



**Management Board Meeting
Wednesday 18th June 2024**

2.00 - 4.00pm

Lunch from 1.30pm

AGENDA

Conference Room, Olympia Building

1. Welcome and apologies
2. Minutes of last meeting (June 2024), rolling actions and matters arising
3. General update (Paper GCPHMB/2024/462)
4. Quarterly finance update (Papers GCPHMB/2024/463)
5. The case for a new GCPH Partnership MoU (2025-2030) and for continuing funding from Scottish Government (Paper GCPHMB/2024/464)
6. AOCB
7. Close

Date of next meeting: Thursday 5th December 2024, 2-4pm



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

**Thursday, 27th June 2024
Hybrid in-person/online meeting**

PRESENT

Mr John Matthews (Chair)	Non-executive Board Member, NHS Greater Glasgow and Clyde
Dr Lesley Thomson	Chair, NHS Greater Glasgow and Clyde
Prof Moira Fischbacher-Smith	Vice-Principal Learning & Teaching, University of Glasgow
Dr Anita Morrison	Co-Deputy Director, Health and Social Care Analysis Division, Scottish Government
Mr Gary Dover	Assistant Chief Officer, Glasgow City HSCP
Dr Jennifer McLean	Acting Deputy Director, Glasgow Centre for Population Health
Dr Pete Seaman	Deputy Director, Glasgow Centre for Population Health

IN ATTENDANCE

Ms Rebecca Lenagh-Snow (note)	Programme Administrator, Glasgow Centre for Population Health
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		<u>ACTION BY</u>
763	<u>WELCOME AND APOLOGIES</u>	
	Mr Matthews welcomed everyone to the meeting, with a special welcome to Dr Thomson who will be taking over as Chair. Apologies were recorded from Cllr Anne McTaggart, Ms Michelle McGinty, Prof Laurence Moore, Prof Chris Pearce, Prof Emma McIntosh, Mrs Fiona Buchanan, Prof Chik Collins and Mrs Jennie Coyle.	Noted
764	<u>MINUTES OF LAST MEETING, ROLLING ACTIONS AND MATTERS ARISING</u>	
	The minutes of the last meeting (March 2024) were ratified. All rolling actions had been addressed or were in progress, other than discussions around Mental Health support for NHSGGC, which have been delayed due to the capacity of Dr Martin Culshaw ahead of his retirement in July but also internal capacity issues that will be relevant to resource and recruitment discussion in later agenda items.	Noted
765	<u>GENERAL UPDATE</u>	
	Dr Seaman highlighted some points from the General Update paper [GCPHMB/2024/457]. Dialogue with individual partners around the renewal of the Memorandum of Understanding (MoU) has begun. This will be discussed further in the agenda under Item 6.	

<p>Under staffing, Dr Seaman highlighted that Bruce Whyte has now moved onto a post at Public Health Scotland, and Dr Mairi Young and Dr Lisa Garnham will leave their posts in July. He thanked them all for their excellent contributions to GCPH over the years. Highlighting that Bruce's work has been highly influential in supporting the development of active travel infrastructure.</p>	<p>Noted</p>
<p>Dr Seaman also highlighted that these further losses mean that over the past 18 months the Centre has lost the equivalent of 9 FTE posts, out of a staff of 25 FTE. A request was submitted to recruit for two Programme Manager posts, but we were told by NHS GGC that we would unlikely get permission for these, and we should look to other ways to fill the gaps in staffing.</p>	<p>Noted</p>
<p>For the Programme Manager post focussed on trends in population health and inequalities, we are now looking at reconfiguring existing resource to deliver the function of providing accessible information on population health trends. The gap in resource maintaining and developing Understanding Glasgow will be something we look to address long term.</p>	
<p>There is a significant risk of underspend if staffing vacancies are not filled imminently, which is unlikely to be 'like-for-like'. We will consider which functions and tasks can be delivered through commissioning of services in order to progress tasks and budgetary spend. We are considering how we use the next 12 months to transition to a new team structure. This is also tied with our accommodation challenge.</p>	
<p>Prof Fischbacher-Smith considered what a parallel conversation might be in the University at the moment. Cases have to be made for vacant posts and to consider whether it is a like-for-like post or whether the purpose of the post has changed. Is there an opportunity as we develop the MoU to take a step back and say what priorities are these posts are addressing and what is the pipeline of recruitment moving forward? Creating a proposal for posts within an overall story of the continuing development of the Centre that can be used to make the case. Also, the downside of not recruiting is also the degradation of the work plan. This is how it would be framed within the University.</p>	<p>Noted</p>
<p>Dr Seaman said they have started thinking around this and the process of change the Centre has been through. This included the move from four programme to two teams. Feedback from partners is that the evidence into action work is the higher priority. There is more activity in the knowledge production landscape now. Considering the HDRC as an example, GCPH provides a space where different partners and different delivery agencies can be brought together to begin to think about what some of the solutions might be. We need to be more forward footed in promoting our credibility in the bridging role we facilitate and helping partners find ways forward to address population health challenges.</p>	
<p>Prof Fischbacher-Smith also highlighted that the combination of the conversations about staffing, accommodation and the MoU is an important discussion to bring together.</p>	
<p>Dr Thomson agreed with Prof Fischbacher-Smith and said the thought of an underspend is not good. All organisations have their financial backs to the wall at the moment but that fact that you have vacancies which you are unable to fill is also creating a condition of uncertainty around underspend. However, there is also an awakening from the Scottish Government and</p>	

<p>others of the need to move more into the action space. The Centre is seen as a group that can do the translation into action space more easily because of our reputation in understanding and interpreting the data and evidence. Need to hold our ground about we need in terms of resource to deliver this going forward.</p>	<p>Noted</p>
<p>Mr Dover sympathised with the recruitment situation and underlined that if people feel uncertainty around the stability of the Centre they may look to move on.</p>	
<p>Prof Fischbacher-Smith said that the University may be able to help with short term staffing and recommended more discussion with them around this. There are also changes within the University context and some skill sets that could assist in the short term.</p>	<p>GCPH/UoG</p>
<p>Mr Matthews said unfortunately the recruitment process along with all other processes are under a high degree of scrutiny at the moment. Dr Thomson agreed about the degree of financial scrutiny and unfortunately, the recruitment process is something of a blunt instrument. The best business case we provide is required to get through that process.</p>	
<p>Dr Morrison said the SG would like to be part of the discussions about the MoU with its links to the 10 year Population Health Framework and the GCPH 20 year synthesis paper. Important to get a team together around this to discuss. There will inevitably be a programme of research and analysis to support that the Framework over the next five or so years. Open for a discussion about the Centre's part in that and August to September would be a very good time for them. Dr Seaman will be in touch about this. Preliminary talks have started with the University and discussions will start with GCC after summer and the election. In terms of Scottish Government analysis, it may be a case of seconding a SG colleague to GCPH. Dr Seaman also stated in terms of the programme of research and analysis it would be good to discuss how we could fill posts differently perhaps through Scottish Government secondments to avoid the recruitment bottleneck.</p>	<p>GCPH/SG</p>
<p>Mr Matthews asked if there was an idea for when there will be a plan for change and engagement? When will we have the argument together that we can strongly defend?</p>	
<p>Dr Seaman reported they have been told by the Public Health Directorate that they won't sign off any proposals until Prof Collins is back, but he also reflected that making the business case for recruitment and aligning it with a more formal process of change has been helpful.</p>	
<p>It was agreed that by the next Board meeting GCPH should be able to present a paper keenly shaped in terms of what the Centre may be and be able to offer in the future. At that time, we should also be able to assess our projected underspend and what work could also be commissioned, and requesting projects from the team around work we could fund.</p>	<p>GCPH</p>
<p>Prof Fischbacher-Smith said she read it as more of a rebalancing of activity than a major redesign of ways of working.</p>	<p>Noted</p>
<p>Dr Seaman said by the September Board meeting there will have been discussion with partners, and we will be in a better position to see where we are placed. An outline of a refreshed vision and its implications for workforce planning can be brought to the next Board meeting. Dr Seaman</p>	<p>GCPH</p>

