



Introducing the Glasgow Centre for Population Health

May 2022



www.gcph.co.uk

What is the Glasgow Centre for Population Health?

The Glasgow Centre for Population Health (GCPH) was established in April 2004 as part of the then Scottish Executive's commitment to increase action on health improvement in Scotland. This came out of a recognition that despite decades of efforts and investment to improve health, inequalities in health not only persisted but were widening. It was recognised that the scale and complexity of the challenge required new ways of thinking and working, centrally informed by research and evidence, and built on new partnerships with a broad spectrum of stakeholders including local and national government; the public, third and private sector; academia; and local communities.

With a core focus on improving health and reducing inequality, our purpose is to understand the patterns and causes of Glasgow's enduring poor health; identify and evaluate the types and mix of potential solutions, policies and practical actions for improvement; and inform, influence and support our partners and stakeholders to take the action required in response to our evidence – at both a local and national level.

Although we are based in and our work has a distinct focus on Glasgow, our evidence and its implications and recommendations have wider transferable learning – at a service-level, locally, to other cities, and nationally. The primary focus on Glasgow and the West of Scotland has enabled an unprecedented depth of understanding and insight into the area's health profile, underlying trends and what services, interventions and approaches can be utilised to create better and more equal health. It has also enabled the development of the networks, relationships and trust necessary to deliver change.

Partners and governance

We are a partnership between NHS Greater Glasgow and Clyde (NHS GGC), Glasgow City Council, and the University of Glasgow, funded by the Scottish Government. Core staff are employed by NHS GGC who provide our systems of governance. The GCPH Management Board provides leadership, advice and support to the Centre's management team and staff. Its strategic role is to ensure the overall delivery of our work and its relevance to partner interests. Chaired by the Chair of NHS Greater Glasgow and Clyde, the Management Board is comprised of senior officers from the partner organisations and the Scottish Government. The Chief Officer of Glasgow Health and Social Care Partnership, the GCPH Director and Associate Director are also full members.

Our formal partnership enables us to work across the boundaries of research, policy and practice. It also enables us to respond to, align with, and influence, local and national priorities. In this way, we fulfil a distinct role within the public health and health improvement landscape in Scotland.

We operate collaboratively with our funder and partners whilst retaining independence as an 'arms-length' organisation. This has been crucial in establishing our position as a credible, evidence-led and rigorous organisation, while ensuring our work is relevant, timely and responsive. It also helps in the formation of implementable recommendations within existing priorities and practices. This is one of our key strengths.

In addition to this formal partnership and governance, we work collaboratively with, and through, a much wider range of stakeholders, partners and alliances, such as community organisations and the third sector.

Why do we exist and the current context?

Glasgow's health issues and inequalities are well recognised, deep-seated and long-standing. Glasgow falls behind the rest of Scotland and the UK in terms of health outcomes. The gap in life expectancy and healthy life expectancy continues to [increase between our most and least deprived communities](#). Scotland's overall poor health profile compared with the rest of the UK and Western Europe is influenced to a large degree by the high mortality rates seen in and around Glasgow.

We have seen some progress since our establishment – in terms of improvements in some health outcomes for different groups of the population and notably in the now widespread recognition in policymaking that population health improvement will only result from a combined effort across policy domains to tackle the structural determinants of health. However, in terms of headline outcomes of life expectancy and healthy life expectancy, progress has not matched local and national ambitions for Scotland to be a fairer and healthier nation.

For illustration, Glasgow remains the most deprived city and local authority in Scotland where one-in-three children (more than 37,000) are living in poverty, rising to 41% in some parts of the city.

It is within this context that we are now seeing a stalling in life expectancy improvements across Scotland and in some areas, particularly in our most deprived communities, life expectancy has started to fall.

External influences have not been favourable for improving health and reducing inequality. Our evidence has demonstrated the impact of austerity and welfare reform in creating new experiences of economic vulnerability with related health and wellbeing impacts. This has resulted in not only a continuing, but a widening of, inequalities. There has also been an emergence of new vulnerabilities and public health challenges such as loneliness, social isolation, an aging population, in-work poverty, the climate emergency and most recently the Covid-19 pandemic.

