



**Management Board Meeting
Thursday 27th June 2024**

10:00 – 12:00 hours

AGENDA

Conference Room, Olympia Building

1. Welcome and apologies
2. Minutes of last meeting (March 2024), rolling actions and matters arising
3. General update (Paper GCPHMB/2024/457)
4. GCPH end of year report 2023-24 (Paper GCPHMB/2024/458)
5. Quarterly finance update and financial plan 2024-25 (Papers GCPHMB/2024/459 and GCPHMB/2024/460)
6. Initiating our Memorandum of Understanding partnership conversations (Paper GCPHMB/2024/461)
7. AOCB
8. Close and lunch

Date of next meeting: Wednesday 18th September 2024, 2-4pm



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

**Thursday, 14th March 2024
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 Greater Glasgow and Clyde
Prof Moira Fischbacher-Smith	Vice-Principal Learning & Teaching, University of Glasgow
Cllr Anne McTaggart	Councillor, Glasgow City Council
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Dr Anita Morrison	Co-Deputy Director, Health and Social Care Analysis Division, Scottish Government
Ms Michelle McGinty	Head of Corporate Policy and Governance, Glasgow City Council
Prof Laurence Moore	Director, MRC/CSO SPHSU
Prof Chris Pearce	Vice Principal for Research and Knowledge Translation, University of Glasgow
Dr Pete Seaman	Deputy 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>
754	<u>WELCOME AND APOLOGIES</u>	
	Mr Matthews welcomed everyone to the meeting. Apologies were recorded from Prof Chik Collins and Dr Jennifer McLean.	Noted
755	<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
756	<u>UPDATE ON PROGRESS SINCE DECEMBER BOARD MEETING</u>	
	Dr Seaman gave a verbal update on progress since the last meeting. The GCPH reflections paper was discussed at the EMT meeting on the 23 rd January and was sent to the Scottish Government (SG) on 21 st February. The paper included recognition of the funding constraints all sectors are currently operating under and laid out action on two timescales	

	<p>made a point that language of a national mission may be a distraction and added a note of caution.</p> <p>Prof Pearce did take the point about national mission, but said political capital is important and it is essential to have that carry over with the new Cabinet Secretary. Mr Matthews agreed and would be keen to see the focus and enthusiasm continue.</p> <p>Dr Morrison gave reassurance that the Population Health Plan will go ahead, although she didn't know if the language of national mission would be used.</p> <p>As a final point regarding the paper being shared more widely, Dr Seaman said GCPH are awaiting further conversation and agreement with SG as commissioners before it is circulated more widely.</p>	GCPH/SG
757	<u>GENERAL UPDATE</u>	
	<p>Dr Seaman spoke to the paper [GCPHMB/2024/454] and briefly highlighted several items.</p> <p><i>Governance and staffing</i> Unfortunately, the new CLT structure plan did not get approval for the Deputy Director post so they will be continuing as is for the moment. They are looking to resubmit once funding for next year is confirmed.</p> <p>From the meeting with Richard Foggo there was reassurance as far as possible on funding from SG.</p> <p>Under staffing, Rory MacLean has joined as digital communications officer and James Egan and Bruce Whyte have moved on or will be moving on to new posts.</p> <p><i>Political engagement</i> GCPH had an exhibition stall and panel display at Scottish Parliament on 6-8th February, the display is included as Appendix 4.</p> <p>The GCPH office hosted a visit from MSP Alison Thewlis.</p> <p><i>Partnerships</i> GCPH has been commissioned to undertake elements of the evaluation of Sighthill Bridge on behalf of Glasgow City Region.</p> <p>Glasgow has been awarded funds as part of the 'Cash First' partnership bids and GCPH is leading on this. The appointment of a Public Health Practitioner Specialist is underway.</p> <p>GHDRG – Dr Mairi Young will be working on this project 0.5 FTE until the end of the year.</p> <p>Dr Morrison said SG will confirm the 2024-25 funding award as soon as possible.</p> <p>In relation to loss of staff, Prof Fischbacher-Smith asked if these are key posts, if there is a risk to delivery, and if there are plans to refill? Dr Seaman agreed that a risk to delivery is possible. We do need to recruit but because of flat funding that might not be like-for-like, we need to reshape given our</p>	<p>To note</p> <p>To note</p> <p>Scottish Government</p>

	<p>current levels of funding, but we need reassurance that we can fund posts before we recruit.</p> <p>Regarding the Neighbourhood Profiles, Ms McGinty asked if Fiona Moss or Tom Jackson were linked into this with the Thriving Places work. Mrs Coyle will ask Bruce Whyte to link in with them. She added that there was a lot of discussion at the workshop about the Profiles, how these can be used and what else people might want to see from them.</p> <p>Under other Comms activities Mrs Coyle also highlighted:</p> <ul style="list-style-type: none"> - The GoCycle evaluation will now be jointly promoted and launched with Glasgow Life. It is a very positive evaluation. - They are still confirming speakers for the remaining part of the Seminar Series and in contact with Mikaela Loach about her speaking on climate change. They are also exploring having a film screening of Ken Loach's film 'The Old Oak'. - Mrs Coyle will email Prof McIntosh about ideas for speakers around a macro economy perspective. 	<p>Mrs Coyle</p> <p>Mrs Coyle</p>
<p>758</p>	<p><u>GCPH WORKPLAN 2024-25</u></p>	
	<p>Dr Seaman spoke to this paper [GCPHMB/2024/455] and gave a short presentation on the new format and structure [attached].</p> <p>For Communications, Mrs Coyle highlighted priorities for the year are more strategic, targeted and focussed on impact. They are trying to bring out the aspect of our work more by showcasing our researchers and participants to tell the story of the research.</p> <p>Dr Seaman highlighted that there are risks to delivery in staff turnover and in the ongoing financial challenge. Related to this is refreshing the MoU, discussion which will commence at the next Board meeting, noting this re-negotiation is taking place in very different times than the last one.</p> <p>Prof Pearce said the workplan looks very good. He would give a slight caution to not rely totally on just dissemination and communication, as engagement is deeper than that. Regarding the MoU, he would also recommend individual conversations with partners as well as collective.</p> <p>Following up on this, Prof Fischbacher-Smith said the University are meeting to discuss linked working. She will extend an invitation to Dr Seaman.</p> <p>Prof McIntosh suggested it might be good to have a clearer evidence base for the priority areas, as so much of the workplan follows from that.</p> <p>Ms McGinty said it was good to see the impact element in the workplan. Regarding the MoU, she thinks GCC would want to make sure this was aligned with the local improvement plan. Dr Seaman agreed that we need to make sure it is aligned with partner policies and priorities.</p> <p>Prof Moore said one thing he didn't see explicitly called out was income generation. Also, possibly linked to the point about engagement, there is probably things that GCPH is doing that are not explicitly clear in the plan. Dr Seaman said this would be linked to conversations on what is it about GCPH that's unique, what USP we can work with. Prof Pearce agreed and said people need to know why they would come to GCPH, what do you bring to the table.</p>	<p> Board Meeting March 24 work plan</p> <p>To note</p> <p>To note</p> <p>Prof Fischbacher -Smith</p> <p>To note</p>

	<p>Dr Seaman agreed we do need to strengthen this aspect of the plan. The Centre is losing team members who were central to this sort of networking previously.</p> <p>Prof Pearce suggested linking GCPH into how they do bid scanning at the university. Mrs Coyle said the Centre does do horizon scanning for some things but not necessarily funding bids.</p> <p>Dr Morrison wondered if the new priorities had been developed with the new EMT and asked about children and young people, which isn't mentioned but is a strategic priority for SG. She commented that the new visual communications have been noticed and these are good. Regarding the MoU she said please contact her for conversations. Dr Seaman said that children and young people are not a specific priority, but we do look at this in many projects.</p> <p>Dr Culshaw said the mental health work was still in development in the at a glance table and he needs to have a conversation with Dr Seaman. He said they are getting into very difficult times, and this is starting to impact and reduce services. It is challenging to define what we should look at and the nature of demand.</p>	<p>Prof Pearce</p> <p>Dr Culshaw/ Dr Seaman</p>
759	<u>FINANCE UPDATE</u>	
	<p>Dr Seaman spoke to the finance report prepared by Ms Buchanan [GCPHMB/2024/456].</p> <p>The only items of note were an anticipated small underspend in staffing and that the commitment of funding from Scottish Government is still outstanding.</p> <p>It was also noted that the facility to carry forward underspend in future is not guaranteed.</p>	
760	<u>GLASGOW HEALTH DETERMINANTS RESEARCH COLLABORATION (GHDRG)</u>	
	<p>Prof Moore gave a presentation on the new Glasgow Health Determinants Research Collaboration (GHDRG) [attached].</p> <p>Prof Moore explained what a HDRC is, that it is to build capacity for research, and what the Glasgow HDRC will do. The Glasgow bid was very different from the others funded, which were mainly built around the English model of NHS.</p> <p>The main focus for the GHDRG will be on child poverty and they have plans covering the five years funding, a governance model, a Research Policy Integration Model (RPIM) and a detailed logic model which identifies activities, mediators of change and outcomes both longer term and intermediate.</p> <p>As well as the five years of funding which was applied for, NIHR awarded an extra year of development funding, so it is a six-year contract. In the development year they will be establishing the HDRC, developing and piloting key elements of the RPIM and workshopping. There is a Gant chart and milestones to hit and a report to send to NIHR by July. They should then hear back by September/October for confirmation of the start of the five-year funding.</p>	<p> NHDRCG GCPH Board March 24.pdf</p> <p>To note</p>

	<p>Ms McGinty added that she feels the development year has been very positive and helped to develop a common language and perspective. She is looking forward to the future of the collaboration.</p> <p>There was agreement from the Board that this is an exciting venture.</p> <p>Prof Moore said NIHR are keen for the HDRCs to link up but are not providing any specific funding for this. GHDRRC are linking up with Aberdeen and Wales and aim to link up with Liverpool, Manchester and Bradford.</p> <p>Dr Seaman reported that Dr Mairi Young has been assigned to lead on this work from the Centre, with 0.5 FTE.</p>		To note
761	<u>AOCB</u>		
	No other committee business was raised.		
762	<u>DATE OF NEXT MEETING</u>		
	Thursday 27 th June, 10am – 12pm		To note

Rolling actions list (June 2024)

Board meeting date	Action	Responsibility	Update
14th March	Sharing and dissemination of the GCPH reflections paper for Scottish Government	Dr Morrison	GCPH presented the paper to the Scottish Government Learning Week in mid-May (see Para 12 of the General Update paper) and have been informed that the paper has been shared widely within Government and with the Cabinet Secretary for Health and the Minister for Public Health and Women's Health. The paper is now being reviewed internally ahead of publishing on the GCPH website and sharing more widely with partners after the election.
14th March	Paper on disinvestment in Wales by Rhiannon Tudor- Edwards highlighted for interest by Prof McIntosh.	Prof McIntosh	Papers shared with all Board members.
14th March	To share with GCPH a new GCC planning document.	Mrs McGinty	
14th March	To confirm the level of GCPH funding for 2024-25.	Dr Morrisson	A letter of comfort for GCPH funding for 2024-25 was received in late March 2024. Level of funding is still to be confirmed.
14th March	To speak with Prof McIntosh as to possible speaker names around macro economy perspectives for the Seminar Series.	Mrs Coyle	Mrs Coyle has made contact with Prof McIntosh and awaits feedback and an opportunity to discuss.
14th March	To extend an invitation to Dr Seaman to join University of Glasgow discussions about linked working, and approaches to horizon scanning for future funding bids.	Prof Fischbacher-Smith, Prof Pearce	
14th March	To speak further about potential support and research around mental health services.	Dr Culshaw, Dr Seaman	



**Glasgow Centre for Population Health
Management Board
27 June 2024**

General Update

Recommendations

Management Board members are invited to:

- Note this report providing an update on ongoing work and key developments since the March 2024 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. *Rev John Matthews OBE.* The June Board meeting marks the last meeting for Rev John Matthews in the position of Chair of the GCPH Management Board meeting, following completion of his two-year tenure in the post. John joined the Board in June 2018 as Interim Chair for a period of 15 months, before taking on the role of Chair in June 2022. During this time, John has provided constant support and encouragement to the GCPH management team and has always made a concerted effort to spend time in the Centre getting to know team members. We thank John for his commitment to GCPH, his leadership of the Board and support for our work and his focus on population health improvement.

We are delighted to welcome Dr Lesley Thomson KC to the role of GCPH Board Chair. Lesley is also the new Chair of the NHS GGC Board, following 5 years on the Board of NHS Lanarkshire where she served as a Non-Executive Director and Vice Chair. Lesley has had a long career in Law and was the Solicitor General for Scotland from 2011 to 2016. Prior to that, Lesley worked as a Procurator Fiscal in many locations across Scotland including serving as Area Procurator Fiscal in Glasgow and in 2016 was awarded an honorary Doctor of Law by the University of Glasgow. Lesley will join the June Board meeting as an observer before taking over the post of Chair from the September 2024 meeting.

2. *Memorandum of Understanding (MoU) – initiation of partner conversations.* The MoU which underpins our partnership agreement is due for renewal in April 2025. This will be an item on the agenda for the June Board meeting and a paper has been prepared to accompany the agenda item (GCPHMB 2024/461). A key factor to bear in mind is the role of the MoU agreement in our accommodation arrangement coming to an end in March 2025 - responding to which is a priority.

3. *GCPH Executive Management Team (EMT) meeting (April 2024).* The last meeting of the EMT took place on the morning of Tuesday 23rd April at the GCPH, with excellent attendance and engagement from all partner representatives. The note of the meeting is shared for information (see Appendix 1). A general update on priorities and progress across the work of GCPH was provided by Dr Seaman and included a discussion of the reflections paper produced for the Scottish Government. The EMT also considered and discussed the GCPH workplan 2024-25 approved at the March Board meeting and a detailed discussion of GCPH recruitment options following significant staff loss over the last 12 months and plans to initiate a phased recruitment process (also see Para 7). A brief update on the progress of the NHS GGC Director of Public Health report 2024 – Working Together to Stem the Tide ahead of publication was also provided. The next meeting of the EMT is scheduled to take place on Wednesday 24th July 2024.
4. *GCPH End of Year Report 2023-24.* The end of year report for 2023-24 has been prepared and circulated and is tabled for discussion and approval at this Board meeting (GCPHMB/2024/458). This report is presented in five sections. This includes an overview of 2023-24 including our purpose and focus, an update on GCPH progress and delivery during 2023-24, and end of year 2023-24 'At a Glance' table with RAG rating and a matrix document describing the position and achievements of individual projects in the plan as of the end of March 2024. The report also presents a detailed and comprehensive overview of GCPH outputs, activities and events and media analytics.
5. *Staffing.* After 17 years at GCPH, our colleague Bruce Whyte left GCPH at the end of May to take up a post at Public Health Scotland as an Information Consultant. Dr Mairi Young, Public Health Research Specialist, has also tendered her resignation and will leave GCPH in mid-July to take up at post with NHS Lothian. Following, 15 months on secondment to the University of Strathclyde, Dr Lisa Garnham has secured a permanent post as a Lecturer in the School of Social Work and Social Policy and will leave GCPH at the end of July. Our thanks and very best wishes go to Bruce, Mairi and Lisa for their contributions to GCPH over the years and for the future and their new roles.

We are also pleased to announce that Fazia Hansraj-Jackson took up the post of Public Health Practitioner Specialist at GCPH in early April and is leading our Cash First Partnership project (see Para 18 for further detail). Prior to taking up post Fazia was the anti-poverty task force manager for Perth & Kinross employed Giraffe Trading, a third sector organisation.

Our Director, Prof Chik Collins, will start a phased return to work from 1st July following a period of sickness absence.

6. *Recruitment.* At the April EMT meeting a paper was tabled and discussed relating to the substantial and unprecedented scale of reduction across the team profile as team members have moved on to new employment opportunities and into retirement over the last 12 months. At the last GCPH Board meeting (March 2024), the significant risk posed by the current staffing level to delivering the current work plan was highlighted. Our paper to the EMT proposed options for starting to re-filling our vacant, or soon to be vacant, posts to ensure the Centre's skill-base, relevance and profile responds to changed and continuously evolving circumstances and asked for support to commence an initial process of recruitment for Programme Manager resource, and as confirmation of resource becomes available, we would progress towards the recruitment of further posts. With the support of the EMT, and following discussion with NHS GGC HR and

Finance, the job description and critical service business case for the recruitment of these two posts (detailed through the completion of the Vacancy Request Form (VRF)) has been prepared and approved by the Head of Financial Management Accounts. This form is now with the Director of Public Health for consideration/approval. Further meetings have taken place with colleagues from the Public Health Directorate to discuss and provide justification for the VRF. A further verbal update will be provided at the meeting. Once fully signed the VRF will be submitted to the Corporate Management Vacancy Group for further scrutiny. All NHS GGC recruitment requests must follow this process as part of their 13-week delay on recruitment services and focus on efficiency savings. These processes are having an impact as to the speed we can move towards recruitment for these posts, and we will continue to progress to the best of our ability. We are also in discussion with our university partners as to the possibility of secondments or the commissioning of services due the significant implications of running a recruitment process which we currently face.