	<p>also highlighted the accommodation situation and the discussions that have also taken place and are connected to this. The team have made clear it is important to them to remain in University accommodation if possible, and to particularly retain the IT provision.</p> <p>The iMatter report was also highlighted. The results are much lower than previous iterations of iMatter and there will be opportunity to discuss with the team and develop our response and areas for improvement.</p> <p>Lastly Dr Seaman highlighted the Clyde Metro project. GCPH is in conversation with GCC and are developing a one year development opportunity within the team.</p> <p>Regarding the iMatter report, Prof Fischbacher-Smith said that Prof McIntosh has previously offered to help with discussion on that if it would be appropriate.</p>	<p>Noted</p> <p>Noted</p>
766	<u>GCPH END OF YEAR REPORT 2023-24</u>	
	<p>Dr McLean spoke to this paper [GCPHMB/2024/458] and was pleased to present it on behalf of the team. As part of the reporting, she highlighted challenges to delivery of the workplan during 2023-24 including the unprecedented staff loss, funding uncertainty and capacity issues.</p> <p>Prof Fischbacher-Smith said it was as always a very impressive report, and a useful one to share with people outside who aren't as familiar with the Centre's work.</p> <p>Dr Thomson agreed it was very impressive and asked for clarity on how it is shared. It is a useful document and should be go out to new audiences. Dr McLean said it is uploaded onto the GCPH website but not publicised more widely. Dr Thomson suggested it may be useful to circulate to the Joint Boards.</p> <p>Dr Seaman reported they are also now trying to work closer with NHSGGC planning. Dr Thomson thought it should be taken to the planning Committee, perhaps in a presentation.</p> <p>Dr Morrison agreed it was a huge amount of work. It would be useful to circulate with Scottish Government colleagues, especially the At a Glance section. Dr McLean said we would be happy to share this in the format that would work best. She and Dr Morrison will discuss after the meeting.</p> <p>Mr Dover said in terms of communications the team do a lot of good work with the website, newsletters and social media. This information is communicated well.</p>	<p>GCPH</p> <p>GCPH/ NHS GGC</p> <p>GCPH/SG</p>
767	<u>FINANCE UPDATE AND FINANCIAL PLAN 2024-25</u>	
	<p>Dr McLean spoke to the finance reports prepared with assistance from Ms Buchanan [GCPHMB/2024/459 & 460].</p> <p>The only items of note in the Quarter 4 (Jan to end of March 2023) report were an anticipated slight underspend in staffing and more income than anticipated at the start of year. The new GCPH website launched in April and the new Understanding Glasgow website work continues, with launch for this hoped for by the end of August.</p>	

	<p>It was also noted that permission to carry forward the £240k from the previous year was granted.</p> <p>Mr Matthews asked about the Endowments Committee proposal for continuing the food work and Dr McLean reported that the Committee recommended due to the specialist nature of the application that the proposal should be considered by the Public Health Directorate, and they awaited feedback</p> <p>For the 2024-25 Financial plan, it was highlighted that a letter of comfort has been received from Scottish Government, that the carry forward was allowed, and in paragraphs 1.3-1.5 expected income was outlined.</p> <p>Staff costs have been estimated on the basis of a 4% uplift, accommodation and running costs are expected to be the same in our final year in the Olympia. As well as the anticipated underspend there will also be the Glasgow Metro income.</p> <p>Dr Morrison reported that a formal letter confirming funding should be received from Scottish Government shortly.</p>	<p>Noted</p> <p>Noted</p> <p>Noted</p>
768	<u>INITIATING OUR MEMORANDUM OF UNDERSTANDING PARTNERSHIP CONVERSATIONS</u>	
	<p>Dr Seaman spoke to this paper [GCPHMB/2024/461], which has been initially taken into discussions with University of Glasgow and will be taken to other partner discussions in the near future.</p> <p>The paper sets out the changed operating context for the Centre towards developing a refreshed GCPH offer, aligning it with partner priorities, the benefits of the collaborative advantage offered by the Centre, and what support we would need from partners to deliver it. What is required from the Board is clarity about their priorities and needs, and a clear indication of what they can offer.</p> <p>Mr Matthews opened that GCPH has been somewhat written out of the narrative in certain areas of the city and agreed with need to articulate what we are offering so we can enhance our position - so our partners say, yes, that is something we can't do and need.</p> <p>Mr Dover said one comment was that when they have worked with GCPH in the past it was not like a commission but more like they were part of the team and a collaboration, offering ongoing advice and support beyond the timeframe of a project or defined piece of work.</p> <p>Prof Fischbacher-Smith said from the University there is still a real desire to work with GCPH but with continuous dialogue around what that looks like. She thinks the University would like more involvement in shaping the work plan to make the collaborative advantage of being part of the partnership work, what can we do together that we can't do alone?</p> <p>Dr Seaman said there will be more 'brass tacks' conversations down the line around each partner's specific contributions – the NHS Board for example currently underwrites a lot of the risk.</p> <p>Dr Thomson agreed that conversations were needed and asked where/when these would take place? Dr Seaman responded that they are</p>	<p>Noted</p> <p>Noted</p>

	<p>priority and are currently being organised. Dates will be sought with partners over the coming weeks</p> <p>Mr Matthews said we need to have an answer for the question “Why should I support this?”</p> <p>The upcoming recruitment for a new University of Glasgow Principal and NHS GGC Chief Executive were highlight by Prof Fischbacher-Smith and Dr Thomson respectively.</p>	<p>GCPH</p> <p>Noted</p>
769	<u>AOCB</u>	
	<p>Thanks were recorded to Dr Culshaw for his work on the Management Board during his time on it ahead of his retirement in July. A new NHS GGC representative on the Board would be required to be identified.</p> <p>Prof Fischbacher-Smith thanked and noted appreciation to Dr McLean and Dr Seaman for their remarkable job over the last few months. They have handled conversations with partners professionally and with care and maintained a focus on the wellbeing of GCPH team members.</p> <p>On behalf of the Board and the GCPH team she also noted thanks and acknowledgement to Mr Matthews for all his work on the Board over the years, he was always a supporter and advocate for the work of Centre and very supportive of anyone new who came into the Board.</p>	<p>Noted</p> <p>NHS GCC</p> <p>Noted</p> <p>Noted</p>
770	<u>DATE OF NEXT MEETING</u>	
	Wednesday 18 th September 2-4pm	

Rolling actions list (September 2024)

Board meeting date	Action	Responsibility	Update
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 Morrison	A letter of comfort for GCPH funding for 2024-25 was received in late March 2024. Level of funding is still to be confirmed.
27th June	A paper to be brought to the next Board meeting which presents the case for the future GCPH partnership and MoU.	GCPH	A paper is tabled for the September Board meeting (GCPHMB/2024/464)
27th June	A summary of the GCPH end of year report 23/24 to be prepared for the interest and awareness of Scottish Government colleagues.	Dr McLean/Dr Morrison	A summary GCPH end of year report prepared and shared with Dr Morrison for circulation to Scottish Government colleagues.
27th June	Dates to be agreed with partner representatives to discuss the renegotiation of the MoU.	All partner representatives/GCPH	Dates agreed and held /scheduled. A date in August was agreed with the Scottish Government but was postponed. The meeting will now take place in late September/October following the Board meeting (date to be confirmed). An initial meeting was held with UoG colleagues in June with a further meeting scheduled for early November. An initial meeting was held with GCC in early September.
27th June	Following the retirement of Dr Martin Culshaw, a new NHS GGC representative on the Board is to be recruited.	Dr Thomson	



**Glasgow Centre for Population Health
Management Board
18 September 2024**

General Update

Recommendations

Management Board members are invited to:

