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BME Task Group

13th August 2019, within Glasgow

In Attendance

Councillor Jennifer Layden, Glasgow City Council
Judith Hunter, Community Empowerment Services, Glasgow City Council
Jewels Lang, Scottish Refugee Council
Fraz Khan, CEMVO
Enka Schmidt, CRER
Jatin Harie, CRER
Mohammed Razaq, WSREC
Fariha Thomas, YCSA
Alison McCrea, Glasgow City Council

Apologies

None Noted

1. Welcome, apologies

Councillor Layden welcomed everyone and thanked them for their attendance at the meeting.

2. Minute of last meeting

It was noted that the minutes had not been circulated and Judith Hunter advised that the minutes would be circulated following the meeting.

3. Employability Theme

European Social Fund Procurement Process

Alison McCrea provided an update in relation to the European Social Fund procurement process, advising that the European Social Fund has been committed until 2023. This funding will be underwritten by the European treasury. Alison informed the group that the process has been delayed as more information is required prior to moving forward with the recruitment process.

The group noted that the Phase 2 application is due for approval this week, and if approved an information session will take place in the Lighthouse Building on Tuesday 17th September 2019. The information session will include information on the procurement process. Alison added that the procurement process would launch in October, with the closing date for responses being February 2020. If everything goes well the scoring of submissions would take place in February/March 2020.

Fariha Thomas asked how the group will find out about the information session. Judith Hunter advised that she will circulate information to the group and the information will be published on the Community Planning Partnership website.

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Migrant Communities & Business Enterprise

Councillor Layden referred to the report prepared by the University of Strathclyde in relation to migrant entrepreneurship in Scotland, which has previously been circulated to members of the group. The contents of the report and findings were noted by the group.

Fraz Khan asked if there is any incentive for Glasgow City Council to subsidise Modern apprenticeships, and added to be an incentive for private businesses to employ people in modern apprenticeship roles.

Judith Hunter agreed to contact the Scottish Enterprise Network with the view to arranging a meeting to discuss opportunities to develop potential funding streams to help people from a BME background set up their own business. Mohammed Razaq suggested that some businesses be involved in the meeting.

BME Recruitment in Glasgow City Council

Councillor Layden noted that a report in relation to the Black & Minority Ethnic Workforce Representation.

Judith agreed to pass on any feedback from the report. It was suggested that Tom be invited to a future meeting to discuss the report in further detail.

Mohammed Razaq referred to a summer placement scheme for BME that existed approximately ten years ago, and suggested that this could be something that may be considered to be offered in future.

4. Democratic engagement

Update of Community Councils

Judith Hunter advised that the planned meeting with Steven Dowling has been postponed due to Steven having to attend Jury Duty. Judith agreed to circulate details of the meeting to attendees once it has been re-arranged.

The group were informed that the community council election process is currently underway and that there is potential for new members to join. The group agreed that this would be discussed at the re-arranged meeting.

Ethnicity in Charity Boards in Glasgow

Enka Schmidt gave an overview of the findings of research undertaken in relation to the ethnicity of charity boards in Glasgow.

Fariha Thomas advised that a lot of newer charities are established as SCIO's and therefore would not have been considered for the research.

Judith Hunter referred to the perception of equalities, and suggested that there is a requirement for better equalities training for the third sector.

A Whole System Approach to Tackling Gambling Harms in the City of Glasgow

A Briefing for the Public Health Oversight Group

on behalf of the City of Glasgow Gambling Harms Project Group, 16/01/2020

Gambling is now widely recognised as a public health issue¹. Yet in the UK it is not legislated as such and the prevention of gambling harms is notably absent from the policy landscape².

Gambling harms are complex. Over 50 have been described with many factors contributing to an individual, family or community's experience of harm³. They disproportionately affect the most disadvantaged people and communities⁴; addressing them is a social justice issue².

Why do we need to act now?

Public attitudes to gambling are hardening. Most people in Britain now believe that gambling is harmful to family life⁵. Public concerns over the impact of gambling on children (through advertising, sports sponsorship and gaming) and the exploitation of vulnerable people by gambling operators in the loosely regulated online sector is growing^{6,7}. Cross party-political action in response to public concerns over the impact of fixed odds betting terminals led to legislative change. The UK All-Party Parliamentary Group on Gambling Harms recently characterised The Gambling Act 2005 as "analogue legislation in a digital age", and called for an urgent revision of the legislation⁷. Signalling a strengthening of their approach the regulator, The Gambling Commission, published a National Strategy in 2019 with the sole aim of reducing gambling harms⁸; to inform and support delivery, Public Health England will publish a gambling related harms evidence review in Spring 2020⁹.

In Scotland, Public Health Reform has provided a mandate to adopt new ways of working; the Whole Systems Approach (WSA) working with communities and stakeholders to better understand our public health and societal challenges and co-produce collective actions to address them¹⁰. Six shared national public health priorities provide a focus for efforts to improve population health¹¹. A new national body, Public Health Scotland, will bring together NHS Health Scotland, Health Protection Scotland and Information Services Division, organisations that provided public health leadership to the codesign, implementation and evaluation of Scotland's world leading public health policies for the prevention and reduction of harm associated with complex problems such as alcohol and tobacco^{12,13}.