In addition to the profound health, social and economic impacts the pandemic has had, it has also vividly exposed the underlying systemic and structural inequalities within our society – many of which have been exacerbated over the past two years. As we progress into recovery, we will maintain our focus on the key health, social and demographic trends that evidence the depth and concentration of inequalities in the city, and the interconnections of physical, social, economic and environmental factors in determining population health.

The process of recovery is also an opportunity to reflect on and learn from our collective responses to the pandemic and to inform what we can do as a city to support the processes and generate conditions for improved and more equal health. Ensuring that as broad a range of citizens and perspectives as possible inform the questions we ask and choices we make around what our post-pandemic reality looks like is essential to embed longevity, sustainability and fairness.

We are also committed to reflect on and address representation and inclusivity internally within our own organisational culture, research, practices and communications. This relates to all protected characteristics under the Equality Act 2010, to ensure equality is integrated into our day-to-day work, but also specifically in relation to progressing action to meet a commitment to GCPH being an anti-racist organisation.

Our role and purpose

Working across the boundaries of research, policy, implementation and community life, our overall mission is to generate insights and evidence, support new approaches, and inform and influence action to improve the city's health and tackle inequality.

This purpose statement informs and provides coherence to the wide range of activity, outputs and ways of working that we engage in.

Describing progress towards our purpose rests on two broad categories of activity:

1. a range of data, evidence and analysis activities and,
2. the development of practice to support knowledge translation and 'real world' application to improve health outcomes and reduce inequality.

Delivering on both of these requires a broad set of skills within the team including specialists in a range of data collection, analysis and interpretation methods; researchers and evaluators; and community engagement and communication specialists. Our core team comprises 25 team members, representing a broad base of expertise across public health, research, local authority policymaking, the third sector, communications, administration and community engagement. This core team is the Centre's most important resource, with many leaders in their areas of expertise at both a city and national level. All possess an alertness to partner priorities and combine analytical credibility with an understanding of the ways of working necessary to translate research evidence into policy and practice. We have a committed and stable team and a high rate of retention.

We achieve impact and influence through six characteristic ways of working. Each of these have short and longer-term success indicators which shape our contribution to change in the city-wide conditions that shape health. The six ways of working that cut across our work programme are described below and in the accompanying diagram.

1. Building and developing GCPH's reputation as a valuable source of evidence, knowledge and insights on the patterning and trends in health, inequalities and their determinants.
2. Supporting through collaboration the identification, development and assessment of promising investments and action to improve population health.

3. Maintaining a profile on the social justice and inequality implications of investments, interventions and policies.
4. Maintaining a future perspective and displaying leadership in considering new and emergent issues.
5. The continued development of GCPH as an exemplar organisation, in its ways of working and delivering with a focus on use of evidence, insight, coproduction and community engagement in the development of responses.
6. Evolving effective communications, to maintain our position as a trusted voice on health inequities in Scotland, diversify our audience and provide outputs that support practitioners, policymakers and others to develop approaches to reduce or mitigate health inequalities.

Figure 1: GCPH purpose and ways of working



Core programmes of work

Our work is organised through four core programmes of work, each supported by a Centre-wide communications strategy and administrative function. The four programmes are outlined below in terms of their overall focus and the current projects of research that sit within them.

Programme 1: Action on inequality across the life course

This programme responds to the role played by the experience of poverty and socio-economic inequality as a key determinant of a range of population health outcomes. It builds evidence, knowledge and insight into the impacts that poverty and inequality have on health and quality of life across the life course. The work of the programme makes a significant contribution to our focus on the social justice and inequality implications of investments, interventions and policies.

Current projects within this programme include:

- Evaluation of Glasgow City Council and Registered Social Landlords intervention to prevent homelessness through addressing debt. This will assist the Council understand the impact and scalability of their intervention and in doing so, support a national and local priority to prevent people falling into homelessness.
- Developing the pathways between Primary Care and Specialist Mental Health services. Supporting a service redesign pilot to result in a model of referral which is better able to meet complex low to moderate mental health needs at a primary care level.
- Contemporary experiences of young adulthood. This project will work with young people to explore how their anticipated transitions to adulthood have been affected by a combination of the effects of the economic recession and public spending cuts, compounded by Covid-19.
- [Evaluation of Sistema Scotland](#) – ongoing life-course evaluation of Sistema Scotland's 'Big Noise' programme.