- Note this report providing an update on ongoing work and key developments since the June 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. *Memorandum of Understanding (MoU)*. The MoU which underpins our partnership agreement is due for renewal in April 2025. This was an item for discussion at the June Board meeting (GCPHMB 2024/461) and the July EMT meeting where the paper 'Refreshing the future GCPH vision and purpose and Memorandum of Understanding' was discussed. A further iteration of this paper presenting the case for a new GCPH Partnership MoU for 2025-2030 and for continuing funding from Scottish Government has been prepared for discussion at the September Board meeting (GCPHMB/2024/464). This paper was also discussed at the September EMT meeting. Initial meetings have been held with or are being scheduled with partners.
2. *GCPH Executive Management Team (EMT) meetings (July and September 2024)*. Two EMT meetings have taken place since the last Board meeting in June, the 24th July and the 9th September, respectively, with good engagement and support from partner representatives who attended. The note of the July 2024 meeting is shared for information (see Appendix 1). At both meetings, alongside an update on priorities and progress across the work of GCPH, the focus was on discussion of the refreshed GCPH vision and purpose to support the renegotiation of the Memorandum of Understanding. The next meeting of the EMT is scheduled to take place on Tuesday 19th November 2024.
3. *Recruitment and minimising in-year spend*. A previous paper was submitted and discussed at the EMT relating to planned recruitment following a substantial number of vacant posts and significant risk to delivery associated. Following the July EMT meeting we worked through the PH Directorate's Senior Management Team and the Corporate Vacancy Management Group to fill two posts seen as central to the Centre's role and positioning going forward: a Band 8 Programme Manager with a focus on Understanding Glasgow and climate adaptation (from core funding) and a temporary Band 7 post to

work on the Clyde Metro project (through external funding). We were unable over the summer to advertise either post due to the current restrictions with the NHS Board. However, following the announcement of emergency financial measures in Scottish Government, we were asked by SG colleagues to take reasonable steps to minimise spend in the current financial year (also see Paragraph 8), and for that reason we are for the time being not seeking to replace staff who have left. We are persevering with the Band 7 post, though, as this is fully supported by external funding and is to be filled from within the existing staffing – without backfill. Approval will produce a saving against our SG funds and entails no liability for NHS GGC.

4. *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 continuing with the Director of Property Development & Investment, University of Glasgow as to alternative available office premises with the University estate. Following early engagement with the staff team, an outline of our requirements for our office space has been provided for consideration at the University Space Group. Accommodation will be a key consideration in the MoU discussion, as highlighted at Paragraph 1
5. *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 sessions have continued following the GCPH screening of the Old Oak which raised issues of hearing people's stories, migration, class, employment as well as the importance of food to community cohesion. The next session on the 12th September will explore actions that we can take within GCPH to put learning into practice.
6. *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. A team session was held on the 14th August on which we discussed issues underlying the latest iMatter results. This was felt necessary before moving on to the action planning which will take place at a subsequent meeting. A further iMatter team session will take place in early October.
7. *Staffing.* After 20 years at GCPH, and one of the founding members of the GCPH team, Jennie Coyle, Communications Manager, will leave GCPH at the end of August to take up a new post as Executive Officer to Professor Iain McInnes, Vice Principal and Head of College for Medical, Veterinary & Life Science, University of Glasgow at the University of Glasgow. Our thanks and very best wishes go to Jennie for her contributions to GCPH over the years. Our e-Communications Officer, Rory MacLean, has indicated his intention to leave, although the date is to be confirmed. To ensure ongoing consistency, support and operational oversight of the Communications Team, Berengere Chabanis, Communications Officer, has been promoted to the role of Acting Communications Manager until the 31st March 2025.

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

8. *Finances.* The GCPH financial position paper from April to the end of June 2024 is brought to this Board meeting for discussion and approval (paper GCPHMB 2024/463). Following communication from the Scottish Government to take reasonable steps to minimise spend, as highlighted at Paragraph 3, and due to our forecast underspend due to challenges with staff recruitment, a revised budget for 2024-25 is also presented for approval.

Developments and partnerships

9. *Health, Social Care and Sport Committee - evidence session* (September 2024). Alongside other organisations and panellists, our Director, Prof Chik Collins, will attend and provide evidence at a meeting of the health, Social Care and Sport Committee of the Scottish Parliament on the 10th September. The session will be focused on the Committee's scrutiny of the National Performance Framework, specifically the proposed NPF outcomes in relation to health, social care and sport following the statutory five-year review.
10. *Political engagement.* We are working with Scottish Government colleagues, to arrange a visit of Ms Jennie Minto, Minister for Public Health and Women's Health, to GCPH later in the year. An invite has also been extended to the six new Glasgow MPs to hear more about the work of the Centre and how this can support them in their new roles. We have also received a request for a meeting in September with the Committee secretariate of the Commons Scottish Affairs Committee to hear more about the work of the Centre as they formulate Committee's priorities for the new Parliament. This meeting will take place on the 17th September.
11. *Glasgow Life Physical Activity and Sport Strategy Steering Group.* Pete Seaman has agreed to replace Bruce Whyte on this strategic group
12. *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 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 continue to await feedback following this further consideration and outcome of the application.
13. *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. 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. The research brief was taken to the Public Health Inequalities Group on 28th August for further comment and refinement.

14. *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. See related recruitment update in Paragraph 3.
15. *Support for Understanding Glasgow.* The Glasgow Indicators Project is a website that tracks data trends in the city over 18 key indicators. The site provides charts and written interpretation of data in an accessible way for the general public and it is used by partners, researchers and students to inform research, policy and decision-making at local and national levels. Public Health Scotland have been commissioned to update the data on the Understanding Glasgow website, particularly focused on updating the site with the recently released census data, other relevant data sources, and the updated interpretation of the data and trends. This work will be undertaken between September 2024 and March 2025.
16. *CommonHealth Assets.* The sixth and final meeting of the CommonHealth Assets (CHA) Lived Experience Panel (LEP), led by Mohasin Ahmed and Jennifer McLean of GCPH, will take place in Glasgow from the 30th September to the 2nd October. The meeting, which is currently in planning, will bring together Panel members with the CHA Principal Investigator, Prof Rachel Baker from Glasgow Caledonian University, and several of the project researchers and Project Management Team members. The meeting will take place at GCPH and GCU and will include a visit to the Hunterian Museum and Art Gallery at the University of Glasgow. The LEP will have the opportunity to hear and respond to the emerging data and findings from the longitudinal survey and economic analysis, discuss the final set of programme theories and early insights from the Q methodology study. Time will also be spent with the Panel discussing their involvement, and the impact it has had, over the last three years.
17. *Glasgow City Food Plan.* A PhD student has been appointed and jointly supervised between GCPH and Adam Smith Business School at the University of Glasgow. The student will investigate - *Diet Transition: Understanding the Effectiveness of Community Organisations in Supporting Change.* The PhD will explore the contribution of the community food sector to the Glasgow City Food Plan. Jill Muirie has been involved in the development of the 'Public Diner' concept with Nourish Scotland. Glasgow will host a 'public diner' event at the end of September in collaboration with Nourish Scotland at the Civic House. The Glasgow City Food Plan annual report is in preparation.
18. Glasgow's '*Full of Beans*' campaign continues to attract local, national and international interest. The campaign has been led by Riikka Gonzalez, the Glasgow Food Policy

Partnership Coordinator, in collaboration with GCPH, Glasgow Community Food Network and the University of Glasgow. Bean cookery sessions for chefs, school cooks, school pupils and for the public have been well attended and funding has been attracted (through the SCAF pump priming fund) for a researcher to evaluate the impact of the campaign.

19. *Evaluation of the Sighthill Bridge*. In March this year, GCPH was commissioned by the Glasgow City Region Programme Management Office (GCR PMO; the PMO) to undertake elements of their evaluation of the Sighthill Bridge. The redevelopment of the Sighthill Bridge has been undertaken as part of Glasgow City's Canal and North Gateway project which is supporting regeneration activity across four city sites. The Bridge is intended to provide a safe and accessible walking, wheeling, and cycling link across the M8 corridor and to connect Sighthill residents with the amenities and wider travel links of the nearby city centre and neighbouring communities in north Glasgow. The GCPH evaluation aims to explore the opinions of users of the bridge (including pedestrians, cyclists and wheelchair users) regarding the acceptability and utility of this new urban infrastructure. The research will seek to determine who uses the bridge and for what purposes. The evaluation involves four main research components:
1. a contextual study of the regeneration of Sighthill and the surrounding areas
 2. a survey of Bridge users
 3. focus groups with Sighthill residents, and
 4. the development of a model for the evaluation of transformational regeneration areas.