Gambling harms contribute to and exacerbate existing deep-rooted inequalities; the status quo is not an option. With cross party-political commitment and public support in an invigorated public health landscape, this is an opportune time to harness our critical mass of expertise to develop a public health approach to addressing gambling harms.

What do we want to see?

A comprehensive, coordinated strategy for the prevention and reduction of gambling harms that meets the needs, preferences and priorities of local people and communities in the City of Glasgow¹⁴. Glasgow is a proud and vibrant city. Everyone should have a chance to flourish and share the city's success. The people of Glasgow have a right to:

- Information about gambling harms,

- A family and community life free from gambling harms,
- Support and treatment that meets their needs if they experience harm,
- A say in how decisions that affect them and their community are made,
- Fair laws and public policies that focus on health and wellbeing.

Action to address gambling harms support local and national ambitions to make Glasgow a better, fairer place to live, and contribute to delivering our shared public health priorities.

How will we get there?

The Scottish Public Health Network (ScotPHN)¹⁵ have secured funding from The Gambling Commission to undertake a pathfinder project that will support the delivery of the Commission's National Strategy in Scotland⁸. The 3 year project will bring together local communities and stakeholders to develop, implement and evaluate a co-owned strategy for the prevention and reduction of gambling harms in the City of Glasgow; early adoption for the WSA will provide valuable learning to inform practice and raise the profile of the project. Support for the project has been secured from senior leaders at NHS Greater Glasgow & Clyde, and across the City Council family, including senior officers and elected members working with the IJB, HSCP and CPP. Key partners The Health and Social Care Alliance will bring their expertise meaningfully engaging with communities of interest to ensure that the voice of people with lived and living experience is at the heart of decision making¹⁶. Leading academics from the University of Glasgow and local data intelligence specialists will contribute critical expertise. In addition to providing public health leadership, ScotPHN will provide the administrative resource to maintain the project.

What do we need?

To fulfil its potential and affect sustainable change, ongoing commitment from our partners, including local communities, the City Council family, and NHS Greater Glasgow & Clyde, is required. We ask that the Public Health Oversight Board provide strategic oversight, facilitate engagement with key partners across the whole system and provide a mechanism to spread learning and practice to maximise the impact of the project.

¹ Faculty of Public Health gambling policy statement. <https://www.fph.org.uk/media/1810/fph-gambling-position-statement-june-2018.pdf>.

² Wardle H, Reith G, Langham E, Rogers RD. *Gambling and public health: we need policy action to prevent harm*. BMJ. 2019; 365:1807

³ Wardle H, Reith G, Best D, et al. *Measuring gambling-related harms: a framework for action*. Gambling Commission. 2018.

⁴ Rogers RD, Wardle H, Sharp C, et al. *Framing a public health approach to gambling in Wales: challenges and opportunities*. Bangor University. 2019.

⁵ *Gambling participation in 2018: behaviour, awareness and attitudes*. Gambling Commission, Birmingham, UK. 2019.

⁶ Goyder E, Blank L, Baxter S, et al. *Tackling gambling related harms as a public health issue*. The Lancet, 2020; 5(1):PE14-E15.

⁷ UK All-Party Parliamentary Group on gambling related harms. *Online Gambling Harm Inquiry*. 2019.

⁸ *The National Strategy to Reduce Gambling Harms*. Gambling Commission, Birmingham, UK. 2019.

⁹ <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-scope>

¹⁰ <https://publichealthreform.scot>

¹¹ *Scotland's Public Health Priorities*. Scottish Government, Edinburgh. 2018.

¹² *Alcohol Framework 2018: Preventing Harm*. Scottish Government, Edinburgh. 2018.

¹³ *Creating a tobacco-free generation. A Tobacco Control Strategy for Scotland*. Scottish Government, Edinburgh. 2018.

¹⁴ Gillies M. *Preventing and reducing gambling harms in the City of Glasgow: a working paper*. ScotPHN. 2019.

¹⁵ *The Scottish Public Health Network* sits within NHS Health Scotland and carries out work deemed to be of national importance for which there is no dedicated capacity on behalf of the Scottish Directors of Public Health. ScotPHN have been progressing work on gambling harms since 2014.

¹⁶ *Health and Social Care Alliance Scotland*

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Minutes

Glasgow City Public Health Oversight Board
Within Room G.12 City Chambers East, 40 John Street
22nd January 2020

Present

Linda De Caestecker, GCC NHS (Chair); Bernadette Monaghan, GCC Community Empowerment Services; Shaw Anderson, GCC, Community Empowerment Services; Fiona Moss, GHSCP; Martin Booth, GCC, Financial Services; Ian Bruce, GCVS; Lynda Campbell, Glasgow Life; Michelle Gillies, ScotPHN; Cormac Quinn, GCC; Chris Harkins, GCPM; Pete Seaman, GCPM.

In Attendance

Mary McPhail, GCC, Community Empowerment Services

Apologies

Cath Cooney, Health and Social Care Alliance
Bridget McConnell, Glasgow Life

1. Welcome and Introductions

Linda welcomed everyone along to the meeting, introductions were made and apologies given. Linda explained the background of the group for those who were new to the group.