Programme 2: Understanding health, health inequalities and their determinants

This programme of work aims to increase understanding of the patterns and trends in health, inequalities and their determinants, identify emerging issues and support the development of policy responses through recommendations. This helps us gain a better understanding of the factors that have caused health in the city and in Scotland more generally, to diverge with comparable cities, regions and countries. It also helps us understand how Glasgow and other parts of Scotland are changing over time – what is getting better, what is proving resistant to change and what is getting worse – and build a picture of future challenges in relation to demography, sustainability and socioeconomic inequalities. This is achieved through analysis across national, city and local levels and against international comparators. This programme delivers on the Centre's aim of being a trusted and credible resource for the city to understand and respond to the challenges of creating better and more equal health through providing a key population health observatory function. The analyses produced are also crucial in informing, shaping and supporting elements of work across our workplan and other work programmes.

Our longstanding programme of research on Glasgow's excess mortality ([outlined in this infographic](#)) is housed within this programme, as is the previous and ongoing three-city comparison analysis with Glasgow, Liverpool and Manchester.

Current key areas of research include:

- [An analysis of health and demographic trends within Glasgow to capture the profile of health and social inequalities in Glasgow and the wider city region.](#)
- National and international analysis of life expectancy and mortality trends
- Maintenance, development and future direction of the [Understanding Glasgow](#) website as a resource for communicating health trends and patterning in their determinants within Glasgow.
- Understanding differences in the experience of poverty and deprivation between England and Scotland.
- Understanding the key reasons for changing life expectancy and mortality trends observed in Glasgow and other places.

Programme 3: Sustainable inclusive places

The purpose of this programme is to support change to enable Glasgow to become a more inclusive, resilient and sustainable city. The programme explores and promotes action and investment that increase and equalise access to a range of health enhancing place-based

resources including: good quality built and natural environments; clean air; public and active transport infrastructure; places and spaces for regular physical activity; nutritious, affordable food; cultural opportunities; social connections; and participation and empowerment. This is achieved through the creation of evidence, insight and commitment with colleagues in urban planning, transport, air quality, housing, open space, food, sustainability and climate change and communities themselves.

Current projects include:

- [Food system change](#): Work across the food system in Glasgow has led to the production of a [Glasgow City Food Plan](#) underpinned by the core values of health, equity and sustainability. A commitment to delivery has been secured through the Public Health Oversight Board and community planning partners.
- Active Travel: Measuring transport volumes and modes: Working with the Urban Big Data Centre and Glasgow City Council to develop methodologies and capacity to measure changes in transport volumes and modes. Produce evidence on the impact of new infrastructure and the longer-term impact of behavioural change during and post lockdown.
- Climate change: small grants project: A small grants programme targeted at organisations working with children and young people to ensure a wider perspective on the climate emergency and to support the climate justice and community empowerment ambitions of the Climate Emergency Implementation Plan.

Programme 4: Innovative approaches to improving health outcomes

This programme foregrounds the value of asset-based approaches, social connections and community empowerment in creating resilience and shaping underlying processes to improve health outcomes.

A large stream of work within this programme has been our work on [community resilience](#), clearly very pertinent to the current context. In addition to producing several outputs which explore [the concept of resilience and its application within the field of public health](#), we produced a short animation that describes what we mean by the concept resilience and what is important to help individuals and communities thrive in challenging circumstances. [This animation can be viewed here.](#)

Our extensive research on [Participatory Budgeting](#) also sits within this workstream which has come to the fore as an important way communities can be empowered to shape their response to Covid-19 in the recovery phase.