Parts 1 to 3 have now been completed and findings are with the PMO due to their tight deadlines to secure further UK Gateway funding. Parts 2 and 3 were commissioned by the GCPH to Axiom Research and Consultancy. Part 4 is now underway by the GCPH team and will draw on learning across the study components and wider evidence base. A final report of all study components will be completed and submitted to the PMO in early November 2024.

20. **Funded projects**
- The National Institute of Health and Care Research (NIHR) funded development year for the *Glasgow Health Determinants Research Collaboration (HDRC)* continues. The Progress report for the developmental year has been submitted to the NIHR on which will inform the NIHR's Stop/ Go point. GCPH have taken part in stakeholder interviews as part of Workstream 3. Following Mairi Young, Public Health Research Specialist and HDRC Project Manager, leaving the GCPH, the Project Manager post has been advertised as a fulltime post via the Glasgow City Council. This post will oversee all three workstreams of the HDRC to feedback to Governance and Management and offer admin support.
 - *Cash First Partnerships*. As highlighted at previous Board meetings, 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 and a dedicated project coordinator has been in post since April 2024. The project was developed jointly with GCC and Glasgow City HSCP which are both represented on the project steering group which has now met 3 times. An overview of available data relating to food poverty, food bank use and SWF applications has been reviewed. It has become clear that current data do not provide the detailed demographic patterns

or trends needed to develop appropriately targeted interventions. As a result, work is underway to commission further analyses of available data, and to undertake new qualitative research to provide deeper understanding of the population groups most at risk and of the 'triggers' that lead to food crisis. This information will help inform future plans for targeted Tests of Change which will explore possible interventions and referral pathways to reduce the numbers of people seeking emergency food aid. It has also become clear that understanding amongst public and third sector partners of the term 'cash first' is variable. To help address this a communications plan is in development, supported by the GCPH and GFPP communications teams, which will explain the terms and provide further information to key partners about the cash first project in Glasgow.

- *Submitted bid.* Jill Muirie, on behalf of GCPH has led a collaborative bid with Glasgow University and Glasgow City Council, as part of the Scottish Collaboration on Food research programme for research funding *to evaluate the progress and impact made with GCC's Food System Development Fund (23/24)*. The application for the research into the impacts of the GCC food system development fund evaluation was submitted to Funding Opportunities - Scotland Beyond Net Zero and was submitted on the 23rd August.
- *Submitted bid.* A collaborative bid with Glasgow Community Markets has been submitted to the Regional Food Fund/Scotland Food & Drink. Jill Muirie, on behalf of GCPH is leading the preparation of the bid which will be submitted by the Glasgow Community Markets CIC with GCPH named as a collaborator. The deadline is Friday 30th August and is for £5k to kickstart the market.
- *Submitted first stage bid. Community Wealth Building evaluation: Learning lessons from Scotland* in response to the NIHR call for bids for Interventions to Deliver Inclusive Economies. This is being led by Dr Micaela Mazzei, Reader in Social Economy, and Prof Neil Craig, Professor of Public Health Economics, at Glasgow Caledonian University with Dr Jennifer McLean and Miss Mohasin Ahmed of GCPH and colleagues from the University of Glasgow and the University of Lancaster, aims to evaluate the health and health inequalities impacts of creating a more inclusive economy through Community Wealth Building (CWB). Evidence on the health impacts of CWB is sparse. A 'sustainable, inclusive economy' is one of six national public health priorities in Scotland and the Scottish Government is developing CWB legislation during the current parliamentary term (2021-26). North Ayrshire launched Scotland's first CWB strategy in May 2020. An additional five LAs have since been designated CWB pilot areas. However, evidence on the health impacts of CWB is sparse. To inform further national roll out in Scotland, this project will evaluate the impact of CWB on population health, health inequalities and inclusive economy outcomes in Scotland and explore how CWB has been implemented in different areas to understand what aspects have worked, for whom, in what circumstances. GCPH will lead on the Public Involvement strand of the project. The first stage bid was submitted in early August, with feedback expected by the end of year. If successful, the project will run for a three year period from summer/autumn 2025.

Communications outputs and activities

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

Events, seminars and presentations

22. Jill Muirie delivered the keynote presentation at the Scottish Alliance for Food research conference held at the ARC, University of Glasgow on Monday 20th August.
23. Prof Chik Collins is delivering a presentation at the SURF annual conference 'Navigating Uncertainty: Community Regeneration and Resilience in Scotland' on 29th August.
24. Following publication of the '[Examining the social determinants of LGBT+ health and wellbeing: A scoping review of evidence, unmet health needs and policy implications](#)' in May, several opportunities for dissemination are being pursued. The first is a discussion workshop on 12th September with a small number of key stakeholders. This workshop brings together senior stakeholders from the Scottish Government, NHS, Local Authority and third sector partners to consider and discuss the findings. A central focus of the workshop concerns the impact of the report and how the stakeholders will use the evidence to more effectively support the health and wellbeing of LGBT+ community members. Other potential discussions include a presentation to the Scottish Government Mental Health Directorate weekly team meetings, and a cross-policy workshop for Scottish Government analytical and policy colleagues.
25. Katharine Timpson has been invited to lead and facilitate a 'Glasgow Game' workshop with a group of secondary school students as part of 'Maths Week Scotland' by University of Glasgow colleagues. This will take place in September.
26. '*More action, less talk. A one-day congress for immediate policy on the commercial determinants of health for Glasgow*'. This one day in-person event is in early planning, and it is hoped will take place in January. The focus will be on actionable and implementable solutions which curtail the supply-side factors relating to the commercial determinants of health by learning from examples across the UK.

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, the reflections paper that was produced for Scottish Government in February will be published on the GCPH website on the 16th September. The published version includes a preface from the Director.
28. *Thrive Under 5 Year 2 Evaluation: Piloting approaches to support child healthy weight in three Glasgow neighbourhoods* (Gregor Yates). Thrive Under 5 (TU5) is a Scottish Government funded project being delivered throughout Greater Glasgow and Clyde. The project takes a whole system, community food nurturing approach with the families of pre-school children, combining action on food and financial insecurity, healthy eating and physical activity. TU5 was originally developed in 3 Glasgow City neighbourhoods in 2021; a year one evaluation report was published by GCPH in 2023. Further funding has since been made available in Inverclyde, Renfrewshire and East Renfrewshire.

Each locality has established a TU5 network of local organisations to ensure that actions can be taken forward collectively. Parents can access financial advice and local courses, vouchers or provisions to support the development, nutrition and activity levels of their pre-5s. This report provides an outline of the approach taken in each locality and an overview of the key developments, learning and impact. Anticipated publication October 2024.

29. *The potential of Artificial Intelligence (AI) within public health in Scotland – a discussion paper* (Chris Harkins). This concise paper is designed to stimulate engagement and conversation concerning the potential and future uses of AI within public health in Scotland. The paper is written in order to be accessible to a range of stakeholders and assumes no prior knowledge of AI or its application in public health or healthcare systems. The paper considers key practical, ethical and moral considerations in AI's potential use in Scotland's Public Health landscape, as well as potential risks and challenges. Discussions are underway with the Scottish AI Alliance as to potentially co-authoring the paper.

