anticipated impact	Anticipated impact
Monitoring, review and reporting	Review of current comms monitoring and reporting process. Increased focus on impact/influence and longer-term outcomes.	JC, BC, RM, CF	<ul style="list-style-type: none"> • Ongoing collation and review of standard metrics including web, social media and newsletter analytics, outputs produced, media coverage, and event attendance and feedback. • New centralised and systematic collation of stakeholder interactions/engagement. • Production of impact case stories at mid and end year. 	<ul style="list-style-type: none"> • Use of analytics to shape, inform and strengthen communications. • Better sharing and management of contacts and intelligence across team. • Increased awareness of policy developments and key concerns of stakeholders. 	<ul style="list-style-type: none"> • More effective engagement and knowledge exchange with stakeholders (in turn increased trust). • Increased influence and impact through engaging stakeholders on pertinent issues and increased awareness of policy developments. • Improved articulation of how and where we have impact.



**Glasgow Centre for Population Health
Management Board Meeting
14 March 2024**

Budget position: 1st April 2023 to 31st January 2024

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2023 to January 2024 detailing expenditure of £1,347,528 against a full year budget of £1,767,634 which included £135,084 of reserves.
- The planned budget is comprised of the following streams of funding:

	£
• Annual SG allocation	1,300,000
• NHS GGC funding for "one off" payment	16,275
• External income from partners and others	167,069
• Brought forward from prior year	284,290

Commentary on Table 1

1. It should be noted at this point in the year the allocation from SG remains outstanding. £1,300,000 is anticipated in the accounts. Assurances have been sought from SG and it is expected the allocation will be forthcoming shortly. It is hoped pay uplift for 22/23 and 23/24 will be added to the allocation.
2. Spend against staffing, the largest component part of the budget, continues to track close to budget despite a number of unforeseen changes:
 - Two members of staff have left post since the last finance update (December 2023) - one post has been successful recruited to, with the other post being left vacant for the time being.
 - The secondment arrangement with Strathclyde University has recently been increased in terms of the number of hours seconded thus further offsetting the core salaries line.
 - Late invoicing from University of Glasgow in respect of a previously shared post (Knowledge Exchange and Community Engagement officer) has now been processed.

The net impact of these changes indicates a small underspend against staffing is now likely.

3. The receipt of income from partners is as expected at this point in the year and further invoices will be raised as the year progresses.
4. Project spend has increased somewhat in recent months due to the allocation of funds to the Glasgow City Food Plan. This alongside other planned commitments has ensured the project funding will be fully committed in year.
5. Late charges from the University of Glasgow in respect of accommodation have all now been processed. This has resulted in a small overspend on this line
6. The plan to facilitate the upgrade and migration of both the GCPH and Understanding Glasgow websites is underway, and costs are beginning to flow through. At this point in the year, it is still expected that the Communication budget will be fully utilised.
7. At this point in time there is a minimal call on reserves, largely due to the late invoicing from prior years, reducing the available reserve to £131,324.
8. GCPH has recently been successful in leading, on behalf of the Glasgow City Food Plan, a collaborative application for a Cash First Partnership, under the Scottish Government's "Cash-First: Toward Ending the Need for Food Banks in Scotland" plan. The Partnership award to Glasgow City (see further update in General Update paper Paragraph 17) includes funding of £200k over 24 months. This award is bringing £25,500 via the GCPH in the current financial year, with further instalments due to make up the total scheduled in the subsequent two financial years. The award will see the employment of a Partnership Development Manager, hosted by GCPH. The remainder of the budget will be used to fund research projects, training and events. A fuller update on these funds will be provided for the next Board meeting
9. Board members should note that the facility to carry forward/ defer funds is not guaranteed and will be dependent on the commitments outstanding relating to external funders.

Fiona Buchanan
27th February 2024

Table 1. Budget position: 1st April 2023 to 31st January 2024

Financial Plan 23.24					
	<i>Income</i>	£	<i>Actual to Jan</i>	<i>Forecast Out-</i>	<i>Forecast</i>
			£	turn	Variation from
				£	Budget
					£
I 1	Annual SG Allocation	1,300,000	1,300,000	1,300,000	-
	GGC Funds for "one off Payment"	16,275	16,275	16,275	-
I 3	Other Income	167,069	133,026	172,869	5,800
	<i>Total Income 23/24</i>	<i>1,483,344</i>	<i>1,449,301</i>	<i>1,489,144</i>	<i>5,800</i>
I 4	Carry Forward from previous years	<i>284,290</i>	284,290	284,290	-
	<i>Total Available 23/24</i>	<i>1,767,634</i>	<i>1,733,591</i>	<i>1,773,434</i>	<i>5,800</i>
	<i>Expenditure</i>				
	<i>Research:</i>				
E 1	Action on Inequality	27,500	33,000	33,000	(5,500)
E 2	Understanding Health Inequalities	40,000	32,375	32,375	7,625
E 3	Sustainable Inclusive Places	17,000	37,532	37,532	(20,532)
E 4	Innovative Approaches to Improving Outc	25,000	19,340	25,000	-
E 6	Training & Development	5,000	1,695	5,000	-
E 7	Allocation to Networks	15,000	-	-	15,000
	<i>Total Research</i>	<i>129,500</i>	123,942	<i>132,907</i>	<i>(3,407)</i>
	<i>Communications:</i>				
E 8	Communications (including website proj	100,000	66,865	100,000	-
	<i>Total</i>	<i>100,000</i>	<i>66,865</i>	<i>100,000</i>	<i>-</i>
	<i>Management and Administration</i>				
E 9	Centre Management, Admin & Running C	25,000	26,167	26,167	(1,167)
E 10	Accomodation Costs	130,000	131,782	140,154	(10,154)
E 11	Core Staffing	1,248,051	1,051,772	1,242,883	5,168
	<i>Total Management & Admin</i>	<i>1,403,051</i>	<i>1,209,721</i>	<i>1,409,204</i>	<i>(6,153)</i>
	<i>Total Expenditure</i>	<i>1,632,551</i>	<i>1,400,528</i>	<i>1,642,111</i>	<i>(9,560)</i>
	<i>Balance</i>	<i>135,084</i>			