2. Minutes

The minutes were approved with some amendments requested.

Actions from the last meeting

- Page 2 – Terms of Reference - on today's agenda for discussion
- Page 2 – Public Health Reform – Angela Leitch will (possibly) attend the Board's February meeting
- Page 3 – City Vision – on today's agenda. Fiona to update.

3. Terms of Reference/Composition of Group

The group were happy with the adaptations made to the Terms of Reference at the last meeting.

Shaw felt there was a degree of vagueness around posting of the minutes and asked if anyone had strong views against them being put on the GCPP website. No objections were made.

Agreed Actions

- Shaw to post the minutes of the meeting on the GCPP website

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4. City Vision

Both Fiona and Linda are working together on this, along with a range of partners. Fiona spoke about the background of City Vision then gave a presentation which covered:

- the significant impact on people, businesses and communities during this time of economic and social change. Poverty is the most prevailing factor and the fiscal costs of it are huge. Fiona explained that by dealing with the root cause of poverty, Glasgow can make a positive impact on the economic performance of Scotland
- the various reasons why this should be done now
- our assets, resources and capabilities
- a breakdown of the most and least deprived areas in Scotland
- how to develop our understanding/learning from other transforming urban areas/ learning from across the city
- Pathfinder Programmes
- understanding the impact of social change on well-being and on the economy
- the philosophy of City Vision
- plans for the next 12 months

Fiona described Glasgow as unique and at the forefront in regard to human rights and a metropolitan area that needs recognition. There are opportunities coming up (i.e. COP26) that will allow us to show the best of what Glasgow can offer.

The National Performance Framework presents 'wellbeing' as a core part of the Scottish Government's purpose. Glasgow Vision provides an opportunity to assist the Government through the development of an index of wellbeing and Fiona believes that Glasgow is of the right scale to do this.

Fiona related that models carried out in other U.K. areas and internationally were looked at; key indicators stood out and these were used to frame the vision, then people/partners were consulted to look at how things could be done differently. The Local Governance Review is looking for submissions on authorities doing something innovatively.

Pathfinders will focus on areas with the biggest potential scale and impact on people across the challenges of poverty, health, skills and justice. 16 Pathfinder areas have been identified. At the moment, none have been signed off and there is still a lot of work to be done.

It was stressed to the group that Pathfinders are not projects.

There was a discussion around the table in relation to:

- financing
- resources
- timelines
- indicators
- monitoring
- how community organisations could fit in
- how to establish if organisations are working well together

Bernadette was happy to engage in supporting City Vision and advised having a conversation with Community Empowerment Services as assistance from the Area Partnerships would be critical.

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Consideration should also be given to work that is underway to support the work of Community Councils – particularly work on a collaborative basis.

Shaw gave an update on Participatory Budgeting pilots that have been undertaken in Glasgow. Discussions are ongoing regarding how Participatory Budgeting will be taken forward in Glasgow. The Chair stated that this would be looked at next time, whilst stressing the need to keep a handle on everything.

5. Gambling

Michelle explained that the Scottish Public Health Network (ScotPHN) works on behalf of the Scottish Directors of Public Health and gave a briefing covering:

- the harmful effects of gambling on family life
- the impact of gambling on children via advertising and sports/exploitation of vulnerable people
- the changing attitudes towards gambling
- legislation
- public health policies
- new ways of working – Whole Systems Approach (WSA)
- funding
- potential action
- vision and how to take the project forward

Funding has been secured to develop a public health approach within Glasgow; this includes ring-fenced funding for a contribution from The H&SC Alliance. The project is intended to run over 3 years and importance was given to getting the right people around the table to identify the actions to take forward.

There is interest developing in bespoke gambling treatment centres. We do not know the level of need or unmet need for these services. There is a danger that funding could be directed to developing unsustainable, inequitable services.

There was a discussion around getting a steering/advisory group together, establishing both a Terms of Reference and the people involved (locally and nationally). Funders are supportive and keen to link in. Focus is being shifted away from treatment of individuals to the wider determinants of health and wellbeing.

Targeted resources to support those in need, sophisticated betting apps, the vulnerability of young people and online games (which set patterns of play) were also discussed. Michelle explained that by looking at a U.K. wide approach to gambling, there was a lot of potential to control/change the narrative and great potential to use for good. Fiona suggested Michelle contact her service as it may help/enable young people. Having a whole system approach will show where needs are being met (although just not visibly so).

The Chair advised that a round table discussion had been organised for the end of February and requested an update in the March meeting.

Agreed Actions

- Fiona to provide Michelle with contact details

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- Michelle to provide an update at the next meeting

6. Children's Neighbourhoods Scotland (CNS)

Pete gave an update on the background of CNS. CNS works with local people to reduce poverty, and is focussed on children. Its approach is capability based.

Funding has been approved and will go forward for the next 2 financial years. The Scottish Government provide 50% of the funding with the local authority and HSCP both contributing 25%.

A number of CNS sites have been identified across Scotland. Three of the sites are in Glasgow, they are at different stages of development.