Media

30. The active commuting article and press release from *BMJ Public Health* published in July achieved widespread including [The Times](#), [The Telegraph](#), [Mailonline](#), [Euronews](#), [New York Post](#).
31. Sistema and GCPH evaluation quoted in several articles in June and July including '[Big Noise is a life-changer for Stirling violinist who transformed his life](#)' (Daily Record), '[Meet Scotland's new national youth orchestra, where no auditions are required](#)' (The Scotsman), and '[Glasgow schoolchildren perform in Scotland's new national youth orchestra](#)' (Glasgow World).
32. GCPH research on proximity to derelict land quoted by Paul Sweeney MSP in an article by [Clyde Radio](#) (10 July).
33. Full of Beans campaign and Glasgow Food Policy Partnership featured in Glasgow Times article on 4 July '[School menus set to change in Glasgow with more beans](#)'. Also see Paragraph 18.
34. Active travel journal paper covered by The Daily Mail in July '[WFH could be wrecking your health, study suggests...as experts find that 'active commuters' have a 47 per cent reduced risk of death](#)' -[health-commuters-death.html](#), and Vermilion in August '[Moving-by-bike-or-on-foot-prolongs-life-and-prevents-diseases](#)'

Digital

35. The migration of the Understanding Glasgow website to a new Content Management System (CMS) is progressing well despite significant reduced capacity. The new CMS is complete, and all relevant content has now been successfully migrated with final proofing and checking almost complete. It is anticipated the new website will go live with a soft launch on the 23rd September. The ongoing updating, management and development of the Understanding Glasgow website is being considered as part of

longer-term capacity within the team. In the interim, Public Health Scotland have been commissioned to assist with updating the indicators with the latest census data (see Paragraph 15).

36. The following blog by Chris Harkins was published in July: ['Is public health getting to grips with problem gambling in Scotland?'](#)

GCPH
September 2024

Appendix 1. Note of the July EMT meeting



Meeting: Executive Management Team Meeting
Date: Tuesday 24th July 2024
Place: Conference Room, Olympia Building

Attendees: Chik Collins (GCPH, chair), Fiona Moss (GHSCP), Anna Baxendale (NHS GGC), Pete Seaman (GCPH), John Dawson (PHS, Observer), Katherine Myant (SG, Observer), Rebecca Lenagh-Snow (GCPH, notetaker)

	<u>AGENDA ITEM</u>	<u>ACTION</u>
1.	<p>Introductions and note of previous meeting (23rd April). There was a welcome from Chik Collins. Apologies were noted from Laurence Moore (University of Glasgow), Jennifer McLean (GCPH), John Sherry (Glasgow City Council) and Frankie Barrett (Glasgow City Council).</p> <p>The note of the previous meeting was accepted as accurate, with no matters arising.</p>	<i>To note</i>
2.	<p>General update This paper is a slightly updated version of the paper that went to the June 2024 Management Board meeting.</p> <p>PS highlighted certain points:</p> <ul style="list-style-type: none"> • Jennie Coyle will be leaving her post as Communications Manager to take up a new post as Executive Officer to the Vice Principal and Head of College for Medical, Veterinary & Life Science, University of Glasgow at the end of August. • Under other staffing there are currently two vacancy request forms, the first a temporary appointment for the Clyde Metro project, which has been passed by Public Health Senior Management Team but not signed off by the NHS GGC Corporate Vacancy Management Group yet. The second is for a new Programme Manager post, which would be concentrating on climate change and future Understanding Glasgow work. This post would not be able to be advertised beyond 31st March 2025. • There was discussion about recruiting difficulties through NHS GGC at the moment. CC will be meeting with Emilia Crighton, Director of Public Health, and Leslie Thomson, new Chair of the GCPH Board and Chair of the NHS GGC Board, soon and will discuss this with them. 	<i>To note</i> CC
3.	<p>Refreshing the future GCPH vision and purpose and Memorandum of Understanding PS spoke to the paper, which comes from conversations with the team and informal discussions with partners and includes commentary from various stakeholders. Conversations so far have highlighted GCPH's value in bringing people together, in a Glasgow based organisation, and in GCPH's work as an honest broker. The collaborative value that comes from our work as partnership is also highlighted as something to lead on.</p> <ul style="list-style-type: none"> • We have been thinking about refocusing the teams and staffing. The idea of making a shaped offer of what GCPH would do in the next MoU period was taken but important to have a strong indication of funding from SG to get VRFs through in future. 	

	<ul style="list-style-type: none"> • KM said she would feed back to people at SG that our current letter of comfort is not strong enough to assure NHS GGC colleagues. • We discussed whether 12 months was enough to allay the nervousness of NHS GGC. They are currently anxious around other instances where funding has been pulled and they were left with the liability. • FM and AB both indicated that our ending up on redeployment list for NHS GGC would not be something they would want to see. • As well as stronger indication of funding to allay fears of NHS GGC going forward we should also seek a frank conversation with Richard Foggo over what the likelihood of funding is for GCPH going forward. Is it dependent on submitting a new vision or could we end up in position where we did submit a worked-up vision but not material to the decision around funding? • CC to investigate meeting a meeting with RF as soon as possible. <p>FM said it was very helpful to get the history. When GCPH was first set up it was more as a bridge to different sectors; academia, and the HSCP was those in implementation. She queried how the CLT saw moving into the evidence into action area working. PS said it would be more in areas where the Centre has expertise, such as the food work.</p> <p>Commenting on GCPH being an honest broker, AB said where she thinks the Centre have worked well is where they worked through early in the process what everyone's roles are, working towards embeddedness.</p> <p>All came to the view that we should not be simply doing the role of other services (NHS GGC, HSCP) when they are unable to do it due to shortage of resource. Our contribution needs to be unique and distinct to GCPH and its role as a 'bridge' between existing resource.</p> <p>FM said the existing PH landscape is has no shortage of structures and we would not want GCPH to add to the potential for confusion already there. Think about how GCPH can be distinct but sit within other structures.</p> <p>JD mentioned PHS met with UofG and came up with a list of possible ideas for public health that could be looked at. Marmot Cities was highlighted. FM said having more coherence across the city would be good.</p> <p>CC said there were various options, 1) GCPH continues as is, perhaps in an evolved form, 2) GCPH mostly comes to an end, 3) GCPH carries on but is perhaps subsumed into other places. He feels September is too late to start this, and we maybe need an August Board meeting.</p> <p>FM mentioned SG and CC said there has been strong indication from SG that they are unlikely to continue funding things without wider Scottish relevance, such as the food work. We need to show we have the skills involved, but also that the partners have a place and need for those skills. AB said the food plan and Metro project were probably both good examples for this.</p> <p>CC said in 2004 the landscape was evidence poor and resource rich, in 2024 the opposite is the case. We need a Glasgow focus but Scottish relevance. AB said we don't have to work on relevance for other health boards ourselves, that could be more the job of PHS.</p> <p>The experience and background of GCPH roles was discussed, and whether a public health background was required. There was also discussion of the need for change and for our partners and all players to be able to see what is going on.</p>	<p>KM</p> <p>CC</p> <p>GCPH</p>
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	<p>FM commented that another difference from a few years ago is most big organisations in the city have money for very specific projects. They may see value in doing something different but not have the power to do so. Strategic planning, at city wide level, looks very different now Change is the context – a lot of partners are now ‘following orders’, there is less flexibility and our area for actions (sphere of influence) has been greatly reduced. The majority of spend within the HSCP is on discrete delivery activity- responding to clinical demand and the prevention agenda.</p> <p>PS said GCPH have been trying to support small pieces of work but maybe haven’t been strategic enough. The evaluative edge is another aspect to the Centre, with the Mental Health Hubs work being an example. AB said mental health is an area which has a desperate need for something different, and that is something that would have nationwide relevance.</p> <p>KM queried what the timeline of action was, and there was discussion of this. AB suggested drawing together a plan and taking this to SG to ask if they would be likely to fund it, then going back and refining it. FM agreed and said we need to know if the money is there.</p> <p>AB said we could also feedback that some of the processes GCPH has been caught up in – recruitment etc – hasn’t helped.</p>	GCPH
4.	<p>Partner updates</p> <p>AB queried whether there would be an opportunity at the forthcoming end of August meeting of the PHS and NHS GGC boards to float the GCPH issue? JD ran through some of the agenda plans for the meeting days and thought there could be space to mention it at some point.</p> <p>JD also raised the Marmot Centres meeting with PHS and UofG. GCPH would be brought into that through the Public Health Observatory Group which they are part of.</p> <p>KM highlighted the 10 year Population Health framework. This is now a draft document that is making its way through the various relevant partners and organisations for comment and will hopefully be out in the next few weeks.</p> <p>FM reported that there are now new members on the IJB and the NHS GGC Board, and that the Child Poverty Pathfinder work is moving forward. They are currently preparing the child poverty action report to go to GCC. They were awarded funding through the Whole Family Improvement Fund.</p>	To note
5.	<p>AOB</p> <p>There was no other business raised.</p>	
6.	<p>Date and Time of Next Meeting</p> <p>Monday 9th September 2024, 10am at GCPH.</p>	All