7. *Accommodation – Olympia Building.* GCPH were advised at the end of March 2024 that the University of Glasgow would not be renewing their lease of the third floor of the Olympia Building. Conversations are now underway with the Director of Property Development & Investment, University of Glasgow as to alternative available office premises. Office spaces available from Glasgow City Council are also being considered. Initial engagement with the staff team as to our requirements for our new office space have taken place and a small internal group has been established to guide the process. Accommodation will be a key consideration in the MoU discussion, as highlighted at Para 2, particularly as for the last ten years, it has been a key component of the University's partnership contribution given the co-benefits of the Olympia project and GCPH's role as an anchor tenant
8. *GCPH equalities work and taking forward 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. Gillian has provided four 90-minute sessions to date focused on: establishing ground rules and exploring power within the team; the showing of *A Class Divided* and follow-up discussion; and work on assertiveness and responding to difficult questions or challenges. The contract is to provide expert support and facilitation for the entire team over a period of around six to nine months.
9. *Finances.* The GCPH financial position paper from January to end-March 2024 is brought to this Board meeting for discussion and approval (paper GCPHMB 2024/459). The draft budget plan for 2024-25 is also brought for discussion (paper GCPHMB/2024/460).
10. *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 for 2024 was circulated to GCPH team members in May 2024. The team report was received in early June. Following engagement and discussion with the team on the findings and forward actions planned for July, a report will be brought the September 2024 Board meeting.
11. *Change to NHS Scotland working hours.* From 1st April 2024, the working week for NHS Agenda for Change staff in Scotland has been reduced. Full time hours have been reduced from 37.5 hours to 37 hours (pro-rata for part-time staff) without loss of earning. This change was communicated to GCPH team members via NHS GGC Core Brief and

through team meeting updates from the GCPH Office Manager. All team members have been informed of the changes to their working hours and had a conversation with their line manager as to the implementation of these changes for their working week. There has been no dispute to the introduction of this new guidance, and we will continue to keep under review. In line with HR guidance and advice, we have advised the NHS GGC Staff Side Partnership of the local arrangements for the implementation of the change to hours.

Developments and partnerships

12. *Presentation to Scottish Government learning week.* Following preparation and submission of our reflections paper '*Mobilising people to protect health: Challenges in population health and health inequalities in contemporary Scotland*' to the Scottish Government in February and positive feedback GCPH was asked to present the paper to Government colleagues during their Learning Week in mid-May. Led by Dr Seaman with contributions from Jill Murie, Bruce Whyte and Jennifer McLean, an overview of the paper alongside practical examples of approaches supporting population health improvement was presented. 189 government colleagues attended the online session with helpful feedback received and connections made for further discussion. Our reflections paper is now being reviewed internally ahead of being published on the GCPH website.
13. *Scottish Faculty of Public Health conference.* The annual Public Health Faculty conference took place at the start of May. This conference titled 'Inspiring Change' brought together eminent public health professionals and over 400 delegates to discuss the critical public health work and challenges. The event was attended by a number of the GCPH team, and saw Pete Seaman and Rory MacLean lead a well-received participatory workshop on the challenges of population health in difficult times, and Bruce Whyte present on the health benefits of pedestrian and cyclist commuting.
14. *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 were then informed that the application would be further considered by the Healthcare Charity Committee in mid-May. We have now been advised '*that application will be discussed in detail with colleagues in Population Health as they are the experts in this area and would be more experienced to advise if this is the best use of the limited budget without this block grant*'. We await feedback following this further consideration and outcome of the application.
15. *NHS Greater Glasgow and Clyde – Supporting the Health Board to mitigate poverty.* GCPH have been working with the Public Health Directorate at NHSGGC to help translate the role of poverty as both a cause of health inequality- as a key determinant of health need and further, as a barrier to accessing the health care and treatment that is required. This involved contributing to the Director of Public Health report 'Working Together to stem the Tide' with contributions from the GCPH team on the Editorial Team

(Chik Collins) and as Chapter Leads (Pete Seaman and Bruce Whyte). This was to maintain focus on the role of poverty and socio-economic inequality in identifying that the opportunities to work collectively to improve health, notably the role of the health service in both mitigating the continuing impact of inequality for those most severely impacted and actions to rebalance access to the positive determinants of health.

A subsequent step is continuing work to mainstream the understanding of poverty as a determinant of need and a barrier to accessing treatment. This will be through commissioning work reviewing existing examples of practice around poverty mitigation within health services. There will be a focus on poverty mitigation within services tackling the major health needs identified within the Scottish Burden of Disease analysis. The approach has been developed with colleagues in the Directorate of Public Health and will include a strong element of engagement and translation of findings within an NHS GGC context with senior managers.

16. *Clyde Metro project.* GCPH are in conversation with Glasgow City Council to explore the possibility of the Centre providing support in research, planning and testing the health impacts of the mass transit project. A key dimension would be Clyde Metro's adoption and support of the Capital Health Impact Assessment Tool (CHIA) and benchmarking regarding the provision of health service and mass transit's potential to positively impact these. We are exploring whether a one-year developmental opportunity could be created to support this key city region wide investment to which GCPH has already had a key role in developing. Discussions with GCC Neighbourhoods Regeneration and Sustainability Services are ongoing.
17. *CommonHealth Assets.* The fifth meeting of the CommonHealth Assets (CHA) Lived Experience Panel (LEP), led by Mohasin Ahmed and Jennifer McLean of GCPH, is took place in Bournemouth on the 14th and 15th March. The meeting was hosted by Vita Nova, an arts organisation and recovery community, and included a powerful performance of their play 'The Nest' which follows the lead characters Sam's struggle to leave her nest of addiction to drugs and alcohol. The meeting brought 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. The LEP provided advice and guidance to continue to inform the testing and refinement of the programme theories and the ranking of outcome statements using Q methodology. The LEP meeting was also attended by the new GCPH Digital Communications Officer who has created a number of excellent and engaging video outputs from the meetings as described further in Para 42. The final meeting of the LEP will take place in August 2024 in Glasgow.

Two panel members, Stacy and Benjamin also recently accompanied Mohasin Ahmed and Jennifer McLean to the Authenticity into Action conference at the University of Central Lancashire in mid-May, where they spoke about their participation in the LEP and what they have gained from being part of the Panel. This was the first conference that Stacy and Benjamin had attended.

18. **Funded projects**
 - *The National Institute of Health and Care Research (NIHR)* funded development year for the *Glasgow Health Determinants Research Collaboration (HDRC)* continues. The overarching aim of the HDRC is to address and overcome barriers Glasgow City Council experiences in making greater use of data and research in its policy and decision-making processes, particularly in relation to the wider determinants of health. This will be achieved by working to improve the availability

and accessibility of relevant research, developing research capacity and capability where required, and optimising the alignment of research with policy priorities.

GCPH has been involved in further developing capacity around community engagement and culture change. During the first 6 months of the development year (Jan-June 2024) GCPH has provided 50% time from Mairi Young as Project Manager. The role of the Project Manager has been to oversee all three workstreams of the HDRC to feedback to Governance and Management and offer admin support. To date this has involved supporting development of the HDRC website, providing feedback on key documents, attending meetings across workstreams, registering the research, and attending workshops.

- *Cash First Partnerships*. As highlighted in the report to the March Board meeting, GCPH is leading Glasgow's 24-month 'Cash First' partnership project, funded by Scottish Government through their "Cash-First: Towards Ending the Need for Food Banks in Scotland" plan (2023) to tackle food insecurity. The Public Health Practitioner Specialist, Fazia Hansraj-Jackson, who will develop the project started at GCPH in April, is managed by a Public Health Programme Manager (Jill Muirie) and supported by colleagues in GCC, HSCP and Trussell Trust. Fazia has been progressing through an induction plan which has involved meeting the many stakeholders and partners involved in addressing food poverty in Glasgow and developing an understanding of the connections between them, existing work, and available data as well as identifying gaps in knowledge and service provision. The first Fair Food For All Partnership meeting took place (merging the Glasgow City Food Plan Fair Food for All working group and the Food Poverty Pathfinder group) where there was agreement that the partnership will act as a Steering Group to the project. Fazia has also been attending national briefing meetings, peer learning network meetings and evaluation workshops. A detailed workplan and objectives for the project are being finalised. Also see Para 31 for early media coverage of the project.

Communications outputs and activities

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

Events and seminars

20. *Neighbourhood Profiles workshop*. At the last Board meeting we updated on a Neighbourhood Profiles workshop that we had hosted in February, the interest in and appetite for updated profiles and the intention to hold a similar workshop with community organisations. It has been necessary to put this work on hold for the moment until we have increased our analytic capacity within the team and are looking at several options to address this in the short to longer term.
21. A number of webinars have been hosted by our *Glasgow Food Policy Partnership* colleagues since the last meeting, supported by our communications team. This includes webinars on the [environmental and nutritional benefits of meat and dairy reduction](#) and climate-friendly alternatives; increasing access to healthy food – examples from Glasgow; and to coincide with Scottish Breastfeeding Week, a webinar on breastfeeding,

sharing the range of work being done in Glasgow and across Scotland to support breastfeeding at both an individual and societal level.

22. On 30th April, we were delighted to hold an event '*In conversation with Mikaela Loach*'. Mikaela is a climate-justice activist, best-selling author of 'It's Not That Radical: Climate Action to Transform our World', co-host of The YIKES Podcast, and in 2020, Forbes, Citizen, and BBC Woman's Hour named her as one of the most influential women in the UK climate movement. Mikaela is interested in how the climate crisis intersects with systems of oppression with the aim of making the climate movement a more inclusive space. The event was Chaired by Zarina Ahmad, Climate Change and Environment Officer at the [Council for Ethnic Minority Voluntary Organisation in Scotland](#). The two advocates spoke about the importance of looking at whole systems and collaborative action, rather than individual behaviours, in order to effect real change. They linked climate justice with racism and other systems of oppression, colonialism, health inequalities and social justice. They made a compelling case for tackling these issues together, rather than in silo, to create a world that works for all of us. The event was attended by 73 delegates. Mikaela also delivered one of the keynote presentations at the Scottish Public Health conference the next day.
23. On 4th June we hosted a screening of Ken Loach's film '*The Old Oak*' at the Glasgow Film Theatre. Themes central to the film that are relevant to our work, include poverty, racism, social inequalities, community, and food. The screening was followed by a short discussion and Q&A session with David Archibald, Professor of Political Cinemas, University of Glasgow; Amy Rich, Communities and Campaigns Officer, CRER; and Aekus Kamboj, Environmental Projects Co-ordinator, Cemvo Scotland; Chaired by Pete Seaman. The event was attended by almost 50 people.

Publications

24. [Go Cycle Glasgow: Evaluation of Glasgow Life's Go Cycle Community Fund](#) (Gregor Yates, Bruce Whyte) March 2024. As part of the UCI World Cycling Championships, 29 community organisations were funded up to £10,000 to deliver sustainable and inclusive cycling activities across Glasgow city by Glasgow Life. GCPH evaluated the fund on behalf of 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 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. A joint communications plan was developed with communications colleagues at Glasgow Life to maximise exposure of the evaluation. This included a joint press release with coverage secured in The Herald (see Para 34), a summary [infographic](#), videos of Gregor Yates and of one of the funded organisations 'Women on Wheels' talking about the evaluation, and a learning event at the Emirates Arena in May.
25. [Economies for Healthier Lives: year 2 evaluation report](#) (Gregor Yates, Valerie McNeice) March 2024. This report summarises the progress and key learning from year two of the Glasgow City Region (GCR) [Economies for Healthier Lives](#) project, one of five Health Foundation funded projects across the UK. Each partnership aims to promote health and reduce inequalities by strengthening the relationship between economic development and health. The GCR project has involved developing a Capital Investment

Health Inequalities Impact Assessment (CHIA) tool, which will be used to inform decision-making on capital infrastructure projects in the region. Specifically, it will prompt consideration of the implications for health inequalities and how to maximise community benefits. The 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. It offers recommendations to support the next phase of work, including establishing a new way of working with the Community Panel, continued consideration of how to facilitate co-production, and applying systems thinking to support better outcomes.

26. [Examining the social determinants of LGBT+ health and wellbeing: A scoping review of evidence, unmet health needs and policy implications](#) (Chris Harkins) May 2024. Written in collaboration with LGBT Health and Wellbeing, this paper summarises findings of an evidence scoping review of over 200 UK studies examining the contemporary social determinants of LGBT+ health and wellbeing. The review looked at individual groups within the LGBT+ community and the ways in which unmet public health needs are manifest at different life stages. The studies examined demonstrate that LGBT+ groups experience mental and physical health inequalities and life-course discrimination, microaggressions and minority stress. After presenting evidence relating to LGBT+ health inequalities under seven interwoven themes, the report identifies five priority unmet health needs and offers a series of policy recommendations. These include improving public health surveillance of LGBT+ health and inequalities; the development of national public education campaigns highlighting these inequalities and discrimination; the continuation and further development of preventative mental health support specifically targeting LGBT+ adolescents, LGBT+ older people and transgender people; and embedding adequate, regular, up-to-date training on LGBT+ health inequalities and barriers to accessing services across public services. The report was featured in *The Herald* on the day of publication (see Para 35). Dissemination includes a discussion workshop with key stakeholders planned for mid-September, presentations to specific groups and forums and some focussed discussions with Scottish Government colleagues.

Forthcoming publications

27. *Mobilising People to Protect Health: Challenges in Population Health and Health Inequalities in Contemporary Scotland*. Following a number of requests from partners and approval from our funder, the reflections paper that was produced for Scottish Government in February is now being prepared for external publication and wider dissemination following the UK elections. Anticipated publication August 2024.
28. *Thrive Under 5 Year 2 Evaluation: Piloting approaches to support child healthy weight in three Glasgow neighbourhoods* (Gregor Yates). Anticipated publication July 2024.

Journal articles

29. Ajetunmobi O, McIntosh E, Stockton D, Tappin D, Whyte B (2024). Levelling up health in the early years: A cost-analysis of infant feeding and healthcare. *Plos ONE* 19(5): e0300267. <https://doi.org/10.1371/journal.pone.0300267>. This was accompanied by a blog by one of the report authors (see Para 41). It was also chosen for press release by the journal.

30. Friel C, Walsh D, Whyte B, Dibben C, Feng Z, Baker G, Kelly P, Demou E, Dundas R. The health benefits of pedestrian and cyclist commuting: evidence from the Scottish Longitudinal Study. *BMJ Public Health* (in press). Anticipated publication: end-June.

Media

31. Coverage of Cash First project and GCPH role in Glasgow project on *Glasgow Live*, [‘Glasgow emergency cash payments to help cut foodbank use agreed by council’](#). 22 March.
32. How Glasgow gets around’ infographic featured in *Horizon Glasgow* article [‘Pay as You Glas-Go’](#). 25 March.
33. Chris Harkins interviewed for *Holyrood Magazine* article [‘Reaching out: A new lifesaving drive shows how to connect with Scotland’s diverse communities’](#). 26 March.
34. Coverage of Go Cycle evaluation in *The Herald* following joint press release with Glasgow Life, [‘Funding call after UCI Championships Glasgow cycling scheme’](#). 27 March.
35. Coverage of LGBT+ scoping review in *The Herald* [‘Trans people facing ‘worst societal’ discrimination’](#). Also featured on [Glasgow City Of Science & Innovation](#), [University of Glasgow](#) and [news.myScience](#) websites. 29 May.
36. Breastfeeding journal article featured on *MSN* following PR by journal *PloS ONE* [‘Study quantifies health and economic benefits of breastfeeding’](#). 30 May.
37. 2022 stalling mortality report referenced in article by Susan Aitken, Leader of GCC in *Glasgow Times* [‘Economic austerity is a key factor on people dying younger’](#). 12 June.
38. Article on breastfeeding webinar featured on [healthandcare.scot](#) [‘Breastfeeding in Glasgow: a collective responsibility’](#) on 18 June.

Digital

39. The migration of the [GCPH](#) website to a new Content Management System is now complete. The new website went live at end-April.
40. The focus has now moved to the migration of the Understanding Glasgow website to the same, new Content Management System. The build of the indicators section is complete with several members of the communications team working with Katharine Timpson and Mairi Young on the migrated indicators content. The developers are now building the profiles section of the website with completion expected over the next few weeks. With the departure of Bruce Whyte who led this project, and the imminent departure of Mairi Young, capacity is an issue. Options of how to address this in the short to medium term are currently being considered. In the interim, the project is being co-led by Katharine Timpson and Jennie Coyle.

41. Since the last meeting, we have circulated three issues of our e-update to our network subscribers in [March](#), [May](#) and [June](#). Unfortunately, we encountered a problem with our May newsletter due to changes to DNS settings which made the e-update appear as suspicious email in many servers. This resulted in over 300 of our subscribers unsubscribing from our network. The issue has now been resolved and we have put a number of measures in place to try to recover some of these lost subscribers.
42. One element of our social media strategy is to create more digital outputs which leverage our researchers, research participants, and community members as the story tellers. We recently produced four videos from the CommonHealth Assets Lived Experience Panel meeting in Bournemouth which share learning from the perspectives of the panel members and researchers involved in the project.

[Mohasin Ahmed on Patient and Public Involvement in research](#)

[Lived Experience panellists describing their experience of being involved in the study](#)

[Two of the LEP members, Tawa and Dudley, talking about Vita Nova and their journey in recovery](#)

[Principal Investigator, Prof Rachel Baker, on the value of the lived experience panel on the project](#)

43. The following blogs have recently been published:

[‘The Power of Performance’](#) by Mohasin Ahmed

[‘More than milk: the case for breastfeeding in Scotland’](#) by ‘Tomi Ajetunmobi.