Current projects within this programme include:

- [CommonHealth Assets](#): a realist evaluation of how community led organisations impact on health. This NIHR funded multi-partner, UK wide project providing evidence for policymakers on how community organisations' use of asset-based approaches improves health and wellbeing. This includes an economic evaluation and learning for scalability and sustainability.
- Racism as a fundamental determinant of health inequality: This work builds on the GCPH event and subsequent Board paper '[Racism and racialisation as fundamental determinants of health inequality](#)'. Given the projected increase in ethnic diversity of Glasgow in future and evidence of the disproportionate impact of COVID-19, [this work](#) promotes the development of approaches to address racial underrepresentation in both public health data and in decision-making roles within the senior workforce.
- [Understanding and implementing the health dimensions of an inclusive economy](#)
- Supporting the city's Social Recovery Taskforce through the development of approaches grounded in participatory budgeting principles and practice.

Impact and influence

Although evidence is foundational to change, we know that the achievement of change in policy and practice also requires the establishment of relationships to allow learning to be acted upon.

Our focus on knowledge utilisation has led to a strong and continual focus on the usability of our evidence as an integral part of the research process and in supporting others to translate evidence into practice. We achieve this through close and trusted working relationships with a wide network of partners to ensure the relevance and quality of our work at both strategic and operational levels. This is aligned with considered focus on how we communicate our research and with whom to ensure it is relevant, accessible, inclusive and widely shared and used.

Our range of communications outputs and channels include GCPH and peer-review publications and conference presentations; contributions to professional training and development; research supervision; shaping public discourse through our own and other

organisations' events, seminars and workshops, mass media, and [digital](#), web and social media outputs, including our range of [infographics](#). We also contribute to strategic public health developments through membership and provision of evidence to policy and strategy groups.

Keynote publications and events over the past year include:

Keynote seminars:

GCPH Seminar Series:

[‘The social crisis within the climate crisis’](#) – Dr Gary Belkin, Founder and President, Billion Minds Institute, Visiting Scientist, Harvard TH Chan School of Public Health, New York. 300 registered.

[‘Priorities for post-Covid public health’](#) – Professor Sandro Galea, Dean, Robert A Knox Professor, School of Public Health, Boston University. 300 registered.

[‘Social justice and health equity’](#) – Professor Sir Michael Marmot Director of the Institute of Health Equity, UCL Department of Epidemiology & Public Health. 1,000 registered.

[‘How racism shapes our health’](#) – Professor David Williams, Florence and Laura Norman Professor of Public Health, Chair of the Department of Social and Behavioural Sciences, Harvard TH Chan School of Public Health, Professor of African and African American Studies and Sociology, Harvard University

[‘#CaringEconomyNow: A Call to Action’](#) – Dr Angela O’Hagan, Reader in Equalities and Public Policy, WiSE Centre for Economic Justice, Glasgow Caledonian University. 300 registered.

Annual Public Health Information Network Scotland (PHINS) seminars:

[The continuing impact, and legacy, of COVID-19 in terms of homelessness and mental health.](#) Attended by 210 delegates.

[The commercial determinants of health.](#) Attended by 158 delegates.

[Approaches to addressing post-COVID societal inequalities: community wealth-building; and addressing climate change.](#) Attended by 216 delegates.

Keynote publications:

[Resetting the course for population health: evidence and recommendations to address stalled mortality improvements in Scotland and the rest of the UK and accompanying animation](#) (**[watch here](#)**)

[Covid-19 Micro briefing 4: Consolidating evidence of the impacts of Covid-19 on children and young people](#)

[Health in a changing city: Glasgow 2021. A study of changes in health, demographic, socioeconomic and environmental factors in Glasgow over the last 20 years](#)

[Covid-19 Micro briefing 3: The disproportionate impacts of the Covid-19 pandemic on Black and minority ethnic groups](#)

[Covid-19 Micro briefing 2: Consequences of the Covid-19 pandemic: exploring the unequal social and economic burden on women](#)

[Covid-19 Micro briefing 1: The disproportionate impacts of the Covid-19 pandemic on disabled people](#)

[Changing urban contexts: delivering a healthy and inclusive green recovery for Glasgow](#)

Peer reviewed articles:

Schofield L, Walsh D, Bendel N, Piroddi R. [Excess mortality in Glasgow: further evidence of 'political effects' on population health](#). *Public Health* 2021; 201: 61-68.