**Glasgow Centre for Population Health
Management Board Meeting
18 September 2024**

Budget position: 1st April 2024 to 31st August 2024

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2024 to August 2024 detailing expenditure of £531,470.00.
- The planned budget for 2024-25 originally comprised of the following streams of funding:

	£
• Annual SG allocation	1,300,000
• External income from partners and others	286,473
• Brought forward from prior year	240,109

However, a combination of uncertainty about the longer-term finances of GCPH, and issues with navigating the vacancy approval process at NHS GGC, as previously brought to the Board's attention, created a situation where GCPH was unable to fill a number of vacancies, leading to a projected underspend.

Furthermore, in the context of emergency financial measures announced by Scottish Government in mid-August, the GCPH Centre Leadership was asked to take reasonable steps to minimise spend over the remainder of 2024-25. This has resulted in a decision to no longer attempt to recruit staff for the remainder of the financial year.

In line with this request by Scottish Government, a revised budget plan for 2024-25 has been prepared and presented in outline to Scottish Government and is now presented to the Board for consideration and approval.

The revised budget for 2024-25 is as follows:

	£
• Annual SG allocation	850,000
• External income from partners and others	286,473
• Brought forward from prior year	240,109

This reduction in budget is expected to be managed by the utilisation of contingency funds (largely accrued from prior year carry forward funds) and, where appropriate, the funding of staff and activity via external income generation from third party sources/funders.

Commentary on Table 1

1. Available budget is reduced by £400,000 due to Scottish Government spending controls.
2. Contingency funds are reduced from £314,558 to £76,964 in revised budget plan.
3. Spend to date and forecast spend related to staffing has reduced by circa £200,000 related to arising staff vacancies.
4. Work related to the upgrade and migration of the Understanding Glasgow website is nearing completion and £30,000 has been set aside in 2024-25 for this purpose.
5. Project funding has been marginally increased to £161,215 and is expected to be fully committed by year end.
6. Board members are requested to note the revised funding proposal from Scottish Government, the revised budget and the revised financial forecast.
7. Board members are requested to note that forecast spend is expected to be managed within the envelope of funds available in 2024-25 however activity and outputs will inevitably reduce.

**Fiona Buchanan
September 2024**

Table 1. Financial position 1st April 2024 to 31st August 2024

Revised Financial Plan 24.25					
	<i>Income</i>	£	<i>Actual to August</i> £	<i>Forecast Out-turn</i> £	<i>Forecast Variation from Budget</i> £
I 1	Annual SG Allocation	850,000	-	850,000	-
I 2	Other Income	286,473	53,228	286,473	-
	<i>Total Income 24/25</i>	<i>1,136,473</i>	<i>53,228</i>	<i>1,136,473</i>	<i>0</i>
I 3	Carry Forward from previous years	<i>240,109</i>	240,109	240,109	-
	<i>Total Available 24/25</i>	<i>1,376,582</i>	<i>293,337</i>	<i>1,376,582</i>	<i>-</i>
	<i>Expenditure</i>				
	Research:				
E 1	Team 1 - Evidence for action	55,000	12,606	55,000	-
E 2	Team 1 - Evidence for action	49,000	5,639	49,000	-
E 3	Glasgow city food Plan	35,000	10,592	35,000	-
E 4	Training and Development	5,000	1,995	5,000	-
E 5	Axiom research & consultancy	17,215	10,329	17,215	-
			-	-	-
	<i>Total Research</i>	<i>161,215</i>	<i>41,161</i>	<i>161,215</i>	<i>-</i>
	Communications:				
E 8	Communications (including website proje	40,000	12,838	40,000	-
	<i>Total</i>	<i>40,000</i>	<i>12,838</i>	<i>40,000</i>	<i>-</i>
					-
	Management and Administration				-
E 9	Centre Management, Admin & Running C	25,000	10,145	25,000	-
E 10	Accomodation Costs	130,000	45,685	130,000	-
E 11	Core Staffing	943,403	421,646	943,403	-
	<i>Total Management & Admin</i>	<i>1,098,403</i>	<i>477,476</i>	<i>1,098,403</i>	<i>-</i>
	<i>Total Expenditure</i>	<i>1,299,618</i>	<i>531,475</i>	<i>1,299,618</i>	<i>-</i>
	<i>Balance</i>	<i>76,964</i>			



**Glasgow Centre for Population Health
Management Board meeting
18 September 2024**

**Towards a new GCPH Partnership MoU (2025-2030) with continuing funding
from Scottish Government**

Context: This paper is being provided to support a discussion amongst the GCPH partners towards a new GCPH Partnership MoU, which can secure continuing funding from the Scottish Government. With the current MoU due to expire at the end of March 2025, progress is now time critical – not least in view of our obligations to the current GCPH staff team.

1. GCPH, founded in 2004, was conceived as a special collaboration, able to operate in a pioneering way at the interface of research, policy, service delivery, communities and wider civil society. Its governance was designed to balance collective strategic oversight by the partners with a strong, continuing alignment with the operational priorities of the partners individually. Vitality, as a partnership entity, GCPH has generally operated with a degree of relative autonomy from the individual partners, allowing it to achieve credibility and trust with a wider range of stakeholders and in the broader public sphere.
2. The purpose behind this overall conception and design was that GCPH would, as a relatively small entity, in itself unable to impact on the population health and inequalities challenges, be able to play a special role in the wider ecology of organisations and agencies that would be able to do that.
3. Over the 20 years that GCPH has been working, this conception has proven successful. Credibility and trust have been demonstrated. The Centre has contributed significantly to both the policy and wider public understanding of the patterns and causes of population health and health inequalities in Glasgow and Scotland. It has been successful in working with partners across sectors to address key social determinants of health over a range of domains, including the food system, transport, economic investment, housing, financial inclusion and local planning.
4. Notwithstanding these impactful contributions, the past decade has seen an adverse trajectory in both population health and inequalities. Important actions and interventions in the city and wider Scottish context have been outweighed, at population level, by problematic trends in access to positive social determinants of health – largely driven by the adverse economic and fiscal conditions prevailing at UK level.
5. When the Centre was founded, understanding of the patterns and causes of population health and health inequalities in Scotland and Glasgow was lacking. On the other hand,

resources were, by current standards, abundant. Today's situation is different: knowledge and understanding have improved considerably; resources are scarcer. There have also been important changes in the wider landscape of population health in which GCPH has been seeking to fulfil its role, including the formation of Public Health Scotland.