[‘Exploring the impact of the Lived Experience Panel: Insights from CHA project researchers’](#) by Mohasin Ahmed

**GCPH
June 2023**

Appendix 1: Note of EMT meeting, April 2024



Meeting: Executive Management Team Meeting
Date: Tuesday 23rd April 2024
Place: Conference Room, Olympia Building

Attendees: Jennifer McLean (GCPH, chair), Fiona Moss (GHSCP), Anna Baxendale (NHS GGC), Pete Seaman (GCPH), Gerry McCartney (UofG), John Sherry (GCC), John Dawson (PHS, Observer), Katherine Myant (SG, Observer), 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 Jen McLean. Apologies were noted from Laurence Moore (University of Glasgow), Chik Collins (GCPH), Jennie Coyle (GCPH) and Frankie Barrett (Glasgow City Council).</p> <p>The note of the previous meeting was accepted as accurate. One matter arising not covered under other agenda items was discussed – the discussion and signing of the new Memorandum of Understanding. This will be a key process over the coming year and is due for renewal April 2025. It is proposed to begin individual conversations with each partner, before agreeing the more contractual document. There was support for this approach, and GMcC asked about adding other partners such as other universities, voluntary/3rd sector organisations. PS said this has been raised before with the question would be who to bring in to represent the 3rd sector.</p> <p>AB said to think about work done before with the Management Board around the USP of GCPH and emphasised awareness of the current financial situation of partners.</p> <p>GMcC suggested negotiating further with UofG, particularly around office space. JMcl highlighted that UofG have confirmed they will not be renewing the lease on the Olympia beyond April 2025. Conversations are now underway with UofG Estates and Buildings.</p>	<p><i>To note</i></p> <p><i>To note</i></p> <p>GCPH</p>
2.	<p>General update, including SG reflections paper PS updated on the SG paper, which was submitted on 21st February and has been shared with the Board. GCPH have been invited to discuss with SG colleagues on 14th May as part of their learning week and to inform the development of their 10-year Population Health Framework discussions.</p>	<p><i>To note</i></p>

	<p>KM said it was a very good paper and well received. It has been sent to the new Cabinet Secretary and Jenni Minto in her remit as Minister for Public Health and Women's Health. KM also highlighted that there were helpful macro/mid-level suggestions for the new Population Health Framework. They hope to have a draft of the supporting narrative and the framework by the beginning of summer and there is space for GCPH to provide evidence-based advice and feedback. JS commented the GCC 10-year Improvement Plan has a whole suite of practical approaches and interventions to support population health improvement.</p> <p>Although not raised by the GCPH Board, GMcC thought GCPH framed the implementation gap well. He thought the policies the UK government put out were implemented well, especially in relation to austerity, they were designed to do what they in fact did, the impacts of which are now clear.</p> <p>FM thought the 'how you do it' does matter. Short termism continues to be a problem in some areas. Some correct right policy decisions were made but implemented in perhaps less effective ways.</p> <p>AB said there were different levels of implementation to consider, the macro and city/local etc. The practical level implications are important to think about, and how to support this process.</p> <p>PS reported he will be doing a participative workshop on the paper at the Scottish Public Health conference and would welcome KM sharing the key points from her summary of the paper, which KM agreed to do.</p> <p>Other general update items to note:</p> <ul style="list-style-type: none"> • We have received a letter of comfort regarding funding from Scottish Government for the 2024-25 financial year. • iMatter, the NHS staff experience questionnaire for 2024 will be issued to staff in mid-May. There is concern about staff morale this year given ongoing uncertainty. • The literature review on poverty with NHSGGC missed the end of year cut off as the proposal from the company was not submitted. We have been informed we are not able to carry forward that money into 2024-25. PS will discuss with NHSGGC how to proceed. Anna indicated that this was not currently time sensitive. • The LGBTQ+ unmet health needs paper is nearing completion but given the wider current public context it has been decided to pause publication briefly. As usual a copy will be shared with partner key contacts and their press teams. FM suggested sending it to Nicky Coia and Jac Ross for further review and insight. GMcC highlighted that a consequence of the 'culture war' around these issues is delays like this to these publications. JMcl said we are also discussing having a small invite only event after publication. The report to also be shared with Emilia Crighton via AB. 	<p>SG/GCPH</p> <p>KM</p> <p>To note</p> <p>PS/NHS GGC</p> <p>GCPH</p>
<p>3.</p>	<p>GCPH work plan 2024-25</p> <p>The work plan was approved at the March Board meeting and the Board passed on their thanks to the team. This year's plan takes into account the context of finance and team makeup and the focus is on fewer, but more impactful projects.</p> <p>Comments from the EMT were:</p>	

	<ul style="list-style-type: none"> • JS liked the Evidence <i>for</i> and <i>into</i> Action teams and is keen on this for the GCC Improvement Plan. He thinks the 'into' Action will be interesting regarding the implementation gap and how to put policies into action. • AB asked, given staffing issues, is there perhaps something we need to consider about what are the essentials? JMCL said this plan was developed bearing in mind capacity and priority level. • JD said what he was hearing was we have a plan, we go forward as far as possible until/if it needs to adapt. He highlighted Paul Johnstone's visit to Glasgow (including the GCPH) and how shocked he was with the short termism funding supporting services and projects across the City. • There was discussion on funding issues and how much time is spent chasing money. There is a lack of alignment and AB asked if there is something about looking at the work plan and seeing what is relevant and/or helpful for this. 	
4.	<p>GCPH recruitment options</p> <p>This paper presents options to address current GCPH vacancies and to initiate a programme of phased recruitment. We are looking to recruit two new programme manager posts, and would be recruiting on the basis of the SG letter of comfort and as a matter of urgency.</p> <p>AB recommended moving on the recruitment process with NHSGGC HR as soon as possible. She highlighted that band 8A's and above have to be approved by Jane Grant.</p> <p>GMcC thought that the situation might be worse than in the paper because by the time the recruitment process goes through and is unlikely to be attractive to candidates. He suggested the option of secondments, possibly from the University. He thought there could be more creative ways of approaching this, perhaps as part of the MoU discussions. There was also a suggestion we should review our approach to secondments out of the Centre given the risk to service delivery.</p> <p>FM highlighted HSCP have stopped seconding out staff so they wouldn't be able to allow any staff to move via this route, but she thought the universities were different.</p> <p>GMcC suggested PS sends him an email about what the ask would be for the University regarding secondments, and he can help open communication channels about this internally.</p> <p>AB suggested maybe we see this as a short-term situation and that discussions around the MoU should include the short-term annualised arrangements. GMcC pointed out although GCPH had short-term funding they had long-term staff, which was a very different situation. He also pointed out unless recruitment is progressed there it a potential for a big underspend this year, which is not a good situation.</p>	<p>GCPH</p> <p>PS/GMcC</p> <p>To note</p>
5.	<p>Working together to stem the tide: DPH report 2024</p> <p>AB shared a brief update. She had been asked not to share the slides until they are presented at the NHS Board meeting and will share with the group when possible.</p> <p>The 2024 report contains a refreshed set of calls to action for the Board and its partners to improve public health outcomes through collaboration and collective action.</p>	<p>AB</p>

	AB suggested we may wish to have a fuller discussion about the public health priorities and actions once it has been published.	<i>To note</i>
6.	Partner updates FM reported the HSCP is still undertaking budget planning.	<i>To note</i>
7.	AOB There was no other business raised.	
8.	Date and Time of Next Meeting Wednesday 24th July 2024, 2-4pm at GCPH. It was suggested this could be brought forward if required by GCPH colleagues.	<i>All/GCPH</i>



**Glasgow Centre for Population Health
Management Board Meeting
27 June 2024**

End of year report 2023-24

This paper is presented in five sections:

1. Overview of 2023-24: GCPH ways of working
2. GCPH progress and delivery during 2023-24
3. End of year 2023-24 'At a Glance' table
4. Programme tables and individual project milestones
5. GCPH communications outputs, engagement activities and digital analytics

Section 1. Overview of 2023-24: GCPH ways of working

1. With a core focus on improving population health and reducing inequality, the Glasgow Centre for Population Health (GCPH) conducts research of direct relevance to policy and practice and works with partners to identify solutions and support change. The GCPH achieves its purpose through delivery of trusted evidence and practical support for partners working to create better and more equal health.
2. GCPH is a partnership between NHS Greater Glasgow and Clyde (NHS GGC), Glasgow City Council (GCC) and the University of Glasgow and funded by the Scottish Government as – because improving population health and reducing inequalities requires the effective collaboration of multiple organisations and agencies; it requires concerted and aligned action across a range of organisations, disciplines, policy and practice areas.
3. This formal partnership enables us to work across the boundaries of research, policy and practice. It also enables us to respond to, align with, and influence local and national priorities. In this way we fulfil a distinct role within the public health landscape in Scotland.
4. With a core focus on improving health and reducing inequality, our purpose is to understand the patterns and causes of Glasgow's enduring poor health in partnership with end-users in policy making and delivery; identify and evaluate the types and mix of potential solutions, policies and practical actions for improvement; and inform, influence and support our partners and stakeholders to take the action required in response to our evidence – at both a local and national level.
5. Our work has a substantial focus on Glasgow but has a wider relevance – at a community and service level, to other cities, nationally and beyond. This focus on Glasgow and the West of Scotland has enabled an unprecedented depth of understanding and insight into underlying trends and what services, interventions and

approaches can create better and more equal health. It has enabled the development of the networks, relationships and trust necessary to deliver change.

6. With 60% of the estimated detrimental impacts on the health of the population coming from socioeconomic and environmental factors¹, addressing the wider determinants of health will provide the greatest opportunity to improve health and wellbeing for our population and make a significant contribution to reducing service demand. It also makes our communities health enhancing places for people to return to after treatment.
7. Internally, and from a governance perspective, GCPH has its own Management Board chaired by a non-executive director of NHS GGC and the chair of the NHS GGC Population Health and Wellbeing Committee, with representative from each partner organisation. Since January 2023, GCPH has become more closely aligned with the work and priorities of the NHS GGC Public Health Directorate, through the management of the GCPH Director and membership of the Public Health Senior Management Team.
8. GCPH is not a front-line service delivery organisation, but an organisation and team of individuals who work collaboratively with a wide range of stakeholders and partners in Glasgow and beyond from a range of sectors, organisations, professions and communities.
9. Our work supports service delivery and transformation, the evaluation of services and interventions, the analysis of trends and patterns in population health, engagement with communities and public involvement in research and service redesign, and local and national policy influence and development.

Purpose and focus during 2023-24

10. During 2023-24 our purpose remained to: Work 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.
 - The co-development and evaluation of responses alongside partners in service delivery and in communities.
 - A highly effective communications strategy, growing and diversifying our networks and adapting outputs accordingly.
11. Achieving this rests on the Centre's work being translatable into practice, strategy and policy through close working with our core partners (NHS GGC, Glasgow City Council, Glasgow City Health and Social Care Partnership and the Scottish Government) and other key actors in the voluntary sector and academia. Our work is underpinned by an understanding of how the Centre adds value to the range of partners who hold the levers to creating better conditions for improved and more equal health outcomes.

1

<https://www.stor.scot.nhs.uk/bitstream/handle/11289/579831/Public%20Health%20Strategy%202018%20-%202028%20A4%20-%20Landscape%20-%2010-08-18-01.pdf?sequence=1&isAllowed=y>

12. In 2023-24, our work was focused on:

- Understanding and mitigating the health impacts of ongoing financial austerity and the cost-of-living crisis that has a role in the creation of vulnerability to poor health and health care demand, particularly for sections of the population where vulnerability is greatest.
- Closer alignment with the work of our key partners, especially in NHS GGC, GCC and the Health and Social Care Partnership (HSCP) to make our work supportive of their service priorities and challenges
- Supporting the shared pursuit of a more equitable and sustainable economy.
- Supporting the creation of connected, inclusive and empowered communities and places.

Impact and influence

13. Although evidence is foundational to change, we know that the achievement of change in policy and practice also requires the establishment of relationships to allow learning and common purpose for action to develop. Our work is directed at the long-term outcome of improved healthy life expectancy and a narrowing of health inequalities, and in the short-medium term, the mitigation of the consequences of the unequal and unfair distribution of access to the determinants of health.
14. We support the utilisation of evidence and insight around the causes and consequences of health inequality through close and trusted working relationships with a wide network of partners to align our work to both strategic and operational needs. This is aligned with our focus on how we communicate our research and with whom to ensure it is relevant, accessible, inclusive and widely shared and used.

Communications

15. The communications function and annual workplan supports the overall remit of GCPH and the four work programmes. This involves strategic and responsive use of a range of communication channels and tools to ensure the most appropriate and maximum exposure, reach and impact of our research. It responds to our established reputation for high-quality and accessible communications that consider a range of audiences.
16. During 2023-24, we utilised a range of communication channels and tools based on our understanding of the role of communications in processes of change and engaging different audiences. This included increasing our digital and social media presence, a series of both in-person and online seminars, targeted dissemination events, the publication, dissemination and promotion of a range of research reports and accompanying infographics and summaries, and use of traditional media.
17. A key priority over the year was the development and migration of our two websites, the main GCPH website and the Understanding Glasgow website, to new Content Management Systems. The GCPH website went live in April 2024 and the Understanding Glasgow website will be completed later this year. The development of our social media channels and other digital outputs has also been a priority since our new Digital Communications Officer, came into post at the start of January 2024. A new development during the year has been the use of video outputs to engage audiences on our social platforms, and which centre our researchers, research participants, and community members as the story tellers of the research. Early analytics are encouraging. We will continue to monitor and utilise key metrics and analytics to inform our communications over 2024-25.

Section 2. GCPH progress and delivery during 2023-24

18. This report demonstrates the delivery of the GCPH 2023-24 workplan, across our four programmes of work and our Communications function, in collaboration with our partners and stakeholders. Collectively, it presents evidence-based progress and understanding of the underlying patterns and causes of health and health inequalities. Our work has focused on working in the solutions spaces and the identification of actions that can help in confronting and addressing the current challenges of population health.
19. The reports highlights work that we have undertaken on behalf of and also in partnership and collaboration with GCPH core partners and many other organisations across the social determinants of health, from housing and homelessness to access to healthy food and sustainable travel to inclusive economy and patient and public involvement in research. Our work also continues to have a clear focus on health and wellbeing of those with protected characteristics under the duties of the Equalities Act. This has included work examining the cost-of-living impacts on disabled people, the initiation of an evidence review exploring the health and wellbeing of the LGBT+ community, and our continued internal focus to become an anti-racist organisation and the embedding of EQIA.
20. The Centre's way of working continues to be grounded in our long standing role within networks of policy and delivery and achieving impact by aligning evidence-based insight with the operational priorities our partners in delivery. As is clear from this report, this is through co-producing work with partners and end-users, from work focussing on data collection or on how insights are used to influencing and leading to concerted action necessary to address population health challenges.

Working to generate external funding

21. During 2023-24, GCPH generated significant income from our contribution, input and advice to a number of externally funded projects. This included the AHRC funded CommonHealth Catalyst, GALLANT: Glasgow as a Living Lab Accelerating Novel Transformation, Glasgow Life, Glasgow City Region Project Management Office, the ongoing NIHR funded CommonHealth Assets and the newly funded Scottish Government Cash First Partnership and the NIHR Health Determinants Research Collaboration (HDRC). These projects demonstrate the ability and commitment of team members to partnership working with academic and statutory partners, either through the development and successful funding of project bids or direct commissions to GCPH. These projects demonstrate the often unique expertise, skills and agility that team members bring to projects. The generation of external income supplements the GCPH core funding which supports programme activity development.

Working for change

22. 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 as demonstrated in the case studies presented below.
 - *Understanding poverty as a driver of health care demand*
 - *The Glasgow City Food Plan and Summit*
 - *The role of lived experience in research*

- *Full of Beans – A Glasgow Food Policy Partnership campaign*
- *Moving from homelessness into social housing*

23. Sections three and four of this report present a notable range of projects delivered by the GCPH team during 2023-24. The tables in Section four provide detailed end of year positions across a range of focused areas of work and activity related to the social determinants of health, and delivered in partnership, and often on behalf of, Glasgow City partners and with cross sector stakeholders, community organisations and academic partners.
24. Our tables in sections three and four detail 37 separate projects and areas of work. At the end of year (March 2024), 35 were rated 'green' and were completed, ongoing or on track for completion in line with the project milestones. Two were rated 'amber' due to delays in the availability of data and external capacity to progress. No projects were rated 'red'.
25. Section 5 of this report presents a comprehensive overview of the outputs, events and activities published and delivered by GCPH in 2023-24 and associated digital analytics and metrics demonstrating the reach of our website and social media engagement.

Challenges to delivery

26. The delivery of the 2023-24 workplan has also faced significant challenges which it would be remiss not to highlight in this end of year report. The past year has seen a substantial and unprecedented reduction across the team profile as team members have moved on to new employment opportunities and into retirement. This has included three Public Health Programme Managers, a Public Health Research Officer and a Community Engagement and Empowerment Manager, a total of 5 FTE. Due to fiscal constraints, NHS GGC efficiency savings drive and the uncertainty of future GCPH funding these posts were not refilled. The vacation of posts during the last 12 months has had an unsettling effect on the team and represented a risk to the delivery of our 2023-24 work plan, the later being managed by reallocation of capacity and skills across the team and infrastructure. The phased recruitment to a number of these post is a priority for 2024-25. We are currently considering ways we can deliver on the core functions of the Centre impacted by absence of these posts, involving reallocation of existing resource, secondments and commissioning as well as backfilling roles for functions unable to be filled through these approaches.
27. Alongside core Scottish Government funding to GCPH, the facility to carry forward/ defer funds from one year to the next has enabled GCPH to allocate funding for programme delivery and developments and to our communications function. Due to new NHS GGC financial audit process the ability to carry forward funds was not guaranteed and was dependent on the commitments outstanding relating to external funders. This position was also related to our inability to recruit in year for vacant posts due to an increased staffing bill due to pay uplifts and an associated one off payment to NHS employees. At time of writing and in the preparation of the GCPP budget plan for 2024-25 it is anticipated that carry forward funding will be available.