Baker G, Pillinger R, Kelly P, Whyte B. [Quantifying the health and economic benefits of active commuting in Scotland](#). *Journal of Transport and Health* 2021; Vol 22.
<https://doi.org/10.1016/j.jth.2021.101111>

Walsh D, McCartney G, Minton J, Parkinson J, Shipton D, Whyte B. [Deaths from 'diseases of despair' in Britain: comparing suicide, alcohol-, and drug-related mortality for birth cohorts in Scotland, England & Wales, and selected cities](#). *Journal of Epidemiology & Community Health* 2021; 75: 1115-1201. DOI: 10.1136/jech-2020-216220.

Wami W, Walsh D, Hennig B D, McCartney G, Dorling D, Galea S, Sampson L, Dundas R. [Spatial and temporal inequalities in mortality in the USA, 1968-2016](#). *Health & Place* 2021; 70: 102586.

McCartney G, Leyland A H, Walsh D, Dundas R. [Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge?](#) *Journal of Epidemiology & Community Health* 2021; 75: 315-320.

Garnham L, Rolfe S, Anderson I, Seaman P, Godwin J, Donaldson C. [Intervening in the cycle of poverty, poor housing and poor health: the role of housing providers in enhancing tenants' mental wellbeing](#). *Journal of Housing and the Built Environment* 2021.
<https://doi.org/10.1007/s10901-021-09852-x>

Further and more detailed information across all of our work programmes and communications outputs can be found on the GCPH website www.gcph.co.uk

Partner statements on the value of GCPH to their own efforts to improve health and tackle inequality.



Over the years, GCPH has maintained a focus on understanding and addressing the underlying drivers of health inequality. The evidence and insights generated through their work has been incredibly valuable to Scottish Government's analytical and policy teams, and helps to inform our overall thinking and approach. Their work with Public Health Scotland on life expectancy and excess mortality in Scotland has been particularly influential and informative.

GCPH has convened a number of thought-provoking seminars and podcasts over the years and their range of infographics really help to get key messages across to their audience. With the current, heightened focus on the socio-economic determinants of health, due to the impact of COVID-19 and longstanding inequalities, we look forward to continue working collaboratively with GCPH, in changing circumstances, to ensure that we can tackle inequality more effectively and improve population health.



Karen MacNee
Head of Health Improvement Division, Scottish Government



Glasgow City Council has a well established and extremely positive relationship with GCPH. GCPH are key partners on our Public Health Oversight Board and provide valuable support to the Board in taking forward priority areas of work.

GCPH was also a key partner on our Social Recovery Taskforce, which was set up to provide leadership and direction in the council's response to the pandemic. The Taskforce brought together a wide range of key partners from across the council family, partner organisations and the third sector who met between July 2020 and January 2022.

The contribution of GCPH in supporting the work of the taskforce as a key partner in its Academic Advisory Group was invaluable and greatly appreciated by all members. GCPH provided us with a series of micro briefings on the disproportionate impact of covid on vulnerable groups, bringing research evidence to policy makers and practitioners in an accessible form and enabling us to set priorities for our work which are reflected in the new Community Action Plan for the city. Such is the value placed on this partnership that the Academic Advisory Group will continue as a sub group of the Glasgow Community Planning Partnership.



Bernadette Monaghan
Director of Community Empowerment & Equalities, Glasgow City Council



Since its inception, GCPH has been an early adopter and leading innovator in efforts to increase cross-sectoral working and community engagement in research-led action to tackle inequalities in health. My colleagues in the MRC/CSO Social and Public Health Sciences Unit and the Institute of Health and Wellbeing have been fortunate to work with GCPH across many projects and appreciate the excellent skills and dedication of the team.

GCPH can claim many successes in work it has led to understand health inequalities in Glasgow and drive forward programmes and policies to make a difference, and has also contributed to many projects led by the partner organisations, including the University of Glasgow. GCPH is very well placed to continue in leading partnership based innovation and action on health inequalities in Glasgow, with the importance and value of its unique approach ever more widely appreciated.



Professor Laurence Moore
Director of the MRC/CSO Social & Public Health Sciences Unit, University of Glasgow