The evaluation strategy has been published. Communities will identify the outcomes with the agenda around improving outcomes for children. CNS is focused on young people, parents and workers.

It was thought that CNS could link in with the matrix of City Vision. The Chair saw huge overlaps with City Vision/Pathfinders. Again, the Chair advised keeping a handle on where this all fits in.

7. Partner Updates

No updates were given and the matter will be kept on the agenda.

8. AOCB

The Chair reported that funding for the Inspiring Scotland Link Up programme may be coming to an end and asked what the way forward will be for this. Fiona advised that there is still an opportunity for further funding. The Chair advised that reps from Link Up will attend the next Health Board Public Health Committee (where this matter will be discussed) and bring back information.

The Chair requested an update on strategy etc. in relation to Child Poverty at the next meeting.

Chris is working with Glasgow Disability and trying to frame it through Public Health. He has encountered lots of issues and requested he bring it to this group for review.

A UK summit on drug deaths is due to be held in March in the City Chambers. The Chair will check the date and circulate.

The group are currently meeting on a monthly basis to get established. After review, the number of meetings will decrease.

9. Date of next meeting

§ 10:00, Wednesday 12th February 2020

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GLASGOW COMMUNITY PLANNING PARTNERSHIP

GLASGOW CITY PUBLIC HEALTH OVERSIGHT BOARD

DRAFT TERMS OF REFERENCE

1. Background

The inclusive growth ambitions of the city's Community Plan and Council's Strategic Plan both highlight the importance of focussing on what can be done to improve the city's health. At a public health summit on the 28th January, 2019 city leaders sought to focus on health as an asset that brings social and economic benefits for families, communities and the city as a whole. It was recognised that this would require a level of ambition similar to that shown historically to create the infrastructure that reduced disease. It was also recognised that such ambitions could only be achieved through community planning partners working together.

The need for leadership across partners in the city led to the outcomes of the public health summit being presented to the Glasgow Community Planning Strategic Partnership in May 2019. Partners supported the development of an overarching partnership governance arrangement that would be influential in generating the changes required. This paper proposes the terms for such a partnership.

There have also been papers and discussions from Glasgow Life about new ways of working in a Partnership Pathfinder to maximise our collective efforts for inclusive growth and health and well-being.

2. Purpose

This paper describes terms of reference for a high level partnership be established to provide coherence and governance for progressing the ambitions of the Public Health Summit, which in turn reflects the national priorities for public health and the Health Boards 'Turning the Tide Through Prevention' Strategy. This partnership will be known as Glasgow City Public Health Oversight Board (GCPHOB).

3. Scope

The summit generated agreement on the public health statement attached below. The GCPHOB will cover the scope of these ambitions and generate and capture the progress on the participatory, connected and inclusive city components. It is expected that progress, in most part, will be drawn from existing partnerships working on aspects of these themes; community infrastructure, transport and the economy and creating supplementary arrangements only where required. The oversight board will focus on aspects where the ability to work in partnership on public health themes need processed, understood and developed. The oversight board will also coordinate various other initiatives including the Partnership Pathfinder referred to above and development of a City Food Strategy to ensure integration and lack of duplication. The oversight board will enable systematic

feedback on progress to the CPP Board, the Council CMT and the NHS Board CMT.

| Strategic Statement |
|---|
| <p>Our shared ambition: To achieve a narrowing of the inequalities in life expectancy and healthy life expectancy for men and women within Glasgow city.</p> <p>What will need to be different?:</p> <ol style="list-style-type: none"> 1. Achieve <u>genuine place-based working</u>, which is empowering for local people and supported by collective public service leadership, focussed on building the assets in neighbourhoods, and orientated towards preventing ill-health and improving health and wellbeing. 2. Establish a <u>culture of wellbeing</u>, where population wellbeing is a measured and prioritised outcome, and all services and policies seek to maximise their contribution to that outcome in how they work and what they do. 3. Use and develop responsibilities as an <u>employer and procurer</u> of services to contribute to inclusive and sustainable growth that is focussed jointly on health, social and economic outcomes. 4. Implement a <u>skills-development programme</u>, across the city's public services, to increase understanding of, and capability in, effective approaches to improving health and reducing health inequalities. 5. Learn from existing effective approaches (eg on early years) and from experience elsewhere – be <u>outward-looking</u>, and attend to the communications deployed to achieve the changes being sought. 6. Ensure that approaches are <u>inclusive, empowering and respectful</u>, and are explicit about achieving greater equality of participation and of outcomes. <p>Proposed totemic strategic developments which could be developed during 2019/20 as being symbolic of these qualities:</p> <ol style="list-style-type: none"> 1. The Participatory City 2. The Connected City 3. The Inclusive City (through city deal and economic strategy) <p>Measures and metrics: These to be developed, but framework proposed as comprising measures and targets in the categories of: (i) overall reduction in gaps in life expectancy and healthy life expectancy (size of reduction and time period tba), (ii) participation (levels of reach and engagement, including within sub-groups), (iii) prevention (of specific outcomes relevant to priorities), (iv) representation (measures of empowerment and governance reflecting need for new social contract and greater collective ownership and leadership).</p> |