Resources

28. Delivering of the workplan during 2023-24 has required a broad set of skills including specialism in a range of data collection, analysis and interpretation methods; research and evaluation; community engagement; and communications. The 18 members of the GCPH team during 2023-24 have demonstrated expertise working across the domains

of public health, research, national and local government policymaking, the third sector, communications, administration and community engagement.

29. All team members have shown an alertness to partner priorities and have combined analytical credibility with an understanding of the ways of working necessary to translate research evidence into policy and practice.
30. The 2023-24 work plan was delivered against a budget of £1,747,634 comprised of core funding from Scottish Government (£1.3m), additional external income for individual project delivery and contribution (£167,069) and an approved carry forward (£284,290) as detailed in the 2023-24 Budget Plan and quarterly finance reports brought to the GCPH Management Board. As of the end of March 2024, the Centre is in the position to conclude the financial year (2023-24) with an underspend of £240,109.

Case studies of practice and impact

32. To highlight our approach to working for change, the following section showcases some of the continuing ways we build common purpose for achieving impact when working with and across the multiple partners who can address the determinants of health.

Understanding poverty as a driver of demand

GCPH have been working with the Public Health Directorate at NHS GGC to help translate the understanding of how poverty acts as both a cause of health inequality- and determinant of health need, and further as a barrier to accessing health care and treatment.

Following our contributions to the Director of Public Health report 'Working Together to stem the Tide' that took account of the role of poverty and socio-economic inequality in producing population health outcomes and the role of the health can play in mitigating the continuing impact of inequality and the actions it can take to rebalance access to the positive determinants of health. We continue to work to mainstream the understanding of poverty as a determinant of need and a barrier to accessing treatment. A review of existing examples of practice around poverty mitigation within health services is being undertaken. There will be a focus on poverty mitigation within services tackling the major health needs identified within the Scottish Burden of Disease analysis. Developed in partnership with colleagues in the Directorate of Public Health the review will include a strong element of engagement and translation of findings within an NHS GGC context.

The second phase will provide messages that can be utilised to design and deliver services that remove barriers for those experiencing multiple dimensions of poverty, so they are more likely to access care, attend appointments and continue treatment.

Glasgow City Food Plan and Summit

The GCFP is recognised as a key mechanism for bringing greater coordination, collaboration and focused action to improving the food system in Glasgow. A Glasgow City Councillor is now designated to supporting GCFP delivery. The GCFP team are also closely involved in research and practice to improve the food system with academic colleagues at Glasgow, Strathclyde and Edinburgh Universities, as well as with GCC, Glasgow City HSCP, Glasgow Chamber of Commerce and NHS GGC. Glasgow has been recognised for its collaborative and intersectoral work to make the food system more healthy, equitable and sustainable by the [Sustainable Food Places](#) (SFP) network through the achievement of the [SFP Silver Award](#) in 2023 and is recognised in Scotland as being placed to meet the requirements of the forthcoming [Good Food Nation \(Scotland\) Act 2022](#).

The second Glasgow Food Summit, hosted by the Glasgow Food Policy Partnership (GFPP) took place at the Glasgow City Chambers on the 6th September 2023. This was a follow-up to the Food Summit held in May 2019, which initiated the development of the [10-year Glasgow City Food Plan \(GCFP\)](#). Attended by 110 people, the event was an important opportunity to reflect on the progress of the GCFP, to celebrate successes, to consider the challenges facing partners and to explore opportunities towards our shared goal of a fairer, healthier and more sustainable food system.

The event provided updates on the progress of the GCFP, including the [interim evaluation](#) findings, national food-related developments, learning from other UK and international work, and the opportunity to have participatory discussions on how to move forward with the Food

Plan. Positive discussions and feedback at the event have informed the prioritisation of the food plan for the next three years, including information sharing and engagement. Regular short webinars on topics relating to the Food Plan are being organised and the GCFP communications campaign [Good Food for Glasgow](#) has increased its reach with monthly podcasts and number of subscribers to the GFPP quarterly newsletter.

The role of lived experience in research

[CommonHealth Assets](#) project is a multi-disciplinary research project led by Glasgow Caledonian University, in partnership with UK academic and community partners, using a range of participatory and traditional research methods, to examine how, for whom, and in what contexts community-led organisations (CLOs) impact on health and wellbeing of those living in deprived areas. To ensure the project is informed and guided by ongoing community expertise and that findings are relevant and meaningful to community organisations, GCPH has led the project Lived Experience Panel (LEP) since February 2022.

The panel brings together 14 participants from the CLOs the project is working with. Members meet every six months in person at a project site to shape and inform the research methods and approach, to participate in activities relevant to the project phases, and to share information about their CLOs. Three panel meetings were held during 2023-24 – London (May 23), Belfast (October 23) and Bournemouth (March 24). The final panel meeting will take place in August 2024.

“The meeting today was very informative and enjoyable. I loved having the opportunity to provide further input & clarification.”

The project lead and researchers recognise and acknowledge the crucial and valuable role the Panel has played in supporting how research learning relates to real life situations and how they bring insights otherwise missed from stakeholder interviews. Visiting different sites across the country has added a layer of richness to understandings of how CLOs positively impact on health and wellbeing. The LEP final evaluation report will be published in late 2024.

“My experience has been very positive learning about all of the project and the research.”

‘Full of Beans’ is a city-wide campaign led by the Glasgow Food Policy Partnership (GFPP), which is hosted by GCPH, together with the Food and Climate Action team of the Glasgow Community Food Network (GCFN) linking directly to the Glasgow City Food Plan.

The Scottish diet is high in processed red meat and low in both fibre and vegetables. The cost-of-living crisis has made it difficult for many people to consume a nutritious diet. Solutions to improve diets equitably, whilst promoting planetary health are needed. The partnership campaign, aims to promote greater consumption of beans and pulses in Glasgow as part of a healthy, planet-friendly diet by:

1. Increasing knowledge about the benefits of growing and eating beans;
2. Providing practical skills to the general public on how to grow and cook beans;
3. Encouraging caterers to include more bean-based dishes on menus;
4. Involving growers in crop trials exploring the creation of a Glasgow specific bean.

The Scottish Alliance for Food has provided funding to evaluate the project. To date the campaign has had wide reach on social media and 81% of participants to campaign events said they are more likely to grow/cook/eat/serve more beans because of the campaign.

“We really enjoyed taking part in the campaign and value the work that GCFN and GFPP do. We feel that we met the goal of getting our customers to eat more beans by having the item on the menu for the whole month. We would absolutely like to get involved with similar campaigns in the future”.

Moving from homelessness into social housing: testing new approaches

Record numbers of people are living in temporary homelessness accommodation, whilst they wait for permanent housing. However, the process of moving from one to the other is complex – with tenants liable to pay two rents at once, often resulting in rent arrears and implications for their relationships with their social landlords.

This pilot project worked with partners in Glasgow City Council housing department, Glasgow’s Scottish Welfare Fund (SWF) team, homelessness support officers in two third sector commissioned organisations, staff in four registered social landlords (RSLs), a furniture organisation and tenants, to try to speed up the moving process, reduce arrears and ensure people are better settled in their new homes.

Following interviews with partner organisations and tenants and secondary data analysis, positive outcomes from the pilot were identified, including the support offered and improved SWF application outcomes. *“They got me my fridge and washing machine and the sofa, and they came to do the carpets, as well. [Support worker] was helpful.”*

Staff welcomed the increased capacity to work in partnership, and to understand one another’s roles and the difficulties different organisations faced *“It was good for us to see for ourselves what the RSLs are faced with, and for them hopefully to see what our guys are faced with. You know, better understanding of roles and responsibilities.”*

The process was complicated by the onset of the Covid-19 pandemic, however, valuable learning about how the partnership worked together was gained. A discussion event with practitioners and council staff was held and it highlighted a need to find out more about how these issues were addressed outside of Glasgow. This has led to a subsequent piece of research, which is now underway and will report in 2024/25.

Section3. End of year 2023-24 'At a Glance' table

PROGRAMME	AREA OF FOCUS	PROJECTS	TYPE	RAG RATING
1. Action on inequality across the life course	<i>Young people</i>	Long term, life course evaluation of Big Noise Scotland. On behalf of Sistema Scotland. With Audit Scotland.	Service impact evaluation	
	<i>Adult years and working age</i>	Moving from homelessness into social housing: testing new approaches. With Glasgow City Council.	Service transformation	
	<i>Housing</i>	Supporting transitions from temporary housing, examples from across Scotland.	Service transformation	
		SIPHER Collaborative – understanding policy processes and evidence in housing and public health. With University of Strathclyde.	Policy development	
	<i>Mental health</i>	Working with GHSCP/NHS GGC mental health hubs , Primary Care and mental health pathways: evidence translations.	Service transformation	
		Working with NHSGGC mental health services, tracking and exploring demographic, social, economic and cultural changes in demand.	Service transformation	
<i>Poverty as a barrier to service access</i>	Working with NHSGGC to develop responses which, through patients' engagement with healthcare services, mitigate the impact of poverty.	Service transformation		
2. Understanding health, health inequalities and their determinants	<i>Understanding Glasgow</i>	Website migration, re-development and maintenance.	Business as usual	
	<i>Excess mortality research</i>	Differences in the experiences of poverty/deprivation between Scotland and England.	Data analysis	
	<i>Changing health outcomes in Scotland and the UK</i>	Austerity and life expectancy across the UK. With University of Glasgow.	Policy development	
		Mortality trends by deprivation for Scotland, England and UK cities. With University of Glasgow.	Data analysis	
		Austerity and health projects (including mortality analyses and adverse birth outcomes).	Data analysis	
	<i>National and international analysis</i>	Update of comparative international mortality trends.	Data analysis	
		Analyses of causes of post-pandemic higher mortality	Data analysis	
		Analyses of historical changes to life expectancy in high-income countries.	Data analysis	
	<i>Health inequalities</i>	Modelling effects of income tax and social security benefits on health outcomes.	Policy development	
		Understanding health benefits of active commuting.	Policy development	
3. Sustainable inclusive places	<i>Sustainable travel and transport</i>	Evaluation of the health, transport and environmental impacts of Glasgow's transport infrastructure.	Service impact evaluation	
		Monitoring active travel trends.	Business as usual	
		On behalf of Glasgow Life , evaluation of GoCycle.	Service impact evaluation	

	<i>Sustainable food</i>	Glasgow Food Policy Partnership: Leadership and development of Glasgow City Food Plan.	System transformation	
		Sustainable Food Places Silver Award application.	Service transformation	
		Cash First Partnership to reduce the need for foodbanks (Scottish Government funded award).	Service transformation	
		On behalf of NHS GGC , evaluation of THRIVE Under 5.	Service evaluation	
	<i>Community Engagement and Empowerment</i>	Support application and delivery of CEE across GCPH programmes and in place-based projects.	Business as usual	
	<i>Climate emergency, adaptation and resilience</i>	Systemic approaches to economic, health inequalities and climate resilience. Contribution to GALLANT. With University of Glasgow.	Policy development	
		Climate and public health synthesis.	Policy development	
4. Innovative approaches to improving outcomes	<i>Promoting community-based participation</i>	Building a community research consortium in Lanarkshire (AHRC funded Common Health Catalyst). With GCU, NHS Lanarkshire, North & South Lanarkshire Councils.	Community engagement and Patient and Public Involvement	
		Community approaches that mobilise people as assets (NIHR funded Common Health Assets): Patient and Public Involvement lead. With GCU, community and UK academic partners.	Patient and Public Involvement	
	<i>Health Determinants Research Collaborations</i>	Glasgow HDRC with GCC, Glasgow City HSCP and UoG , to develop research culture across GCC to address health and inequality (NIHR funded).	Policy development and service transformation	
	<i>Equalities and racialisation in Public Health</i>	With Glasgow Disability Alliance , understanding contemporary influences on the health and wellbeing of disabled people.	Policy development	
		With LGBT+ Health & Wellbeing , understanding the health inequalities experienced by LGBTQ+ populations.	Policy development and service transformation	
		With GCC , older BME people, work and life transitions in Glasgow.	Service transformation	
		Equalities organisational development and internal EQIA systems at GCPH.	Business as usual	
	<i>Health and Inclusive economy in Glasgow City Region</i>	Supporting community wealth building (CWB) approaches across the Glasgow City Region. With the Glasgow City Region PMO.	Policy development and service transformation	
		On behalf of the Glasgow City Region PMO , evaluation partner in Health Foundation's Economies for Healthier Lives funded project.	Service evaluation	
		Supporting the health and wellbeing opportunities of the City Region's economic development strategies.	Policy development	

Section 4. End of Year Report 2023-24: Detailed work plan tables by Programme

Programme 1: Action on inequality across the life course

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
Young people	<i>Evaluation of Sistema Scotland</i>	CH With Sistema Scotland, Audit Scotland and partners	CORE	In collaboration with local and national partners, agreeing the social and health outcomes to be analysed in future reports planned for 2025-26. <i>To be undertaken over Nov/Dec 2023.</i> Review and renew the ethical requirements and approvals and related data sharing protocols: <i>undertaken Feb/March 2024.</i>	The next analysis is due for publication in 2025-26 and will consider early health and social markers of Big Noise Raploch participants, in comparison to a control group. Phase 2 will continue to be led by GCPH in collaboration with a range of local and national stakeholders and experts, overseen by a refreshed senior evaluation advisory group chaired by Audit Scotland.	Preparatory work for quantitative analysis. Audit Scotland committing resource to undertake qualitative work across Big Noise sites. GCPH evaluation of Sistema Scotland remains an impactful long-term project with several national partners involved in the advisory group including Scottish Government.
Adult years and working age	<i>Moving from homelessness into social housing: testing new approaches</i>	JE, LN, KT	CORE	<i>Publication late summer 2023.</i>	This work is supporting Glasgow City Council to develop preventative approaches to homelessness and is supporting sustainability of tenancy for groups with additional vulnerability. A pilot between GCC and four Registered Social Landlords has been developed to test a method of fast-tracking people from temporary accommodation into secure tenancies.	Report completed and published on the GCPH website. GCC stakeholder event to discuss report findings and recommendations (Nov 23). Evidence gaps highlighted in the report supported planned research in 24/25 to investigate how local authorities support transition from temporary into secure housing.
Housing	<i>Supporting transitions from temporary housing</i>	JE, KT	In development	In discussion: <i>start anticipated late 2023.</i>	Build on the learning from the GCPH homelessness report by investigating how Scottish council areas respond to the challenges of people moving from temporary homelessness accommodation into a new tenancy	Advisory Group reconvened. Field work commencing April 2024. Improved understanding and action to improve outcomes for those moving from homelessness into secure accommodation. Direct and indirect impacts on policy.

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
	<i>SIPHER Collaborative – understanding policy processes and evidence in housing and public health</i>	LG With Strathclyde University	CORE	SIPHER contribution to strategy and operational priorities of GCPH, <i>October 2023 and March 2024.</i> GCPH team member seconded to Strathclyde University.	Working with Scottish Government to understand housing and public health policy processes from a ‘systems’ perspective. Presenting findings, evidence and tools and investigating how they are used in policy settings, with recommendations for research and delivery organisations, and policy makers.	Work and impact within SIPHER is ongoing. Improve knowledge of evidence needs for policy partners. Improve quality and relevance of GCPH outputs on housing for policy audiences.
Mental health	<i>Supporting the development of integrated neighbourhood mental health hubs</i> Evaluation, needs assessment and evidence reviews on behalf of GC HSCP/NHS GGC	PS, KT, LN, LG	CORE	Primary care mental health evidence ‘translation’ Literature review on alternative delivery models and literature and data review to support integrated hubs’ needs assessment. <i>Publication of evidence review by end September 2023</i>	A collaboration between GCPH and NHSGGC Mental Health Services providing developmental and evaluative support to a new intervention to address service demand for specialist mental health services via Primary Care referral.	This works strand has ended as the Mental Health Hubs were not nationally funded . The outputs and learning were shared with partner agencies.
	<i>Mental health service demand tracking and exploration</i> On behalf of NHS GGC	PS	In development	To be agreed with the Deputy Medical Director, Mental Health and Addiction Service, NHS GCC. <i>Implementation early 2024.</i>	With NHSGGC mental health services, tracking and exploring demographic, social, economic and cultural changes in demand.	Working towards a clearer evidence-based narrative for MH services, informing direction of service change.