Why GCPH should continue to be funded in this changed context

6. The highly concerning trends in population health and health inequalities in contemporary Scotland and Glasgow, and the adverse economic and fiscal context in which they are evolving, in fact make it more urgent than ever to carry forward the groundbreaking and highly distinctive work of the GCPH and to use the work to inform policy and action at every level. The expertise which has been developed over two decades can be maintained, and taken forward in new ways – focused more intently on getting more out of the system with the available resources. This can be delivered based on what will remain a small scale financial commitment by the main partners and the Scottish Government. While the organisational landscape for population health has changed in recent years, the Centre remains uniquely placed to contribute in leading action to address the current and projected challenges (the issue of connectivity in the current landscape is discussed below).
7. Importantly, any suggestion that population health and health inequalities are being deprioritised at this time will send a problematic signal to civil society, likely to undermine the strong collective purpose which GCPH has helped to establish on these issues – a collective purpose which is vital for the economic and social success on which Scotland's ambitions to become a fairer and more just society rest.
8. The initial focus of activity going forward must be on mitigating the adverse trends in population health and health inequalities which continue to be driven by the prevailing political economy at UK level, while simultaneously seeking to contribute towards the creation of new circumstances, in which it will be possible to return to improving trends. GCPH has been ahead of others in making the case for this orientation – based on applying its learning and experience to the current circumstances (see *Challenges in Population Health and Health Inequalities in Contemporary Scotland*, GCPH: February 2024).

The GCPH vision and purpose for the new MoU period

9. With a new MoU and the required financial support, GCPH will act as a catalyst and animator in the development and delivery of impact-focused, collaborative approaches – looking to maximise the benefits that can be achieved within available resources. The most vital GCPH asset in this respect is its long experience in acting at the interface between research, policy making, communities and service delivery. This underpins the Centre's understanding of the motivations and priorities of its partners and means that it is skilled in achieving common purpose with (and among) partners operating across the systems shaping population health.
10. GCPH will support the generation of actions in a coordinated, cross-silo way, prioritising the population health and inequality benefits as well as the co-benefits to be found through

viewing issues through different policy lenses (e.g. across health, transport and climate change). This way of working achieves cost saving through the benefits of co-working as well as the cross system coordination of spend towards prevention.

11. Examples of past or current activity delivering through this way of working include:

- Leading the co-ordination of the Glasgow City Food Plan as a collaborative response to the multiple and connected challenges of obesity, increasing rates of Type II Diabetes, food poverty and nutrition, child health and wellbeing, community, sustainability, procurement and inclusive economic growth. The food plan aligns partners' priorities from the outset to bring coherence to activity across the multiple policy areas. Previously siloed delivery areas are consequently able to cohere around mitigating health inequalities and addressing their underlying determinants.
- Promoting active travel in the city as a means of increasing physical activity, thus addressing causes of obesity and respiratory illness, whilst promoting sustainability, shaping infrastructure planning for health and wellbeing gain, reducing road traffic accidents, promoting sustainability and net-zero ambitions, economic competitiveness and inclusive growth. Again, this has been achieved by aligning policy and delivery interests across the full range of stakeholders, utilising data and trends, drawing on experiences from elsewhere, and by providing a facilitative space where new approaches with multiple co-benefits can be established. Importantly, subsequent monitoring of use of active travel infrastructure and interventions has enabled an assessment of health gain for different groups, thus maintaining a focus on health inequality.
- Developing responses to put population health improvement at the heart of economic growth strategy and capital investment. This has included a key role in the Economies for Healthier Lives project that supports those making investments to develop and deliver approaches to tackling inequality. Planned work with Clyde Metro, bringing stakeholders together in a manner that maximises the potential for addressing the multiple causes of inequality, will work in a similar way – building on the practical learning from the programmes of work mentioned above (food plan and active travel).
- Beyond action to transform underlying determinants in a manner that addresses inequalities, we are experienced in acting in the space of mitigation. This has included work bringing together Financial Inclusion and health providers to find new ways of delivering benefit and debt advice and improving up-take by those most in need. It has also included evaluating interventions to increase tenancy sustainment for those at risk of homelessness, to ensure innovations in practice have an evidence base.

The skills GCPH will require to deliver this work

12. Delivery of the GCPH vision and purpose rests upon a combination of skills across the team that includes:

- The capacity to work across boundaries, not just of research, but also professional domains within and beyond health, and to do so as a credible ally of the organisations

and agencies, professionals and practitioners, communities and individuals whose actions collectively shape health (and other policy domain) outcomes.

- Skills of facilitation, organisational intelligence, and sensitivity to stakeholder needs alongside technical skills of data analysis and communication, project management and evaluation. Across the team we have also developed extensive experience in the related fields of communications and community engagement.
- Having a team with established expertise in priority areas of population health. These are currently formulated at GCPH as: *Poverty, Inequalities and the Economy; Place, Community and Engagement; Mental Health, and Climate Adaptation, and Sustainability*. However, these may require further prioritisation, in part depending on resources.
- The ability to make accessible and useable the key trends in data in support of practical activity and priority setting among a range of end-users. This also includes a focus on what available data is unable to tell us and an understanding that new responses require, more than data alone, collective interpretation and exploration of what can be done.
- Experience in community engagement and participation – which has seen GCPH lead on developing the practice, application and evaluation of participatory approaches including participatory budgeting, citizen storytelling, and lived experience and citizens' panels. Even among organisations that have developed capacity in key aspects of community participation in research, GCPH expertise continues to be sought.

How GCPH will be organised to support the delivery of impact.

13. Since the beginning of 2023, the GCPH Partnership has been focused on the task of renewing and readying itself to contribute in the adverse economic and fiscal context which has been evolving. Governance has been revitalised and dialogue with partners, and with Scottish Government, has been strengthened. Staff have been engaged to renew the vision, purpose and the structure of the Centre.
14. The previous GCPH structure, based on four work programmes, was replaced with a new, more focused structure, based on two teams, and a stronger commitment to team working across the Centre. There is a strengthened orientation towards impacts which can be achieved in working with partners in deploying available resources.
15. First, the multiple action and delivery functions of the Centre were merged into a larger *Evidence into Action Team*, aiming to take the assimilated evidence about the patterns and causes of population health and health inequalities into practical, collaborative action with a wide range of partners. The aim here is to maximise engagement with partners to identify and collaborate around areas of delivery where outcomes can be improved within the scope of available powers and resources.
16. Aligning with the above, the existing observatory functions of the Centre were brought together into an *Evidence for Action Team*, with a continuing – and vital – role in assimilating and interpreting recent trends in population health and health inequalities,

drawing out key developments and their principal causes, and supporting the identification of priorities for action relevant to various partners.

17. In recent months, this process of renewal has been affected by the uncertainty arising from the intensifying financial challenges faced by key partners and by the Scottish Government. In this situation, it has not been possible to recruit new colleagues to replace staff who have retired or moved on. Looking forward, however, this provides the opportunity for a more strategic approach to organisational renewal and the recruitment of staff with appropriate skill sets – as and when resources are available.
18. While the competencies required for the work of the Evidence into Action Team have already been demonstrated through previous and ongoing activities, it is important that steps are taken to generalise them more consistently across the Team – both through CPD and also through recruitment, as we move to replace staff who have left.
19. The Evidence for Action Team has been most depleted by recent staff movement. It is recognised that other agencies work in the data generation/observatory space. However, a small data observatory capacity remains vital to the Centre's ability to operate credibly and effectively with partners, wider stakeholders and in the wider public sphere. Most importantly, the function will be required to support the translation of evidence into *evidence for action*. It is essential that we continue activity such as hosting and updating the Understanding Glasgow website and the Community Health Profiles as generative tools in the creation of shared understanding of the patterning of issues, and consequently the priorities for action, across the city.
20. Our *Communications* function has developed a distinct skillset to assist our approach, evolving from a more broadcast focussed role, associated primarily with dissemination of research findings, to a set of activities supporting knowledge exchange, utilisation and translation. The provision of facilitative spaces, such as workshops and seminars, has become central to the success of our Partnership. A network of actors and organisations committed to addressing population health and inequalities in Glasgow has been established and regularly convened by our communications function.
21. As new opportunities for participation and involvement emerge, the GCPH communications function will continue to explore new outputs and forms of engagement. To date it developed innovative approaches including animations, films, infographics and games to facilitate knowledge exchange and shared understanding. The continued provision of accessible visual tools for use with wider audiences, or in partner-orientated engagement events, is required to enable activity and share learning and insights in the action space, as well as in ensuring population health data is communicable and understandable to partners locally and nationally.