4. Remit

- To drive and monitor progress in realising the shared ambition arising from the Public Health Summit and endorsed by Glasgow Community Planning Partnership.
- To oversee and coordinate the development and implementation of a Pathfinder Partnership
- To enhance the collective impact of community planning partners on the health of citizens by providing focus and leadership on a small number of agreed priorities.
- To continue to raise the understanding of health and well-being on the future success of Glasgow

- To share learning and evidence from within and beyond Glasgow to enhance the delivery of best practice interventions and approaches to health gain.
- To advocate locally and nationally for action to strengthen the health outcomes of residents, undertaken in collaboration with residents.
- To challenge partners to consider the impact of decisions on the health and well-being of residents and take action to maximise health gain.
- To describe a public health approach and how it can be applied to a range of health challenges in the city.
- To provide periodic reports on public health progress to city leaders, including Glasgow City Council, the NHS Board and Glasgow City Partnership.

5. First meeting of year of the Glasgow City Public Health Oversight Board to be held September 2019

- 5.1.** Commence the establishment of an influential and connected partnership to progress business, adopting a well-being generating culture for the group and agreeing the membership
- 5.2.** Consider the three core themes of connectedness, participation and inclusivity and determine key partnerships/relationships, reporting and actions in relation to each
- 5.3.** Report on progress to date including the new joint post to integrate health and inclusive growth between the Council and GCPH and learning from participatory budgeting pilots
- 5.4.** Discussion of actions to address the rising level of drug-related deaths in the city
- 5.5.** Establish mechanisms for wider public involvement in the work of the oversight board, including existing community mechanisms through community planning, thriving places, Glasgow Equality Forum and others.

6. Culture and values

Glasgow Community Planning Partnership held a development event in the spring of 2019 to consider the culture of partnership working in the city and the behaviours and processes that will enhance an inclusive and co-operative partnership culture. The GCPhOB would be recognised as one of the governance structures subject to the emerging cultural development activity of community planning.

In the initial stages of establishing the Board consideration will be given to each element of the cultural creation diagram above and the TOR may be amended as a consequence.

Working principles:-

- § We take a rights based approach
- § We prioritise defined need and inequalities in public health
- § We work to the best available evidence and practice guidance
- § We consider efficiency and cost effectiveness
- § We take anti- stigma and discriminatory approaches
- § We seek to build and maintain healthy collaborative approaches
- § We will use the Concordat principles as a framework to further develop joint working with the Third Sector

7. Membership

| Name | Title | Organisation |
|---|--|---------------------------------|
| Bernadette Monaghan | Director of Community Empowerment | Glasgow City Council |
| Dr Linda de Caestecker | Director of Public Health | GGC NHS Board |
| Dr Bridget McConnell | Chief Executive | Glasgow Life |
| Dr Carol Tannahill | Director of Glasgow Centre for Population Health | GCPH |
| Martin Booth | Executive Director Finance | Glasgow City Council |
| Ian Bruce or other Representative of GCVS | Chief Executive | GCVS |
| Fiona Moss | Head of Health Improvement, | GHSCP |
| Ian Welsh | Chief Executive | Health and Social Care Alliance |
| Jane O'Donnell | Interim Head of Policy | COSLA |
| Louise McKenzie | Chief Executives Department | Glasgow City Council |

Others will be asked to attend as required.

8. Meeting frequency

The group will meet monthly initially.

9. Meeting Administration

Glasgow City Council Director of Empowerment will co-chair the Board with NHSGGC Director of Public Health. The administration of the meetings will be undertaken by the community planning support team and meetings will be held in accessible locations within the city centre area. Requests for agenda items will be requested a fortnight in advance. Papers will be distributed a week before the meeting date.

Papers will be made available through the GCPP Web-site, the Public Health Committee of GGC NHS Board and the cities Integration Joint Board (Glasgow City Health and Social Care).

10. Accountability

The Public Health Oversight Board will be accountable to Glasgow Community Planning Strategic Partnership and sponsored by Glasgow City Council and the NHS GGC Board as lead partners.

11. Review

The terms of reference will develop over the life of the partnership, with a review process for members annually.

**Glasgow Community Planning Partnership
Executive Group**

**Report by Bernadette Monaghan, Director of Community Empowerment &
Equalities, Glasgow City Council
Contact: Gerald Tonner Telephone: 0141 287 0187**

Glasgow City Public Health Oversight Board

Purpose of Report:

To provide the Executive Group with information regarding the establishment of the Glasgow City Public Health Oversight Board (GCPHOB).

Recommendations:

GCPP Executive Group members are asked to:

- Note report

1 Introduction

- 1.1 Proposals with regard to Public Health were developed at the Public Health Summit in January 2019. A specific proposal was the establishment of a Public Health Oversight Board which would report to the GCPP Executive Group.
- 1.2 The establishment of this Public Health Oversight Board was agreed by the GCCP Strategic Partnership held on 14th May. This report can be found here: <https://www.glasgow.gov.uk/councillorsandcommittees/viewDoc.asp?c=P62AFQDN0G0GDNZL0G>

2 Public Health Oversight Board Terms of Reference

- 2.1 The Public Health Oversight Board will be co-chaired by Glasgow City Council's Director of Community Empowerment & Equalities and Greater Glasgow & Clyde NHS's Director of Public Health.
- 2.2 As detailed within the Strategic Partnership report, the Terms of Reference for the Public Health Oversight Board were to be agreed with the Chair of the GCPP. Draft Terms of Reference can be found at appendix 1.