Programme 2: Understanding health, health inequalities and their determinants

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
Understanding Glasgow: the Glasgow indicators project	<i>Maintenance and development of health and wellbeing indicators for Glasgow</i>	BW, KT, MY, KMCL, SF	CORE	Updating UG is an on-going process through the year: Migration of UG website to new platform: <i>start April 2024 and estimated completion by summer 2024</i>	Developing and updating the content of Understanding Glasgow. Responses to those who contact the UG website, providing data, links and/or interviews, as requested/appropriate. The website is being migrated to a new Content Management System (CMS). Consultation undertaken on the future direction and content of the website with partners.	The content of the website is up to date. The creation of new profiles is likely to be with PHS and is dependent on funds and publication of the new (2022) Census data. Provision and promotion of credible and relevant public health indicators in an accessible format. Providing public health intelligence supports understanding of population health and its determinants, in local areas.
Excess mortality research programme	<i>Understanding differences in the experience of poverty between Scotland & England</i>	DW, KT With University of Glasgow	CORE	First journal paper published <i>autumn 2023</i> . Second journal paper by <i>spring 2024</i> . Second phase of work progressed with support from JRF and others <i>ahead of summer 2024</i>	The first phase of work has established, and prioritised, important aspects of the experience of poverty that have not been properly measured and/or compared between populations.	First paper published Oct 2024. Work will now be led by UoG, with ongoing input from KT. Currently, exploring funding options for the next phase of research.
Understanding changing health outcomes in Scotland and the UK	<i>Austerity and life expectancy across the UK</i>	DW,KT	CORE	Publication by <i>end of December 2023</i> ; dissemination thereafter (<i>January-March 2024</i>)	Publishing/disseminating the results of analyses of the association between social security cuts and changes in mortality rates across all UK local authorities.	Paper published and ongoing dissemination.
	<i>Mortality trends by deprivation in Scottish and English cities</i>	DW, KT, GMcC (UoG) With University of Glasgow	CORE	Seek publication by <i>end of December 2023</i> ; dissemination thereafter (<i>January-March 2024</i>)	Analyses of within-city deprivation trends in all-cause mortality and premature mortality in key English and Scottish cities (alongside similar country-level data).	Work now be led by UoG, with input from KT. Improved understanding of differences in the experiences of deprivation, and how they related to different health outcomes, enables policy and practice to reduce the harmful impacts of poverty on health outcomes.

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
	<i>Systematic review of international evidence</i>	DW	CORE	Seek publication by <i>March 2024</i> ; dissemination thereafter.	Publishing/disseminating the results of a systematic review of the international evidence of the impact of austerity on mortality in high income countries.	Paper in preparation.
	<i>Austerity and adverse birth outcomes</i>	DW	CORE	Seek publication by <i>March 2024</i> ; dissemination thereafter.	Publishing/disseminating statistical analyses of adverse birth outcomes in Scotland in the pre- and post-austerity period.	Paper in preparation.
National and international mortality analyses	<i>Update of comparative international mortality trends</i>	DW/BW	CORE	Update previous analyses (<i>begin January 2024</i> – complete Autumn 2024)	Work to update previous analysis of Scottish mortality trends compared to other Western European countries.	Delayed due to delays in updates to key mortality and populations figures published by the WHO.
	<i>International comparisons of lifespan variation</i>	DW/BW	CORE	Publication by <i>March 2024</i>	Analyses of trends in lifespan variation (as a proxy for socioeconomic inequalities) for Scotland and other high-income countries.	Ongoing. Paper in preparation.
Health inequalities and their determinants	<i>Modelling analyses of changes to income and health inequalities.</i>	DW	CORE	Journal paper submitted by <i>December 2023</i> , supported by input from PHS.	Modelling analyses of the effects of changes to (a) Scottish income tax rates/bands and (b) levels of devolved social security benefits on health/health inequalities.	Paper submitted.
	<i>Understanding the health benefits of active commuting.</i>	BW/DW	CORE	Paper submitted to <i>JECH</i> by <i>Aug 2023</i> ; second paper on related healthcare cost savings to be submitted by <i>March 2024</i>	Linking to Programme 3, to assess the health benefits and resulting policy implications, of active commuting in Scotland compared to UK.	Paper rejected by <i>BMJ Public Health</i> after comments - appealing decision. Findings will be presented at the SFPH conference in May.

Programme 3: Sustainable inclusive places

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
Sustainable transport and travel	<i>Collaborative research to evaluate the health, transport and environmental impacts of major changes to Glasgow's transport infrastructure.</i>	BW, KM, JM, CT	CORE	Development/maintenance of an inventory of new sustainable transport infrastructure in Glasgow. <i>Complete by summer 2023.</i> Sustainability and transport collaboration focussed on developing comparative case studies. <i>Publish findings summary, June 2023</i>	This resource is to inform our understanding of planned changes in Glasgow's sustainable transport infrastructure. A collaboration involving contacts in Universities of Glasgow and Strathclyde, Glasgow City Council, Scottish Parliament, and City of Glasgow College . A report ' <i>Commuting, COVID and decarbonising transport</i> has been published.	Aligned with this research and on-going monitoring, BW presented to a Paths for All conference and given lectures on sustainable transport and health to UoG students. Contributed to a PHS paper on Transport Poverty and Health and wrote a blog on the introduction of Glasgow's LEZ. Also wrote a section on transport and health for the NHSGGC DPH report .
	<i>Monitoring active travel trends.</i>	BW, MY, LG	CORE	Monitoring transport and environmental trends (via Understanding Glasgow). <i>On-going.</i> <i>Publish report on bikeshare scheme, May 2023.</i>	This forms part of an on-going programme of work to monitor active travel trends. Outputs will provide new evidence on active travel trends, relevant to policy and actions to decarbonise transport, improve air quality and improve health outcomes.	This work continues. The Glasgow Bike Share report widely disseminated. Policymakers have better understanding of the scale of improvement in health outcomes (and associated financial savings) that could result from investment in active travel in Scotland.
	<i>Evaluation of GoCycle</i> Evaluation on behalf of Glasgow Life	GY, BW	CORE	Completion in <i>early 2024</i> . Report due to be published in March 2024 at request of funder.	Evaluation of GoCycle, a grant scheme to encourage cycling within communities across Glasgow.	On completion Glasgow Life provided the following impact statement 'Learning from evaluation of the Go Cycle Glasgow Fund is a crucial process that enables Glasgow Life to continuously improve funding processes and refine future projects. The analysis of outcomes

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
						by the GCPH and feedback provides valuable insights into the strengths, weaknesses, and areas for improvement. This process provides learning for decision-making, allowing for the development of effective practices and success in future initiatives. Glasgow Life is grateful for the support and expertise provided by GCPH.
Area Regeneration	<i>Sighthill Bridge Evaluation</i> Evaluation of behalf of the Glasgow City Region PMO	BW, VMcN, GY, JMCL	Core (started Feb 2024)	<i>Evaluation report (Aug 2024)</i> <i>Transferrable Learning report (Oct 2024)</i>	Project proposal and research commission agreement with GCC (Feb-Mar 2024) Commission research (March-April 2024) Field work: April – June Reporting: August- October 2024	Improved understanding of the impacts of a major regeneration investment in the north of Glasgow and of the impacts on different population groups. Transferable learning for a strategic partner organisation, to influence approaches to evaluating other regeneration schemes in GCR.
Sustainable Food	<i>Supporting the Glasgow Food Policy Partnership (GFPP), and the leadership, coordination, implementation and monitoring of the Glasgow City Food Plan (GCFP).</i>	JM, RG	CORE	Support the coordination and leadership of the Glasgow Food Policy Partnership (GFPP). Support delivery partners/leads and working groups in the delivery of the Glasgow City Food Plan. <i>March 2024 (thereafter subject to resources).</i> Support an interim evaluation of the Glasgow City Food Plan (undertaken by the UofG Adam Smith Business School) <i>July – September 2023</i>	GCPH will continue to chair, support and participate in the GFPP. GCPH continue to support and host the Sustainable Food Places (SFP) coordinator post (employed by the Glasgow Community Food Network) with funding from SFP (grant) and matched funding from GCC and GCPH. GCPH will continue to support the Communications Officer post which is part funded by GCPH and employed through GCFN; seek additional funds to extend both these posts to continue to support the delivery of the GCFP.	Continuing progress towards a healthier, fairer and more sustainable food system in Glasgow. GCPH continues to chair, support and participate in the GFPP and coordinate the delivery of the GCFP. Together with JM and key partners they coordinate the 8 working groups. Commissioned and supported the University of Glasgow Interim evaluation: Findings being

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
				<p>Deliver the 2nd Glasgow City Food Summit in <i>September 2023</i></p> <p>With partners, deliver a review of the Food Plan to ensure it remains relevant, achievable and appropriate and supported by partners, produce an updated implementation plan. <i>November 2023</i>.</p> <p>Active participation in the development of a Scottish Sustainable Food Places network. <i>Ongoing</i>.</p>	<p>The Glasgow City Food Plan is underpinned by the core values of health, equity and sustainability. Working with stakeholders on the project management team (GCC, Glasgow City HSCP, NHS GGC, Glasgow Community Food Network) and the GFPP, GCPH and the Sustainable Food Places</p> <p>Working closely with partners, and especially GCC and NHS GGC and GCFN, a review of progress, prioritisation and revision process is taking place in 2023, including a Glasgow City Food. Further informed by qualitative evaluation.</p> <p>The Scottish network pools knowledge and resources to support food system transformation, and support planning for the forthcoming Good Food Nation (Scotland) Act.</p>	<p>implemented by the GCFP project team.</p> <p>Organised the second Glasgow City Food Summit: Over 150 stakeholders came together to reflect on successes and to prioritise action for the future.</p> <p>Undertook discussions with all Glasgow's Area Partnerships about the GCFP and how they could support delivery. Continued to work with and support the Scottish Sustainable Food Places network and focusing on responding to the Good Food Nation Plan consultation, enabling joint work across regions and nationally.</p>
	<i>Sustainable Food Places (SFP) Silver Award application</i>	RG, JM	CORE	Silver Sustainable Food Places award for Glasgow. <i>Target application date September 2023</i> .	This involves collating and documenting details of all food system related activity in Glasgow to support the city to achieve the SFP Silver award. This will demonstrate the progress being made in Glasgow, as well as open eligibility for further funding possibilities for food plan related work.	<p>Achieved. Following submission of Glasgow's application, Glasgow achieved the Silver Sustainable Food Places Award in September 2023.</p> <p>Recognition of the progress made in Glasgow towards a fairer, healthier and more sustainable food system, and demonstrating a diverse, robust, and sustainable cross-sector food partnership in place.</p>

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
	<i>Cash First Partnership bid</i>	JM, RG	CORE, if funded GCPH leading partnership bid for funds from SG 'Ending the Need for Food Banks Fund'. With NGS GGC, GC HSCP	Bid submitted in <i>September 2023</i> – notification expected <i>October 2023</i> . Will involve the appointment of a coordinator hosted by GCPH to maximise links with the GCFP.	The bid is linked to the GCFP (<i>in collaboration with GCC, GCHSCP and third sector partners</i>) and builds on discussions in responding to food poverty and the cost-of-living crisis.	Funded. This bid was successful with the award being made to Glasgow in December 2023. A partnership is in place to support the delivery of the project. Appointment of a coordinator is underway. Project commencement in April 2024. Creating improved/more effective system for referrals to advice and cash-first support for households in crisis across front-line services.
	<i>Thrive under 5 - piloting a whole system, community food programme with families of pre-school children in Glasgow.</i> Evaluation on behalf of NHS GGC/GC HSCP	GY, RJ	CORE	Evaluation plan and monitoring framework in place and delivered: Year two evaluation report due <i>November 2023 (final evaluation report due August 2024)</i> .	Thrive Under Five is a 3-year Glasgow City HSCP/NHSGGC project funded by Scottish Government (began 2021). The project targets low-income families with children under 5 and combines action on food insecurity, healthy eating and physical activity in three disadvantaged Glasgow neighbourhoods. GCPH is providing evaluation support and links to overall City Food Plan.	Decision taken to focus on final report for August 2024. Supporting learning to support delivery of healthy weight approaches in pilot neighbourhoods (Health improvement, early years organisations, third sector partners).
Community Engagement and Empowerment (CEE)	<i>Support and develop CEE within place-based projects and the wider GCPH work programmes.</i>	CT, JM	CORE	Developing a CEE strategic approach for GCPH as part of the future work programme: <i>agreed, March 2024</i> .	The GCPH CEE strategy is being revised and updated as part of the wider GCPH review of its structure and priorities. This will include developing an in-house typology of participation as a resource and supporting GCPH projects to incorporate activities that enable community participation in line with legislation, evidence and good practice.	Paused due to staff vacancy. Work on developing the CEE strategy anticipated work to restart on this in 2024/25.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
	<i>Glasgow Aligning Local Policy Partnership (GALoPP): community engagement workstream co-lead</i>	JM, VMcN With University of Glasgow and Glasgow City Council	In development	Contribution to Phase 2 funding bid, to be submitted <i>September 2023</i> . Thereafter, to be agreed if funded. <i>Decision expected end November 2023</i> . GCP to co-lead the Community Engagement and Community Wealth Building workstreams, alongside contribution to the Advisory Group. <i>Planning work anticipated Oct-March 2023; expected commencement of Phase 2 activity, April 2024</i>	Glasgow Aligning Local Policy Partnerships (GALoPP) is an interdisciplinary, multi-sector partnership project working across Glasgow City Region (GCR) in conjunction with the 8 local authorities. GALoPP will build on the GALLANT project, which is a partnership of University of Glasgow and Glasgow City Council that involves 28 public and private sector partners. It will create the Glasgow City Region Future Look Network of academic, policy, practice, and community partners to undertake solutions-focused engagement to identify and map local policy priorities.	Not funded. Bid was unsuccessful at Phase 2.
Climate emergency, adaptation, mitigation and resilience	<i>Systemic approaches to economic, health inequalities and climate resilience (GALLANT)</i>	JM, BW Led by the University of Glasgow	CORE	GCPH chairing the Steering Group for the Community Collaboration Work Stream. GCPH lead - Active and Sustainable Travel work package (currently, in year 2 of a 5 year programme). Report of GCPH contribution to project, <i>March 2024</i>	NERC funded 5-year (2022-2027) aims to develop systemic approaches that combine solving the city's deep-rooted economic and health inequities, with urgent progress towards a climate resilient Glasgow. The community collaboration workstream is co-creating local research into aspects of the local community relevant to future sustainability. The active travel package has completed a mapping exercise (year 1). A series of community workshops are planned to inform an intervention approach (year 2).	Continued engagement with UofG colleagues in relation to the active travel work package. JM chairs the Community Collaboration Steering group and provides advice for the team. Progress has been slower than anticipated.
	<i>Climate change synthesis paper</i>	JM, PS, GY, BW	CORE	GCPH synthesis/briefing paper. <i>Milestones: final paper, March 2024</i>	To synthesise existing GCPH work relating to climate change, including impacts on population groups and describe the public health rationale and	Key sections on food, sustainable transport and community engagement prepared. It will be presented at the SFPH conference.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
					<p>steps needed for Glasgow to become carbon neutral by 2030.</p> <p>Currently, developing an internal document that summarises GCPH research findings to inform and develop future GCPH work on this topic.</p>	

Programme 4: Innovative approaches to improving outcomes

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
Promoting community-based participation	<i>Community focused approaches that mobilise people as assets – Common Health Assets (CHA)</i>	JM, MA, RF, Led by Glasgow Caledonian University, with community and UK academic partners	CORE	Deliver 3 Lived Experience Panel (LEP) meetings in 23-24 – <i>London, Belfast (Oct 23) and Bournemouth (March 24).</i> <i>Mid way evaluation report published January 2023, final report Sept 2024.</i> <i>Report, March 24, following final LEP meeting (Aug 24).</i>	GCPH is leading the Patient and Public Involvement strand of the project. A UK wide ‘Lived Experience’ panel (LEP) will be established and will meet six times over 3 years to shape and influence the research plan and participate in activity relevant to the study phases. Membership of Programme Management Team and Study Steering Committee	Project completion September 2024.- Good progress and on target. Final meeting in August 2024. Support for investment by various funders in, and improved efficacy of, CLOs in supporting health in communities. Enhanced UK academic and community links. Position GCPH as experienced source of PPIE expertise. Evaluation from LEP will bring learning on facilitating meaningful engagement which can be replicated across other PPIE activities.
	<i>Developing a Community Research Consortium to Address Health Disparities - Common Health Catalyst (CHC)</i>	JM, DW, MA Led by Glasgow Caledonian University with NHS Lanarkshire and North and South Lanarkshire councils.	CORE	9 month AHRC funded project starting December 2022 – September 2023 The GCPH team on this project will progress a number of project aspects including: <ul style="list-style-type: none"> • Community asset mapping • Historical epidemiology • Patient and Public Involvement. <i>Complete, September 2023.</i>	This research will build on learning and experience from major research projects on the role of community assets in addressing health disparities. CommonHealth Catalyst will catalyse a ‘community research consortium’ focused on Lanarkshire in Scotland. The team will draw on best practice in asset-based community development, health economy, mapping of care system(s) in Lanarkshire, to feed into developing and testing new models of care that will build on community assets; and learn from the past to shape solutions for the future.	Project ended November 2023. Project reports published and learning event held. Academic journal article in preparation. Working with academics, practitioners, this research has created the conditions for future action and activity. Dissemination will support investment and research into Lanarkshire and Lanarkshire communities. Strengthen GCPH as source of evidence and insight in local level epidemiology, community-based approaches and PPIE.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
	<i>THRIVE – exploring the dynamics of community asset engagement for integrated health and social care systems</i>	JM, MA Led by Glasgow Caledonian University, with UK academic partners	CORE, if funded	To be agreed, if funded.	AHRC, new bid submission The THRIVE project aims to address growing inequalities in health by looking at the role of community-led organisations, as community assets, within public health and social care systems.	Not funded at Stage 2.
Health Determinants Research Collaborations	<i>HDRC Glasgow</i>	CC, PS, With Glasgow City Council, Glasgow City HSCP, NHS GGC, University of Glasgow	CORE, if funded	To be agreed if successfully funded.	NIHR, new bid submission To improve the health of Glasgow’s population by integrating research evidence into decision-making processes across various areas of Council influencing health and inequality. A PPI component comprising three locality leads will lead on groundwork of HDRC within communities.	Funding secured for development year by the bid partnership. Building 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.
	<i>HDRC Lanarkshire</i>	JM, MA, With South Lanarkshire HSCP, Glasgow Caledonian University, NHS Lanarkshire	CORE, if funded	To be agreed if successfully funded.	NIHR, new bid submission. Aim to build and strengthen research culture to improve policy and programmes addressing the social determinants of health in Lanarkshire.	Not funded.
Equalities and racialisation in Public Health	<i>Racism as a determinant of health and health disparities among BME groups</i>	PS, JC, CH	CORE	Seminar Series 20 lecture focussed on racism <i>in early 2024</i> .	Internal work within GCPH to embed anti-racist principles across work programmes and organisational culture and processes is ongoing.	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