Achieving best connectivity within the current population health landscape

22. Precisely how GCPH will best fulfil its intended role in the current landscape is a matter for ongoing refinement with the relevant agencies, and the comments and observations that follow are intended to support those discussions.

- It seems sensible and appropriate that GCPH should continue as a collaboration involving the existing signatories to the MoU – NHS GGC, GCC and UofG – and that funding to support both the partnership itself, and the delivery of the annually agreed workplan, should be sought from the Scottish Government. GCPH will, of course, continue to supplement that funding with external funding secured to support specific parts of the agreed workplan, and the impact achieved with funding should continue, where possible, to be increased through collaborative action with a wider range of partners contributing resources of their own.
- A new GCPH MoU should preserve the Centre’s status as a genuine partnership, with a shared collective purpose, and strong alignment with the operational priorities of the main partner organisations. The Centre should not become overly aligned in organisational and governance terms with any particular partner, thereby ensuring the element of relative autonomy which is required to retain credibility and trust across the partnership and with a wider range of stakeholders.
- The GCPH Management Board should continue to include also representation from Glasgow City Health and Social Care Partnership (HSCP) as well as the main partners and funder.
- The GCPH Executive Management Team (EMT) was conceived as the forum in which strategy would be connected to the operational priorities of the partners. Over the past year, this forum has been refreshed, confirmed in its purpose, and expanded to include representation from both Scottish Government and Public Health Scotland (PHS) – with the aim of achieving strong mutual awareness across partners, avoiding duplication and securing alignment and synergies. The strengthening functioning of the EMT will be a key element in achieving wider purpose, both for GCPH and for the wider network of agencies involved.
- GCPH should continue to inform and align with the most relevant operational priorities of the Public Health Directorate of NHS GGC. This is being supported through the refreshed governance process of the Centre, and especially through the operation of the EMT.
- The key current areas of collaborative alignment between the Centre and Glasgow City Council are, firstly, through the developing Health Determinants Research Collaboration (HDRC), being led from within the Council, and involving University of Glasgow and Glasgow City HSCP, and GCPH. A connecting innovation is the Council’s Child Poverty Pathfinder/Programme. The importance of GCPH’s role here is two-fold. First, our twenty years of practical experience in bridging research evidence and the networks holding the levers to address problems has borne knowledge of how to facilitate common agreement about implementable ways forward. Research evidence itself, even around ‘what works’, has to align with the local context – both in terms of the understanding of the problem and local ways of working (including the history of previous activity). GCPH has also facilitated the inclusion of new voices within partnerships to address health inequality, including those outside the traditional networks associated with population health. These ways of working rest on extensive experience and practice. We also have credibility and trust with communities of lived experience and the groups who advocate for them. Mirroring our approach across

networks of delivery, this brings value that can be harnessed to position Glasgow as a place with key enabling conditions for the development and implementation of new and innovative collaborations. The second main area of alignment between the Centre and Glasgow City Council is with Glasgow City Region Project Management Office, where a GCPH Public Health Programme Manager has been on extended secondment to support the embedding of a population health and inequalities perspective into economic investment.

- GCPH has worked with the University of Glasgow in ways which align with their research strategy – working together to tackle big challenges and address urgent problems, and developing mechanisms, expertise and leadership needed to initiate and sustain creative collaborations. Going forward, there are clear opportunities to strengthen that alignment – consolidating the University’s status as GCPH’s main and priority Higher Education Institution (HEI) partner. Benefits for the University can include the scope to strengthen links and partnerships with key public sector agencies, and strengthening competitiveness for research and challenge funding (not least through connections to communities). One important aspect of this relates to future accommodation and the possibility of the GCPH collaboration being further developed as a space enabling connectivity and the generation of new ideas, questions and approaches within the main University estate. This would simultaneously support a strengthened alignment in work planning with the University as a main partner.
- It has long been understood that the health outcomes of Glasgow have a significant bearing on population health in Scotland as a whole. It has also been understood that dealing with these challenges requires alignment between national and UK measures, and intensive working at the city level. The evolving landscape, including the creation of Public Health Scotland (PHS) has not altered this situation, and this points to the need to sustain GCPH as the established local collaboration, which is experienced and skilled in achieving the translation of principles into practical and scalable actions. This calls for a closer, more mutually aware and complementary relationship between GCPH and PHS. The representation of PHS on the GCPH EMT is an important step which can support further steps towards the required alignment.

Securing partner and funder commitments

23. The crucial dimension of the GCPH MoU is the Partnership it represents. The Partnership provides a special collaboration, in the form of a city-wide commitment to a way of working that brings together key organisations and agencies holding different levers for addressing population health and inequalities. Indeed, the Scottish Government has funded *the Partnership itself*, as much as the annual work plans, in recognition that it requires the partners to work together, and with others, in a manner that produces impacts.
24. The re-affirmation of this Partnership will be an important indication of the collaborative commitment to work to address the currently intensifying population health challenges that will affect the future economic and social prospects, not just of Glasgow and the wider region, but also of Scotland as a whole.

25. The existing MoU (30th March 2020 – 1st April 2025, see Appendix 1) outlines the contributions of each of the partners in detail. These can be summarized here as follows:

NHS Greater Glasgow and Clyde:

- Payment of salary and oncosts for the Director post;
- Employment of core GCPH staff (with salaries and oncosts paid from Scottish Government funding), fulfilment of associated employer responsibilities including HR, recruitment services, and financial management support.

University of Glasgow:

- Provision of accommodation, subject to a tenancy agreement and rental payment drawn from Scottish Government funding;
- Provision of IT infrastructure, subject to re-payment;
- Awards of honorary status as appropriate to GCPH staff, allowing access to library services and research ethics committees.

Glasgow City Council:

- Underwriting of the costs of the accommodation.

All partners:

- Participation in the GCPH Management Board and Executive Management Team.

26. The above outline indicates an imbalance across the contributions of the partners – with NHS GGC providing most.

27. Given the financial challenges facing key partners, and our main funder, it is important at this stage to have a focused conversation on what partners will be able to contribute going forward, and what might be required from partners to demonstrate commitment – such that Scottish Government will itself be more likely to commit to future funding.

28. Key considerations here include:

- Will any overall reduction in material commitment from partners be likely to prove damaging to future prospects?
- While it would not seem essential for contributions from the main partners to be in balance, could commitments be made which would reduce the current degree of imbalance?

Conclusion

29. This paper is intended to support discussion about how best to draw on the accumulated learning and experience of GCPH, and to maximise the scope for the organisation to play its role in the wider landscape, in addressing the current and projected population health and inequalities challenges of Glasgow and Scotland more widely.

30. In concluding, it is worth remembering that over the past decade, GCPH has evidenced its ability to maintain its work with a diminished budget – resulting from flat funding

settlements from Scottish Government over that period. The Centre has already learned to 'cut its cloth' and can, within reason, continue on that basis.

31. However, for impact to be achieved, working with a range of partners, scale matters, and a viable, impact-focused organisation will have, as indicated, to combine a small observatory function, providing 'evidence for action', with a larger 'evidence into action' team, able to energise awareness, working with partners, as to where and how limited resources can best be deployed to achieve desired health impacts. A communications function will remain important within the new operation – alongside a level of administrative support.
32. On this basis, a perhaps somewhat smaller scale, more impact focused, population health Partnership will emerge – one which is substantially focused on Glasgow, reflecting the continuing scale of the health challenge in the city, but which is simultaneously, mindful of the perspectives of our main funder, of wider reach and relevance across Scotland.
33. For this to happen, however, we first need to secure the commitments from partners to a new MoU which will be sufficient to secure the commitment required from our main funder.

**GCPH Leadership Team
September 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:



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16 April 20

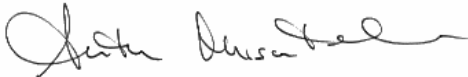
Prof John Brown CBE
Chair
NHS Greater Glasgow and Clyde



.....

10 November 20

Cllr Susan Aitken
Leader
Glasgow City Council



.....

16 April 2020

Sir Anton Muscatelli
Principal
University of Glasgow



**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.