3 Progress to date and next steps

- 3.1 A verbal update will be provided at the meeting outlining progress to date and next steps.

4 Recommendations

- 4.1 The Executive Group are asked to:
 - Note report

GLASGOW COMMUNITY PLANNING PARTNERSHIP

GLASGOW CITY PUBLIC HEALTH OVERSIGHT BOARD

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1. Background

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The need for leadership across partners in the city led to the outcomes of the public health summit being presented to the Glasgow Community Planning Strategic Partnership in May 2019. Partners supported the development of an overarching partnership governance arrangement that would be influential in generating the changes required. This paper proposes the terms for such a partnership.

There have also been papers and discussions from Glasgow Life about new ways of working in a Partnership Pathfinder to maximise our collective efforts for inclusive growth and health and well-being.

2. Purpose

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The summit generated agreement on the public health statement attached below. The GCPHOB will cover the scope of these ambitions and generate and capture the progress on the participatory, connected and inclusive city components. It is expected that progress, in most part, will be drawn from existing partnerships working on aspects of these themes; community infrastructure, transport and the economy and creating supplementary arrangements only where required. The oversight board will focus on aspects where the ability to work in partnership on public health themes need processed, understood and developed. The oversight board will also coordinate various other initiatives including the Partnership Pathfinder referred to above and development of a City Food Strategy to ensure integration and lack of duplication. The oversight board will enable systematic

feedback on progress to the CPP Board, the Council CMT and the NHS Board CMT.

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4. Remit

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- To advocate locally and nationally for action to strengthen the health outcomes of residents.
- To challenge partners to consider the impact of decisions on the health and well-being of residents and take action to maximise health gain.
- To describe a public health approach and how it can be applied to a range of health challenges in the city.
- To provide periodic reports on public health progress to city leaders, including Glasgow City Council, the NHS Board and Glasgow City Partnership.

5. First meeting of year of the Glasgow City Public Health Oversight Board to be held September 2019

- 5.1.** Commence the establishment of an influential and connected partnership to progress business, adopting a well-being generating culture for the group and agreeing the membership
- 5.2.** Consider the three core themes of connectedness, participation and inclusivity and determine key partnerships/relationships, reporting and actions in relation to each
- 5.3.** Report on progress to date including the new joint post to integrate health and inclusive growth between the Council and GCPH and learning from participatory budgeting pilots
- 5.4.** Discussion of actions to address the rising level of drug-related deaths in the city
- 5.5.** Establish mechanisms for wider public involvement in the work of the oversight board, including existing community mechanisms through community planning, thriving places, Glasgow Equality Forum and others.

6. Culture and values

Glasgow Community Planning Partnership held a development event in the spring of 2019 to consider the culture of partnership working in the city and the behaviours and processes that will enhance an inclusive and co-operative partnership culture. The GCPhOB would be recognised as one of the governance structures subject to the emerging cultural development activity of community planning.

In the initial stages of establishing the Board consideration will be given to each element of the cultural creation diagram above and the TOR may be amended as a consequence.

Working principles:-

- We take a rights based approach
- We prioritise defined need and inequalities in public health

- We work to the best available evidence and practice guidance
- We consider efficiency and cost effectiveness
- We take anti- stigma and discriminatory approaches
- We seek to build and maintain healthy collaborative approaches
- We will use the Concordat principles as a framework to further develop joint working with the Third Sector

7. Membership

| Name | Title | Organisation |
|---|--|---------------------------------|
| Bernadette Monaghan | Director of Community Empowerment | Glasgow City Council |
| Dr Linda de Caestecker | Director of Public Health | GGC NHS Board |
| Dr Bridget McConnell | Chief Executive | Glasgow Life |
| Dr Carol Tannahill | Director of Glasgow Centre for Population Health | GCPH |
| Martin Booth | Executive Director Finance | Glasgow City Council |
| Ian Bruce of other Representative of GCVS | | GCVS |
| Fiona Moss | Head of Health Improvement, | GHSCP |
| Ian Welsh | Director | Health and Social Care Alliance |
| | | COSLA |
| Louise McKenzie | Chief Executives Department | Glasgow City Council |

Others will be asked to attend as required

8. Meeting frequency

The group will meet monthly initially.

9. Meeting Administration

Glasgow City Council Director of Empowerment will co-chair the Board with NHSGGC Director of Public Health. The administration of the meetings will be undertaken by the community planning support team and meetings will be held in

accessible locations within the city centre area. Requests for agenda items will be requested a fortnight in advance. Papers will be distributed a week before the meeting date.

Papers will be made available through the GCPP Web-site, the Public Health Committee of GGC NHS Board and the cities Integration Joint Board (Glasgow City Health and Social Care) .

10.Accountability

The Public Health Oversight Board will be accountable to Glasgow Community Planning Strategic Partnership and sponsored by Glasgow City Council and the NHS GGC Board as lead partners.