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
				<p>Ongoing EQIA with NHGGC Human Rights & Equalities Team – <i>Autumn 2023 and ongoing</i></p> <p>Two internal anti-racist staff questionnaires (Dec 2023) prior to the training and to serve as a baseline to track future impacts and progress</p>	<p>Neish Training Ltd commissioned to support the GCPH in working towards becoming an anti-racist organisation (February 2024).</p>	<p>and create collective agreement and commitment to the outcomes to be pursued in relation to becoming an anti-racist organisation</p>
	<i>Understanding contemporary influences on the health and wellbeing of disabled people with GDA</i>	<p>CH</p> <p>With Glasgow Disability Alliance</p>	CORE	To be published <i>June 2023</i> .	<p>Examining the contemporary social, economic and health inequalities experienced by disabled people and promoting an understanding of the extra costs of disability.</p>	<p>Report published in August 2023.</p> <p>The First Minister met with GDA to discuss the report findings and recommendations after publication. The report, as part of a range of campaigning and evidence, resulted in the re-introduction of an assisted living fund and the abolition of non-residential care charges becoming a government manifesto commitment.</p>
	<i>Understanding of the social, economic and health inequalities experienced by LGBTQ+ populations</i>	<p>CH</p> <p>With LGBT Health and Wellbeing</p>	In development	Publication <i>April 2023</i> .	<p>To promote understanding of the social, economic and health inequalities experienced by LGBTQ+ populations.</p>	<p>Report is due to be published in April 2024.</p> <p>The report findings demonstrate clear evidence of mental and physical health inequalities and unmet health needs. The report and its recommendations will help shape the societal understanding of LGBT+ health and social inequalities.</p>
	<i>Older BME people, work and life transitions in Glasgow</i>	JE, KT	In development with relevant partners	To be agreed by <i>end of 2023</i> .	<p>Address gaps in the evidence, by progressing a new strand of partnership work on older BME people, work and life transitions in Glasgow. Involving community</p>	<p>This work is progressing with agreed advisory group for 2024/25. Co-production with anchor organisations crucial to work being relevant to their work and to their members' experiences. In this development</p>

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (<i>dates in italics</i>)	Description of planned work and anticipated learning and outcomes	End of Year position (March 2024) with a focus on impact of work
					engagement and life course qualitative research	phase, improved understanding of the policy challenges associated with demographic and economic shifts around working life.
Health and inclusive economy in Glasgow City Region	<i>Glasgow's City Region's inclusive economy</i>	VM With Glasgow City Council and Glasgow City Region PMO	CORE	Evidence base for, and support in, development and implementation of programmes within the Regional Economic Strategy, including foundational economy and fair and healthy work programmes. <i>Completion by March 2024.</i>	Secondment, funded by Glasgow City Council, extended until end March 2024. Programme Manager, Health and Inclusive Economy based within Glasgow City Region PMO supporting the health and wellbeing opportunities of the City and City Region's economic development strategies to be maximised. Work supports community wealth building (CWB) approaches across the City Region, with a focus on 'progressive procurement' and 'socially just use of land and property' as priority areas.	Good progress made on the 'health and inclusive economy' programme, both at city and regional level. Full motion to Glasgow City Council supported – CWB Strategy for GCC to be developed. Regional Anchor Network established - Chief Exec / Director level members from public, private and third sector orgs 'anchored' in the Region. Programme of Anchor Summits underway to progress pillars of CWB across the Region. Leading on Fair and Healthy Work programme of the Regional Economic Strategy.
	<i>Maximising the Health, Wellbeing and Economic Benefits Generated by GCR Capital Investment Programme</i> <i>Evaluation of Economies for Healthier Lives</i>	VM, GY, BW With NHS GCC, Public Health Scotland, Health Foundation and Renaisi	CORE	As evaluation partner for Health Foundation's Economies for Healthier Lives funded project in Glasgow City Region, lead implementation of outcomes from evaluation plan. <i>March 2024.</i>	The three-year regional project is focusing on working alongside a wide range of people and organisations, recognising that large scale investment has typically focused on physical regeneration and economic outcomes, and considers health, wellbeing and inequality outcomes need foregrounding.	GCPH publish year two evaluation report (April 2024). Formative evaluation with learning shaping project throughout. Recommendations have been used by project Core Team to shape project delivery in year three. GCPH also part of the Strategic Group and Champions network. Learning to support ongoing delivery of project

GCPH outputs and engagement events in numbers



Between April 2023 and March 2024, we organised **13** events, which were attended by a total of **1,262** delegates:

- **9** in-person events, **3** webinars, **1** hybrid
- **3** Seminar Series 20 lectures
- **3** events involving the Scottish Government
- **2** workshops
- **1** film screening

We published the following outputs:

- **7** reports
- **6** consultation responses
- **1** case story
- **6** journal articles
- **11** blogs, including **2** blog series
- **8** e-updates



GCPH was mentioned in the following media:

- **15** news articles, including **2** international publications
- **2** TV programmes (BBC and STV)
- **1** radio programme
- **3** mentions at the Scottish Parliament (Question Time, Debate and First Ministers Questions)
- **1** mention in the House of Commons



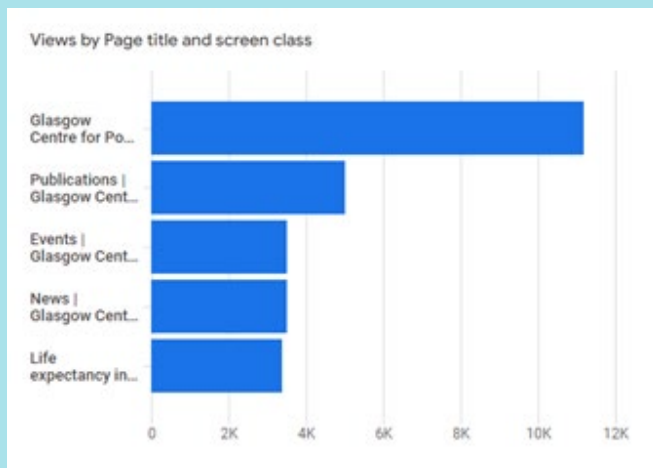
GCPH website and social media analytics



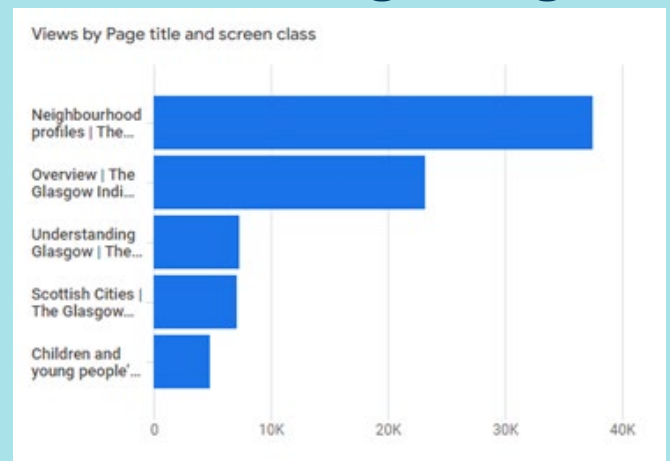
From April 2023 to end of March 2024, there were:

- **29K** unique visitors to the GCPH website
- **51K** unique visitors to the Understanding Glasgow website
- After the homepage, the most visited page of the GCPH website was **Publications**, with around **9.2K** document downloads
- The most visited page on Understanding Glasgow was **Neighbourhood profiles**

GCPH

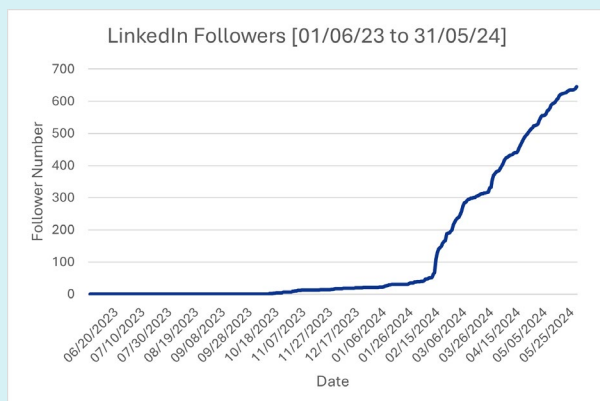


Understanding Glasgow



Twitter (X)

- From June 2023 to May 2024, we had **167K** impressions
- Engagement rate of **3.7%** (industry average just over 1%)
- **6510** Followers



LinkedIn

- **662** Followers
- impressions have grown from **376** in January to **6,506** in May



GCPH events and seminars

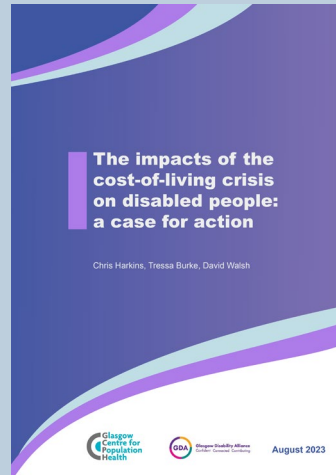
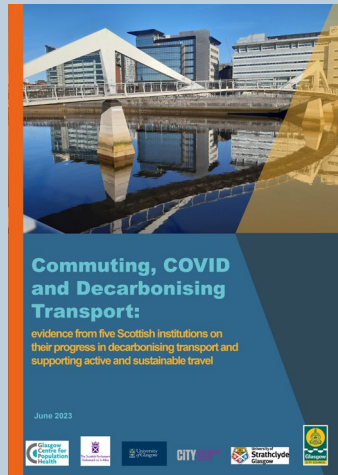


Event	Date	Delegates
<p>“It will start with me” film screening In-person event. GCPH, Olympia Building, Bridgeton.</p>	27 Apr 2023	45 attended
<p>Glasgow Food Summit In-person event. Glasgow City Chambers, Glasgow.</p>	6 Sep 2023	103 attended
<p>MSP drop-in session at Scottish Parliament (to share research and understanding of stalling life expectancy) In-person event. Scottish Parliament, Edinburgh.</p>	7 Jun 2023	20 attended
<p>Seminar Series 19: Lecture 3 ‘A public health approach to incorporating anti-racism and structural discrimination in tackling racial and ethnic health disparities.’ <i>Professor Kevin Fenton, Regional Director for London at Office for Health Improvement and Disparities, Public Health Advisor to the Mayor of London, President of the Faculty of Public Health</i> Zoom webinar.</p> <p>Following the webinar, we received a request for the recording to be included in Public Health Scotland’s virtual learning hub which hosts a range of resources on health inequalities and public health and has over 40,000 learners.</p>	12 Jun 2023	345 attended
<p>Seminar Series 20: Lecture 1 ‘Glasgow 2003-2023: what’s changed and what now?’ In-person event. Technology & Innovation Centre, Strathclyde University, Glasgow.</p>	12 Oct 2023	82 attended
<p>Developing the evidence base for a long-term (ten year) approach to Population Health in Scotland Collaborative in-person event with Scottish Government Health Directorate. Technology & Innovation Centre, Strathclyde University, Glasgow.</p>	3 Nov 2023	30 invited & attended



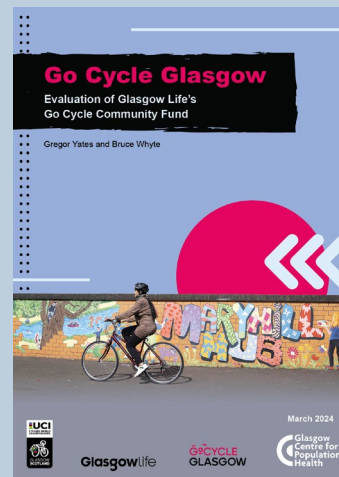
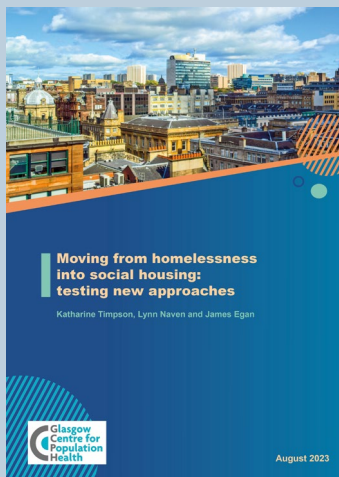
Event	Date	Delegates
<p>Annual Public Health Information Network for Scotland (PHINS) conference Hybrid event. Zoom and Technology & Innovation Centre, Strathclyde University, Glasgow.</p>	3 Nov 2023	114 online 202 in-person
<p>Moving from homelessness into social housing: testing new approaches stakeholder workshop In-person workshop. GCPH, Olympia Building, Bridgeton.</p>	16 Nov 2023	20 attended
<p>Seminar Series 20: Lecture 2 ‘Health and health inequalities: what have we learned and what now?’ <i>Dr David Walsh, Public Health Programme Manager, GCPH; Professor Gerry McCartney, Professor of Wellbeing Economy, University of Glasgow</i> In-person event. Technology & Innovation Centre, Strathclyde University, Glasgow.</p>	23 Nov 2023	113 attended
<p>Seminar Series 20: Lecture 3 ‘Governing the commercial determinants of planetary health inequity.’ <i>Professor Sharon Friel, Professor of Health Equity in the School of Regulation and Global Governance, Director of the Planetary Health Equity Hothouse and Australian Research Centre for Health Equity, Australian National University</i> Zoom webinar.</p>	7 Dec 2023	76 attended
<p>Glasgow ‘Full of Beans’ campaign launch Zoom webinar.</p>	30 Jan 2024	58 attended
<p>Understanding Glasgow Neighbourhood Profiles workshop In-person workshop. GCPH, Olympia Building, Bridgeton.</p>	6 Feb 2024	24 attended
<p>Exhibition at the Scottish Parliament Three-day showcase to raise awareness, share and discuss with MSPs the work of GCPH, the nature and gravity of the current health trends, and what needs to happen to maximise the opportunity to an improving trajectory in population health. In-person event, Scottish Parliament Edinburgh.</p>	6-8 Feb 2024	Over 30 MSPs from across the political spectrum

Publications and consultation responses



Title	Date
GCPH response: Glasgow City Council Draft Local Housing Strategy 2023-2028	Apr 2023
Glasgow's bikeshare scheme: trends in use. An analysis of scheme usage between July 2014 and July 2022	May 2023
Commuting, COVID and decarbonising transport: learning from five Scottish institutions on their progress in decarbonising transport and supporting active and sustainable travel	Jun 2023
Place Standard Report: Summary of a Place Standard pilot in Barmulloch, Glasgow	Jun 2023
The impacts of the cost-of-living crisis on disabled people: a case for action	Aug 2023
Moving from homelessness into social housing: testing new approaches	Aug 2023
GCPH response: Scottish Government consultation on effective community engagement in local development planning	Sep 2023
GCPH response: Glasgow City Council City Development Plan 2 (CDP2)	Sep 2023
GCPH response: SPT Regional Active Travel consultation	Nov 2023
GCPH response: Glasgow City Council City Centre Strategy 2024-2030 consultation	Dec 2023
CommonHealth Assets Lived Experience Panel: Case story 1	Feb 2024
Economies for Healthier Lives: Glasgow City Region Year 2 Evaluation Update	Mar 2024

Title	Date
Go Cycle Glasgow: Evaluation of Glasgow Life's Go Cycle Community Fund	Mar 2024
GCPH Response: Glasgow City Council Glasgow Air Quality Action Plan consultation	Mar 2024



Commentaries and blogs

Title	Date
Cost-of-Living Crisis: Hungry for Change (Jill Muirie, GCPH)	Apr 2023
Common Health Assets Lived Experience Panel – Where are we now? (Mohasin Ahmed, GCPH)	Aug 2023
Child poverty & universal health and social care services blog series – Blog 1: Working towards a 'Best Start and Bright Futures': reflections on an NHS child poverty partnership (Dr Noreen Shields, NHS GGC)	Aug 2023
Child poverty & universal health and social care services blog series – Blog 2: The power of working together: when health and financial wellbeing services join forces (Dr Anna Price, Murdoch Children's Research Institute, University of Melbourne)	Sep 2023
Clearing the air – the introduction of Glasgow's Low Emission Zone (LEZ) (Bruce Whyte, GCPH – guest blog for PHS)	Sep 2023
V is Value, A is for Action: Values-based Approaches with communities (Cat Tabbner, GCPH)	Oct 2023



Title	Date
News article: Black History Month 2023	Oct 2023
Child poverty & universal health and social care services blog series – Blog 3: With a little detour via Australia, Healthier Wealthier Families makes it to Sweden (Prof Anna Sarkadi, Professor of Social Medicine, Uppsala University)	Oct 2023
Child poverty & universal health and social care services blog series – Blog 4: Scotland, Australia and Sweden, the Healthier, Wealthier Children journey so far... (James Egan, GCPH)	Oct 2023
Black History Month 2023 blog: From 1971 to the present: the evolution of WSREC (Aneel Singh Bhopal, Deputy CEO, West of Scotland Regional Equality Council)	Oct 2023
Black History Month 2023 blog: Behind the Barrier: Health in Mind and Intercultural Youth Scotland's Inclusive Mental Health Support (Dr Rahila Khalid, Health in Mind; Nina Abeysuriya, Intercultural Youth Scotland; Mohasin Ahmed, GCPH)	Oct 2023
The CommonHealth Assets Lived Experience Panel: Update on delivery, progress and impact (Mohasin Ahmed, GCPH)	Feb 2024