11.Review

The terms of reference will develop over the life of the partnership, with a review process for members annually.



Gambling in Scotland

63%

Scottish adults gambled in the last year....



excluding National Lottery only gamblers 46%

1% of adults are identified as problem gamblers, that's 36,000



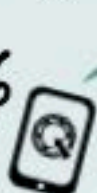
A further 3.6% are 'at risk', 162,000 people



You can now gamble anytime, anywhere. In the last 4 weeks in Britain:

1 in 5
gamble
online

39%
on a
mobile



97%
at home

22%

18 - 24 year old's
gambling online @ work



Young people (11 to 16 years) in Britain
Spent their own money in the last week on



14%



13%



4%



2%

1.7%
identified as
problem
gamblers

2.2%
'at risk'



Seen their parents gamble

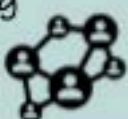
only 19% of
parents set rules
around gambling



someone has
spoken to them
about the
problems
gambling
can lead to

33%

Have seen a gambling
advertisement in the
last week



41,000 follow gambling
companies on social media

£14.4bn

lost by people
gambling in
Britain in 2018/19



only

20%

of online gamblers
are net winners

£20m - £60m



Estimated costs to Scottish
public services in 2015/16

Gambling Harms

“the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society”

Over 50 harms associated with gambling have been described affecting



For every gambling that has problems, around 6 other people in their life will be affected, including children.



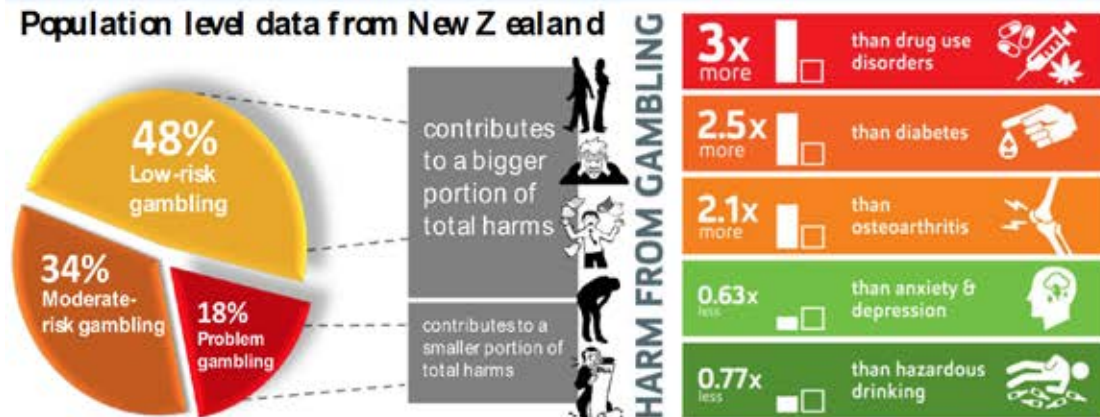
People move in and out of being at risk of or experiencing harm. Up to half of all problem gamblers will be 'new' problem gamblers.



Who is vulnerable to gambling harms?

| | | | |
|---------------------------------------|--|-------------------------|---|
| Children & young people | People who have suffered ACEs | Students | Minority ethnic groups & immigrants |
| People who are unemployed | People living in financial hardship | People who are homeless | People living in deprived communities |
| People experiencing gambling problems | People with mental health or substance misuse problems | Military veterans | Offenders, ex-offenders and people on probation |

Population level data from New Zealand



Wardle H et al. Measuring gambling-related harms: a framework for action. Gambling Commission. 2018.

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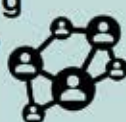
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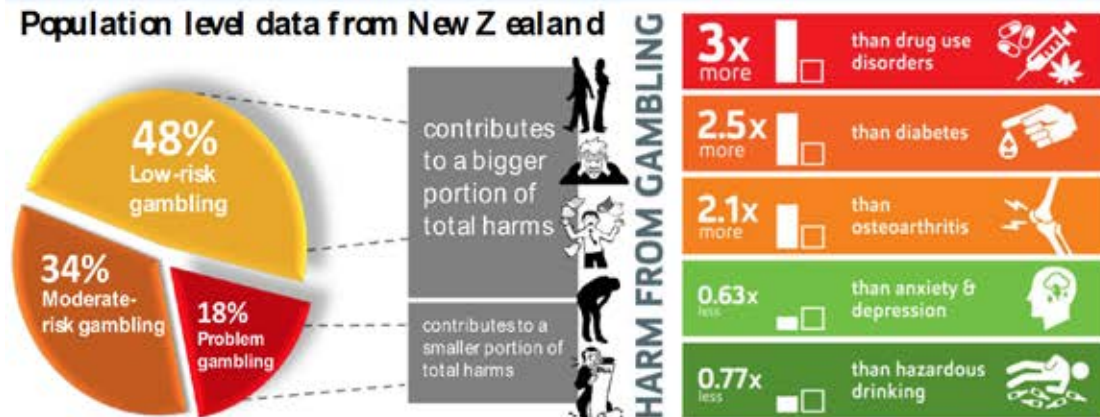
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DRAFT AGENDA