Journal articles

Authors, Title, Journal
Douglas MJ, Teuton J, Macdonald A, Whyte B, Davis AL. Road space reallocation in Scotland: A health impact assessment. <i>Journal of Transport & Health</i> , Volume 30, 2023, https://doi.org/10.1016/j.jth.2023.101625
Zhang A, Gagne T, Walsh D, Ciancio A, Proto E, McCartney G. Trends in psychological distress in Great Britain, 1991-2019: evidence from three representative surveys . <i>Journal of Epidemiology & Community Health</i> 2023
McCartney G, Hoggett R, Walsh D, Lee D. How important is it to avoid indices of deprivation that include health variables in analysis of health inequalities? <i>Public Health</i> 2023; 221: 175-80

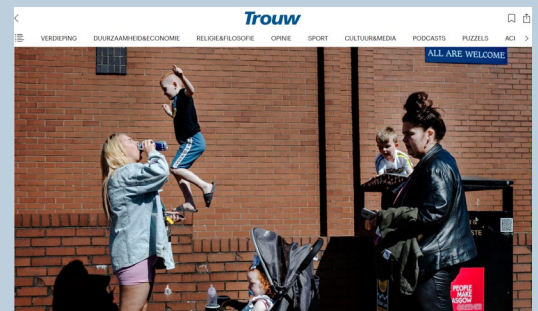
Authors, Title, Journal

Timpson K, McCartney G, Walsh D, Chabanis B. [What is missing from how we measure and understand the experience of poverty and deprivation in population health analyses?](#) *European Journal of Public Health* 2023, ckad174, <https://doi.org/10.1093/eurpub/ckad174>

Seaman R, Walsh D, Beatty C, McCartney G, Dundas R. [Social security cuts and life expectancy: a longitudinal analysis of local authorities in England, Scotland, and Wales.](#) *Journal of Epidemiology & Community Health* 2023 Nov 7:jech-2023-220328. doi: 10.1136/jech-2023-220328

Walsh B, Omotomilola A, McIntosh, E, Stockton D S, Tappin D. Levelling up health in the early years: A cost-analysis of infant feeding and healthcare. *PLOSOne* 2024 (in press)

Media



Topic	Coverage	Date
Stalling mortality research	Scottish Parliament, Health and Social Care Portfolio Question Time: quoted by Bill Kidd, MSP and Michael Matheson MSP	Apr 2023
Collaborative small grants scheme between GCPH and UoG shortlisted for the 'Outstanding contribution to the local community prize' in The Herald Higher Education Awards 2023.	The Herald Higher Education Awards 2023	Apr 2023
Health in a Changing City report (published 2021) and austerity research (published 2022) featured in coverage of the rise in cases of rickets	The Times 'Rise of rickets in Scotland fuels fears over poverty and diet' The Herald 'Rickets cases 700 per cent higher in Scotland than England' Phys.org 'Victorian-era disease hits Scotland's poorest' The News 'Victorian-era disease hits Scotland's poorest'	Aug 2023

Topic	Coverage	Date
Health inequalities in the UK and stalling life expectancy	Dutch newspaper Trouw: ‘Health inequalities in the UK and Glasgow’	Aug 2023
Impact of the cost-of-living on disabled people report	<p>The Herald: Front page of printed version; three other articles – ‘Cost-of-living crisis ‘devastating’ Glasgow’s disabled’; a case study of one of GDA’s young members ‘How cost-of-living crisis is affecting Glasgow’s disabled’; and ‘Disability charities in Glasgow urge SNP to act on hardship’</p> <p>BBC Radio Scotland live lunchtime programme: interview with Tressa Burke, CEO of Glasgow Disability Alliance</p> <p>-HealthandCare.Scot: ‘Cost of living ‘devastating’ for disabled people’</p> <p>India Education Diary</p> <p>BBC Scotland The Nine: ‘Interview with Tressa Burke’</p> <p>Scottish Parliament First Ministers Questions: GCPH and research quoted by Pam Duncan-Glancy, MSP</p>	Aug & Sep 2023
Mortality and stalling life expectancy	The Herald: ‘Letter on premature deaths’	Sep 2023
Reflection on Seminar Series 20 lecture 1 by Stuart Patrick, Chief Executive of Glasgow Chamber of Commerce	The Herald: ‘The statistics behind Glasgow city region economy’	Oct 2023
LEZ in Glasgow	STV evening news: Bruce Whyte interviewed about the population and environmental health benefits of the LEZ	Oct 2023
Seminar Series 20 lecture 2 and our work on stalling life expectancy and austerity referenced in article by journalist and commenter Dani Garavelli	The Herald: ‘Broken promises pollute the air from the UAE to Glasgow’	Dec 2023
Glasgow City Food Plan	Eurocities news article: ‘Sowing seeds of change: Glasgow’s Food Plan’	Jan 2024
GCPH	Scottish Parliament debate on Delivering Record Social Security Investment in Scotland to Tackle the Cost-of-Living Crisis and Inequality : GCPH and our research referred to by John Swinney MSP, Foysol Choudhury MSP, Willie Rennie MSP, and Liam MacArthur MSP	Feb 2024

Topic	Coverage	Date
Stalling mortality research (published Oct 22)	House of Commons, Business of the House debate in which our research was quoted by Richard Burgon, Labour MP for Leeds in an exchange with Penny Mordaunt, MP and Leader of the House of Commons	Mar 2024



E-updates (sent to GCPH network of circa 3,000 subscribers)

Issue	Reach
Network e-update April 2023	Open rate: 36% Click rate: 8%
Network e-update June 2023	Open rate: 55% Click rate: 7%
Network e-update August 2023	Open rate: 58% Click rate: 6%
Network e-update October 2023	Open rate: 62% Click rate: 9%
Network e-update January 2024	Open rate: 63% Click rate: 6%
Specialist parliamentary e-update to MSPs February 2024	Open rate: 99% Click rate: 99%
Network e-update February 2024	Open rate: 61% Click rate: 6%
Network e-update March 2024	Open rate: 60% Click rate: 7%



**Glasgow Centre for Population Health
Management Board Meeting
27 June 2024**

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

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2023 to March 2024 detailing expenditure of £1,574,099 against a full year budget of £1,767,634 which included £135,084 of reserves.
- The planned budget for 2023-24 was 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. Funding received exceeded initial expectations due to additional external funding negotiated and received in year. An element of this funding relates to increased secondment arrangements with the Glasgow City Region Programme Management Office and the University of Strathclyde. The centre has also been successful in attracting funding for specific pieces of research and the delivery of joint events and seminar. In summary, the Centre attracted income at £46,574 more than initially planned for.
2. As noted in the previous finance report, GCPH and partners, on behalf of the Glasgow City Food Plan have been successful in securing Scottish Government Grant funding of £200,000 over 24 months. The funding is related to the aspiration to end the need for food banks in Scotland (as detailed in Para 18 of the General Update paper 457). Due to delays in the recruitment of the Public Health Practitioner Specialist (Cash First) only a small portion of the funding (£2,417) was received in 2023-24 with the balance being available in 2024-25 (£106,783) and beyond.
3. Spend against staffing (E11), the largest component part of the budget, has concluded the year marginally underspent despite the previously reported late invoicing of the shared GCPH/University of Glasgow Knowledge Exchange and Community Engagement post. This is largely due to the higher level of vacancies and staffing turnover the Centre has experienced in recent months.

4. Although increased spend was noted in terms of project spend (E1 – E4) in Quarter 4 there remained a number of planned spend areas which did not fully commit the budget aligned within 2023-24 and which will be revisited as the part of the budget plan for 2024-25. This included primary research and translation of learning supporting NHS GGC to understand and respond to poverty as a driver of demand which was halted by the failure of the preferred contractor to tender in line with the project timeline (see Para 15 in the General Update paper 457).
5. The Sustainable Inclusive Places programme line (E3) has completed the year with an increased level of spend due to the enhanced GCPH commitment to the work and staffing of the Glasgow City Food Plan.
6. The allocated to training and development budget saw little spend during 2023-24 (E6) due to the availability of free online opportunities.
7. Late charges from the University in respect of historical accommodation and office charges have all now been processed. This has resulted in a small overspend on the accommodation line (E10).
8. The planned work to upgrade and migrate the GCPH website to a new Content Management System is now complete with the new website launched in late April. The upgrade and migration of the Understanding Glasgow website is underway with costs beginning to flow through albeit the budget set aside has not yet been fully consumed (E8) (see Para 38 in the General Update paper 457). Outstanding commitments are incorporated as part of the 2024-25 budget planning process.
9. The previously noted small value call on reserves following the notification of outstanding invoices has not been required and reserves remained unused at the end of the financial year.
10. Board members are requested to:
 - Note the net underspent position for 2023-24 as £240,109 comprised of:
 - i. Over recovery of income £46,574
 - ii. Underspend expenditure £58,452
 - iii. No requirement to utilise reserve £135,084
11. Carry forward funding of £240,109 is expected to be available in 2024-25.

Fiona Buchanan
28 May 2024

Table 1. Financial position 1st April 2023 to 31st March 2024

Financial Plan 23.24					
	<i>Income</i>	<i>£</i>	<i>Actual to March</i>	<i>Forecast Out-</i>	<i>Forecast</i>
			<i>£</i>	<i>turn</i>	<i>Variation from</i>
				<i>£</i>	<i>Budget</i>
					<i>£</i>
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	213,643	213,643	46,574
	Total Income 23/24	1,483,344	1,529,918	1,529,918	46,574
I 4	Carry Forward from previous years	284,290	284,290	284,290	-
	Total Available 23/24	1,767,634	1,814,208	1,814,208	46,574
	Expenditure				
	Research:				
E 1	Action on Inequality	27,500	21,522	21,522	5,978
E 2	Understanding Health Inequalities	40,000	12,638	12,638	27,362
E 3	Sustainable Inclusive Places	17,000	37,532	37,532	(20,532)
E 4	Innovative Approaches to Improving Outc	25,000	31,023	31,023	(6,023)
E 6	Training & Development	5,000	4,885	4,885	115
E 7	Allocation to Networks	15,000	-	-	15,000
	Total Research	129,500	107,600	107,600	21,900
	Communications:				
E 8	Communications (including website proj	100,000	65,365	65,365	34,635
	Total	100,000	65,365	65,365	34,635
	Management and Administration				
E 9	Centre Management, Admin & Running C	25,000	27,350	27,350	(2,350)
E 10	Accommodation Costs	130,000	143,969	143,969	(13,969)
E 11	Core Staffing	1,248,051	1,229,815	1,229,815	18,236
	Total Management & Admin	1,403,051	1,401,134	1,401,134	1,917
	Total Expenditure	1,632,551	1,574,099	1,574,099	58,452
	Balance	135,084			



**Glasgow Centre for Population Health
Management Board Meeting
27 June 2024**

Budget Setting: 1st April 2024 to 31st March 2025

Recommendations

The Management Board is asked to

- Review the commentary in this paper and accept the budget setting proposal.

Commentary on Table 1

1. Income :

- 1.1. The funding allocation from Scottish Government is anticipated at £1,300,000. The amounts are for financial year 2024-25 only and therefore are termed non-recurring. The amounts are expected to be fixed at the 2022-23 settlement level.
- 1.2. It has been possible to facilitate carry forward funding for GCPH at £240,109 – a broadly similar amount to previous years.
- 1.3. Income is expected from Strathclyde University and Glasgow City Region Programme Management Office (GCR PMO) in relation to seconded posts, till end the end of July and the end of March 2025 respectively.
- 1.4. Research income is expected in relation to a number of projects including the Sighthill Bridge evaluation and Economies for Healthier Lives (both GCR PMO), GALLANT (University of Glasgow) and the continuance of funding from the Common Health Assets project (Glasgow Caledonian University) and the related delivery of the patient and public involvement Lived Experience Panel.
- 1.5. There is also a significant amount of funding expected during 2024-25 in relation to the Cash First Partnership grant from Scottish Government.

2. Expenditure:

- 2.1. Staff Costs (E9) have been estimated on the basis of a 4% salary uplift. Pay uplift agreement is not likely to be forthcoming until late summer at the earliest.

A higher than previous level of staff turnover and retirements in the team recently has presented the opportunity to review the team composition, skill mix and profile. Costings include a degree of planned recruitment but also a number of posts being left vacant at present with potential to further review requirements as the year progresses.

The new Public Health Practitioner Specialist post funded from the Cash First Partnership grant is also included within the overall staffing compliment costed.

- 2.2. Accommodation costs (E8) for rent, cleaning and utilities are budgeted at £130,000 which is expected to adequately cover costs.
 - 2.3. The small allocation of £25,000 similar to previous years is used to cover Centre Management costs (E7) These include administrative costs, postage, equipment, stationery, IT requirements and computer sundries and centre expenses.
 - 2.4. The communications budget for 2024-25 (E6) has been set at £55,000 to include ongoing communications activities, outputs and events and continuing Understanding Glasgow website migration and upgrade costs.
 - 2.5. Lines E1 and E2 represent and reflect the new internal structure of two teams – ‘Evidence for Action’ and ‘Evidence into Action’ (previously four programmes) and provides financial support for a number of projects across the work of GCPH. This support for the updating of Understanding Glasgow following the release of new census data and the updating of the community profiles, work with NHS GGC to examine poverty as a driver of service demand and barrier to service access and research exploring ageing and work in later life work. Glasgow City food plan.
 - 2.6. Line E3 provides ongoing support to the staffing and delivery of the Glasgow City Food Plan.
 - 2.7. On behalf of the GCR PMO, GCPH is undertaking an evaluation of the new Sighthill Bridge (February 2023 to August 2024) (as highlighted under point 1.4). GCPH have commissioned Axiom Research and Consultancy (E5) to carry out an on-site survey with bridge users and focus group with Sighthill residents, bridge users and non-users.
3. Conclusions
 - 3.1. GCPH are likely to conclude financial year 2024-25 in an underspent position.
 - 3.2. The anticipated underspend should be utilized to support team recruitment and reconfiguration.
 - 3.3. GCPH are dependent on additional external funding and carried forward funds to break even.
 - 3.4. Financial Year 2025-26 may require further action to reduce staffing / activity to remain within budget.
 - 3.5. GCPH have been successful in attracting additional sources of income and this could be explored further.

Fiona Buchanan
17 June 2024

Proposed Budget Plan 2024/25

<i>Income</i>		<i>Planned 2024/25</i>
		£
I 1	Annual SG Allocation	1,300,000
I 2	Other Income	286,473
	<i>Total Income 22/23</i>	<i>1,586,473</i>
I 3	Carry Forward from previous years	<i>240,109</i>
	<i>Total Available 22/23</i>	<i>1,826,582</i>
	<i>Expenditure</i>	
	Research:	
E1	Team 1 - Evidence for Action	45,000
E2	Team 2 - Evidence into Action	49,000
E3	Glasgow City Food Plan	16,000
E4	Training & Development	5,000
E5	Axiom Research & Consultancy (Sighthill evaluation commission)	17,215
	<i>Total Research</i>	<i>132,215</i>
	<i>Communications:</i>	
E 6	Communications (including website project costs)	55,000
	<i>Total</i>	<i>55,000</i>
	<i>Management and Administration</i>	
E 7	Centre Management, Admin & Running Costs	25,000
E 8	Accommodation Costs	130,000
E 9	Core Staffing	1,169,809
	<i>Total Management & Admin</i>	<i>1,324,809</i>
	<i>Total Expenditure</i>	<i>1,512,024</i>
	<i>Balance</i>	<i>314,558</i>
		17.22%



**Glasgow Centre for Population Health
Management Board Meeting
27 June 2024**

Revisiting our Memorandum of Understanding (MoU)

Background

1. Our existing MoU is due for renewal in April 2025. This document (see Appendix 1) underpins the partnership that GCPH represents and records the contributions each partner agrees to enable the Centre to function and deliver on its purpose. However, beneath those specified contributions, is agreement around the purpose and value of the Centre collectively and individually to all city partners. The former could be termed the 'collaborative advantage' that the Centre represents.
2. This short paper reviews the current operating context to develop a shared view of the parameters of the refreshed MoU that could form the basis of the Centre's broader collaborative offer to all partners, the city and nationally for the next five years as the new MoU is negotiated.

The existing MoU and Centre purpose

During 2023-24 the GCPH purpose and focus was:

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.

3. The proposition for GCPH that the partners supported through the last and existing MoU was for the Centre to provide:
 - *A space for collaboration to address the health challenges facing the city: A setting where academics, policymakers, practitioners and local people come together to understand and improve population health in the Glasgow city region.*
 - *The generation of fresh ideas and solutions: Yielding fresh thinking and mobilising partners in the identification, development and evidencing of the effectiveness of new solutions.*
 - *An important investment in the city and region to ensure the city's role in developing solutions and evidence. As an established part of the public health landscape in*

- Scotland making a distinctive contribution to processes for better and more equal health.
- *A leading role in data analysis aligned to understanding the patterning health, health trends and their determinants in the city.* And delivering programmes of research and development focussed on understanding key components of this.
 - *A site for the processes of knowledge translation and bridging.* Working with partners to accelerate and strengthen processes for better and more equal health in the city region.
4. As partners, the partner organisations committed to:
- (i) Working together on an equal and sustained basis, giving strategic and practical support to the development and activities of the Centre.
 - (ii) Providing leadership, resources (including staff time) and expertise to the Centre.
 - (iii) Participating actively in the Centre's activities and its governance and management processes.
 - (iv) Acting as advocates and champions for the Centre in different forums.
 - (v) Responding to the outputs and findings of the Centre, bringing their organisational weight and commitment to supporting the Centre's findings and any resulting recommendations.

The current context and challenges to GCPH's place in relation to its purpose

5. Firstly, in relation to the wider context:
- There has been a significant change in the nature of the population health challenge to which the Centre's work is concerned. This has moved from a situation where Scotland's health was improving steadily but with improvements slower in Glasgow than elsewhere, leading to unacceptable levels of health inequality, to a situation where improvements have slowed and then stalled, with life expectancy falling for the population as a whole. The challenge to which GCPH responds has become one of worsening health outcomes and further widening inequalities.
 - GCPH work and analysis has contributed significantly to the understanding of this change in the patterning of health inequality, particularly the role of the policy of austerity.
 - Financially we remain in extremely difficult times, which will continue to impact the wider determinants of health negatively. If left unmitigated, the anticipated health outcomes will mean even worse future social and economic burden, making recovery more difficult.
 - GCPH retains a deep and embedded expertise and knowledge of managing partner and funder relations. This includes a positive relationship with Scottish Government colleagues who are currently proactive and receptive to taking on and using our learning and insights.

6. Secondly, in relation to the city context:

- We are in an increasingly busy data generation and analysis landscape. When the Centre was established in 2004, there was a deficit in available and accessible information and insight around the causes and patterning of Glasgow's health. Today, there remains a need to not only understand the trends in light of changing circumstances, but increasingly in the translation of this knowledge and activity into a solutions space.
- Similarly, other organisations have increased their investment in areas formerly considered GCPH's leading edge, such as local community data analysis and community engagement. This is alongside a reduction in such capacity in the Centre due to tightening budgets.
- Our partners' fiscal constraints, particularly for those dealing with the impact of the wider social, economic and health circumstances means there is a sharper focus on the value we provide.
- The Olympia Building arrangement with the University of Glasgow is coming to an end at the end of March 2025. The GCPH have been an anchor tenant and founder member of the Olympia East End Social Research Hub. This saw the appointment of a co-funded community engagement post between GCPH and the University of Glasgow.

7. Finally, the GCPH context:

- The Centre's financial challenges (year-on-year flat funding mitigated through prudent financial management, income generation beyond our core -funding and carry-forward of savings), have matured meaning the Centre will be required to deliver a revised, smaller and more targeted work plan appropriate to a reduced staff resource. Many posts have not been replaced and constraints within NHS GGC makes getting vacant post filled difficult. The risks to delivery of our work plan through inability to recruit staff is stressed.
- Our reputation as a source of credible data analysis however remains strong. We also can point to continuing success in the development of new approaches and investments to address population health and their determinants. Such activity ranges from discrete interventions (such as the inclusion of financial advice in health and other settings), city-wide investments (such as in active travel infrastructure) to complex work to find common purpose at a system level, across multiple siloes of policy (the city-wide food plan). In such examples, it is our skills of facilitation and convening networks to find solutions that shaped the outcome as much as the production of data and evidence.
- Understanding Glasgow and the Community Health Profiles remain well used, seen as reliable and helpful in setting local priorities and informing our partners' decision making, highlighting an area of leadership in supporting data utilisation.
- We continue to be responsive to partner needs in a manner which yields income to support partner priorities such as the Sighthill Bridge evaluation, Thriving Places evaluation, the Clyde Metro project and as a partner on external funding bids such as NIHR Community Health Assets and the NIHR Glasgow Health Determinants Research Collaboration.

8. Our steps towards transitioning the Centre

- Our maturing financial challenge and outstanding vacancies indicate the requirement to renew and bring into sharper focus the elements of our work that distinguish us from partner and competitor organisations. Given this, active decisions will need to be taken around what we don't do in future as well as how we add value and describe our contributions.
- The past year has seen a process of engagement with the team culminating in a revised 2024-25 work plan. This saw us move from a four programme to a two team structure with smaller number of projects with a more explicit and visible link to partner needs. The two teams:
 - *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.
- The work plan also included five headline priority areas of:
 - Poverty, Inequality and the Economy
 - Place, Community and Engagement
 - Mental Health
 - Racism, Equalities and Intersectionality
 - Climate Change
- There is a need to revisit the core functions of the Centre for the period after April 2025. The last time these were visited the core functions included:
 - Being a **source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants**.
 - **Effective communications** to support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities.
 - The **development and application of promising investments and action** to improve population health outcomes.
 - A focus on the social justice and inequality implications of investments, interventions and policies.
 - A future perspective leadership in considering new and emergent issues.
- It is proposed that smaller number of re-imagined functions are developed as part of the MoU process. Potentially leading on those highlighted in bold above with a focus on a solution-orientated approach and our resource being directed to the co-production of solutions through engagement and facilitation with multiple stakeholders. This would build on our experience in a space we clearly demonstrate leadership. We should also consider the place of community engagement and primary data collection and analysis in this skill mix.

9. What are the elements of GCPH's renewed offer to the city-wide partnership?

- A setting where partners in practice and policy, communities and researchers can come together to *utilise an evidenced-based understanding in the co-production of solutions* to long standing and evolving health challenges in the city and city-region.
- A dedicated city focus on *the patterning of, and responses to, the social determinants of health within Glasgow*. This is underpinned by *an observatory function* profiling key dimensions of Glasgow's health and the patterning of determinants of health across the city's communities in accessible and user-orientated way to assist in the prioritisation of areas for action.
- A focus on impact through supporting *the implementation* of innovative and co-produced solutions to addressing the determinants of health within city-structures.
- Working at a system level, recognising the need for action across the multiple determinants of health, in *mitigating* the effects of reduced access to the social determinants of health for individuals and communities most severely impacted and *maximising access to positive social determinants of health* for the population more widely.
- As a site where addressing health inequalities and their determinants in Glasgow offers learning that can inform policy and practice nationally. Further, the connection with Scottish Government can lead to dialogue around policy levers beyond local control.
- Bringing a high degree of credibility as an honest broker in facilitating conversations around practical responses and solutions to long-standing, embedded or dynamic challenges. Grounded in our being recognised as an established source of expertise around the art and practice of engaging policy and decision-makers with evidence.
- Practical expertise in the understanding and practice of community engagement, democratic participation and developing asset-based responses and solutions. This can be utilised to assist policy decisions, for example around judgements to be made in relation to disinvestment.
- A focus on the co-benefits of solutions looking simultaneously to improve outcomes such as climate adaptation and reducing inequalities.
- Communication expertise that is knowledgeable of how to navigate complex partner relations.

10. What we would need to deliver this

- The continued support and stated commitment of our partners, grounded in a recognition of our skills and the value of the work we do and our unique approach to delivering it.
- Accommodation and IT provided through one of our partners at a cost appropriate to a reducing budget in real terms, although for a smaller staff team.
- Provision of practical support to shared work and sharing of costs.
- A core team of comprised of the multiple skills sets (data manipulation and display, knowledge translation, engagement and facilitation, research and evaluation, communications) required to deliver our core functions.
- Actively engaged partners in the Centre's activity, governance and management processes and arrangements.

- Access to training and development and utilising opportunities for two-way learning between the GCPH and partners to ensure the spread of learning and practice across the city e.g. through secondments, training placements, early career internships.

GCPH
June 2024

Appendix 1



GLASGOW CENTRE FOR POPULATION HEALTH

MEMORANDUM OF UNDERSTANDING

BETWEEN CORE PARTNERS

30 MARCH 2020 – 1 APRIL 2025

1. **The Glasgow Centre for Population Health** ('the Centre'/GCPH) was established in April 2004 as a setting where academics, policy-makers, practitioners and local people come together to understand and improve population health in the Glasgow city region, working in a sustained way to yield fresh thinking and mobilise new solutions. The Centre is now an established part of the public health landscape in Scotland making a distinctive contribution to processes for better and more equal health. It delivers programmes of research and development focussed on understanding the patterns, and causes, of Glasgow's health profile; and works with partners to accelerate and strengthen processes for better and more equal health in the city region.
2. This document sets out the basis of the agreement reached by the core GCPH partners in relation to its purpose, resourcing and governance arrangements.
3. Funding for the Glasgow Centre for Population Health comes from the Scottish Government on the basis of commitments made by the local partners. The **core local partners** are:
 - (i) NHS Greater Glasgow and Clyde
 - (ii) Glasgow City Council, and
 - (iii) The University of Glasgow.

Senior members of the Glasgow Health and Social Care Partnership (HSCP) are members of the GCPH Board of Management and Executive Management Team, reflecting the HSCP's vision for stronger communities as well as transformed health and social care services.

4. As partners, these organisations **commit to**:
 - (i) Working together on an equal and sustained basis, giving strategic and practical support to the development and activities of the Centre

- (ii) Providing leadership, resources (including staff time) and expertise to the Centre
 - (iii) Participating actively in the Centre's activities and its governance and management processes
 - (iv) Acting as advocates and champions for the Centre in different forums
 - (v) Responding to the outputs and findings of the Centre, bringing their organisational weight and commitment to supporting the Centre's findings and any resulting recommendations
5. The Centre has received **core funding** from the outset from the Scottish Government. Additional funding for specific research programmes and activities is secured from a variety of sources including national and international funding agencies. The Centre will not accept support from sources whose activities are inconsistent with public health aims.
 6. The Centre has a range of working relationships with other organisations and centres, and works to ensure community participation and public engagement across its activities to ensure that its work reflects lived experience and is informed by local priorities. Its **ethos** is to be inclusive, and to bring together a wide range of perspectives and expertise in the common pursuit of securing better health in Glasgow.
 7. The **vision** for the Glasgow Centre for Population Health is of a research and development facility of international repute which will make a significant contribution to transforming the health of the Glasgow city region. This will be achieved through building as complete an understanding as possible about the key processes and systems impacting on health in Glasgow, and through working in a sustained way with core partners, other organisations and communities to yield better, more equitable, population health outcomes.
 8. The Centre has its own distinct **identity and brand**, representing the core partnership. For particular initiatives where additional support has been secured from another source, that source will be acknowledged explicitly.
 9. Governance and strategic leadership is provided by a **Board of Management**. The Board meets four times a year, and comprises senior representatives from each of the core partners, together with the Director and Deputy/Associate Director of the Centre, a representative from the Scottish Government Health and Social Care Directorates, and a representative from Glasgow Health and Social Care Partnership. The Board is chaired by the Chair of NHS Greater Glasgow and Clyde, with a Vice Chair from one of the other partners. The role and responsibilities of the Management Board are reviewed annually and set out in a separate document (Appended as Annexe A).
 10. The Centre has an **Executive Management Team** (EMT) which also meets quarterly and comprises one representative from each of the core partners together with the GCPH Director, Associate/Deputy Director and a representative from the Glasgow HSCP. Its role is to work with the Director in overseeing the Centre's programmes of work, ensuring that they add value to the work of the core partners, and that the partners fulfil their commitments to the Centre. The members act as primary points of contact with the partner organisations, and provide advice and support to the

members of staff at GCPH. Working within the strategic and financial plans agreed by the Management Board, the EMT makes operational decisions about new developments, priorities, budget decisions and implications of findings.

11. Legally, GCPH is a Unit of NHS Greater Glasgow and Clyde and is subject to the NHS Board's governance and accountability processes. This arrangement will be kept under review by the Board of Management, and is subject to change should alternative organisational models (for example, arising from the reform of public health in Scotland) be assessed as preferable in the future.
12. Deployment of GCPH resources will be in line with an **annual work plan** and **budget plan** agreed by the Board of Management, and developed in the context of a three-year forward plan with associated performance indicators. Performance is reviewed by the Management Board every six months; and the budget position every quarter.
13. The core partners hereby commit to supporting the Centre to April 2025. It is anticipated that the three partners will contribute on an approximately equal basis over this period, and should any disparities emerge, these will be considered by the Management Board.
14. The individual partner commitments are hereby agreed as follows:
 - (i) **NHS GREATER GLASGOW AND CLYDE**
 - Employment of core GCPH staff, and fulfilment of associated employer and governance responsibilities
 - Funding of the Director's post
 - Management accounting and advice, including support for procurement and financial reporting
 - HR and recruitment services and support
 - Access to research ethics where consistent with NHSGGC requirements
 - (ii) **GLASGOW CITY COUNCIL**
 - Underwriting of the costs of office accommodation, as set out in the licence to occupy the third floor of the Olympia Building
 - Regular funding/co-funding of priority programmes delivered by GCPH, building on the Glasgow Health Summit 2019
 - Communications and media advice and support for GCPH programmes
 - (iii) **UNIVERSITY OF GLASGOW**
 - Partnership in the social research hub, based in the Olympia Building, working to maximise collaborative advantage. This includes: joint leadership and resourcing of the strategy and its implementation, access to research support, joint funding of a community engagement and impact post, and provision of IT and facilities support
 - Cost-neutral participation of academic staff in GCPH research programmes in circumstances when Full Economic Costing could

- be applied, recognising the benefits to the University of collaboration with the GCPH
- Awards of honorary academic status as appropriate to GCPH staff, including access to library services and research ethics committees

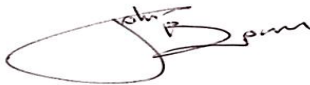
15. Partners will also contribute equally through fulfilment of their responsibilities on the Board of Management and Executive Management Team. They will provide access to training and development opportunities for members of the GCPH team, venues for meetings and events, and support seminars and other research/learning activities jointly with the GCPH.

16. The Centre commits to participating in relevant forums with partner organisations, ensuring that GCPH work informs the plans and deliverables resulting from those forums. Examples include the NHSGGC Public Health Standing Committee; the Public Health Oversight Board of GCC; Community Planning Partnership; and the Strategic Leadership Group for the Olympia Social Research Hub.

This Memorandum of Understanding is agreed by NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow. It runs to April 2025 and will be formally reviewed in July 2024.

Signed:

Date:



16 April 20

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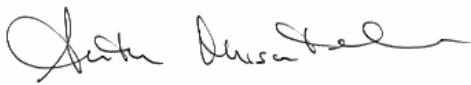
Prof John Brown CBE
 Chair
 NHS Greater Glasgow and Clyde



10 November 20

.....

Cllr Susan Aitken
 Leader
 Glasgow City Council



16 April 2020

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Sir Anton Muscatelli
Principal
University of Glasgow

Appendix A



**Glasgow Centre for Population Health
Management Board
Terms of Reference**

Role of Glasgow Centre for Population Health Management Board

The Management Board will, collectively and severally, ensure good governance of the Glasgow Centre for Population Health on behalf of the core partners, and provide leadership, advice and support to the Centre's management team and staff. Its strategic role is to ensure the overall delivery of the Centre's work and its continued relevance to, and interface with, partners' interests. The Board also has responsibilities for ensuring that the organisational culture supports staff wellbeing and development, and reflects the GCPH's values and working principles. The Management Board will work closely with the Executive Management Team to ensure that the Centre's work is fully operationalised and supported appropriately by partners, and will take cognisance of the views and opinions of the External Advisory Group.

Remit and responsibilities

1. To agree the Centre's strategic plans and annual financial plans.
2. To ensure appropriate governance – including financial governance, human resource governance, and research governance – and quality of the Centre's activities.
3. To review, annually, the Centre's progress and achievements, taking account of any feedback from the External Advisory Group.
4. To develop the Centre's core partnership, and to ensure the securing and delivery of contributions from individual partners to the success of the Centre.
5. To respond to, and promote, the outputs of the Centre through supporting changes in policy and practice within partner organisations and more widely, in the light of new findings.
6. To share accountability for the management and leadership of the Centre with the Executive Management Team (EMT), delegating authority to the EMT to ensure operational developments and delivery are taken forward within the strategic framework agreed by the Management Board.

Ways of working

The Board will meet quarterly in Glasgow, typically for two to three hours. Board meetings will be chaired by the Chair of the NHS Board, with the executive lead provided by the Director and Associate Director of the Centre. A Vice-Chair will be nominated by the Chair, and will be a senior representative from either the University of Glasgow or Glasgow City Council. The Chair and Director(s) together will agree the agenda.

Members of the Board will be asked for advice and comment on Centre developments between Board meetings, via telephone, email, or face-to-face discussion. Members of the Board will be expected to draw any opportunities – or issues of concern – to the attention of the Executive Management Team or the Chair of the Board, as appropriate.

On occasion, members of the Board may be asked to act as representatives for the Centre – for example by chairing seminars, writing discussion papers, etc.

On an ongoing basis, members of the Board will have a role in disseminating and supporting the use of the Centre's work within their own organisations and networks.

Membership

Membership of the Board will be drawn from all of the Centre's partner organisations – Scottish Government, NHS Greater Glasgow and Clyde, Glasgow City Council and Glasgow University – with the local partners having two representatives attending meetings and Scottish Government, one representative. The Chief Officer of Glasgow's Integration Joint Board, the GCPH Director and Associate Director will also be full members of the Board. Should there be a need for a formal vote each partner organisation will have one vote, as will GCPH.

The Board will be quorate when there is at least one representative present from each of the partners and GCPH.

Where partners operate a pool system to rotate membership, it is expected that these individuals (all equal, full members) will liaise to ensure that at least two are present at meetings. Partners will take responsibility for agreeing attendance and communicating who will attend from their organisation to the GCPH office manager, in advance of each meeting.