Public Health Oversight Board
Within G.12 City Chambers East, 40 John Street
22nd January 2020

1. Welcome and Introductions
2. Minutes from last meeting
3. Terms of Reference/Composition of Group
4. City Vision - Fiona Moss
5. Gambling - Michelle Gilles
6. Children's Neighbourhoods - Pete Seaman/Shaw Anderson
7. Partner Updates - All
8. AOCB
9. Date of next meeting
 - § 12th February 2020 @ 10am
 - § 24th March 2020 @ 2pm
 - § 20th April 2020 @ 3pm
 - § 27th May 2020 @ 2pm
 - § 16th June 2020 @10am
 - § 21st July 2020 @2pm
 - § 24th August 2020 @ 2pm
 - § 15th September @ 2pm
 - § 19th October @2pm
 - § 17th November @2pm
 - § 16th December @ 2pm

GLASGOW VISION – A Collaborative Powerhouse

Glasgow is facing an unprecedented time of economic and social change that will significantly **impact on citizens, businesses and communities**.

The city has made considerable progress since the late '60's. Yet, there **remains intractable problems with economic and health inequalities**.

The city's problems are **complex, deep-rooted** with poverty as the single most prevailing factor.

The fiscal costs of poverty are huge; it is a drain on public resources and a cost to individuals.

Given the constraints and complexities the public-sector faces, the focus has been responding to the consequences of inequality, **rather than dealing with the root causes**.

Addressing the economic and social issues in Glasgow will bring benefits beyond the city, as a successful Glasgow can make a **positive impact on the economic performance of Scotland**.

The **global climate emergency requires transformative change** – and offers Glasgow new social and economic opportunities.



OUR PROPOSAL

To make **REAL, RADICAL,**
and **SUSTAINABLE**
change through a
different partnership
approach that will deliver
better outcomes for the
Citizens of Glasgow

Why Now?

Unprecedented time of Economic and Social Change

Sustained Pressures on Public Finance

Ever-growing Demand for Services

Skills Required for the 4th Industrial Revolution

Brexit Impact

Climate Emergency and Opportunities

Population Change

Growing Inequalities

2020 – the start of a new decade – time for new approaches

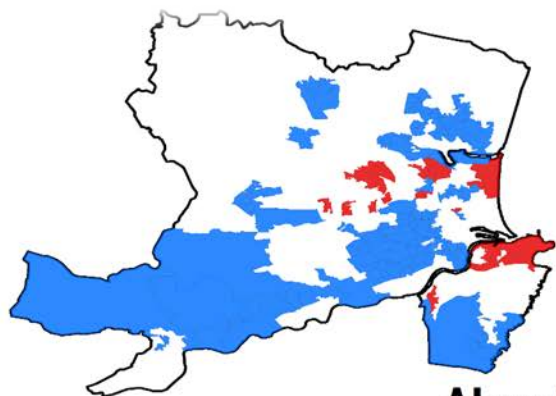
Our Powerful Assets, Resources and Capabilities



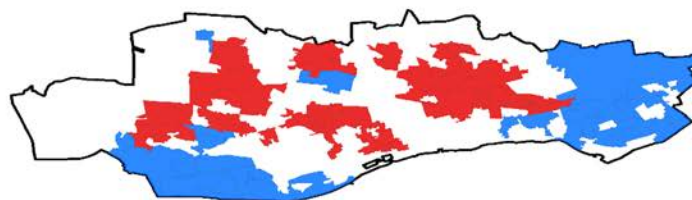
- Strong **international profile** for inward investment and Global events
- Home to several **world class academic institutions**
- A top 5 City for **Sustainable Business Tourism**
- Glasgow **City Region Deal** – infrastructure investment of £1.13b
- Home to **185,000 students** from 140 countries
- **Friendliest** City in the World – Rough Guide
- A **diverse and extensive** Third Sector
- Changing Glasgow's outcomes **changes Scotland's well-being status in Europe**
- Home to a number of **blue-chip companies**
- Strong **Traditional and Emerging** Sectors
- Glasgow recognised as having a strong **Socially Conscious Culture** (Pittsburgh)

Glasgow In Context

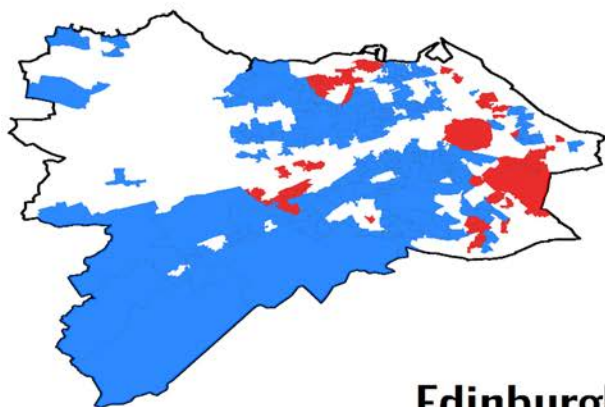
Blue areas are amongst the 20% least deprived in Scotland
Red areas are amongst the 20% most deprived in Scotland



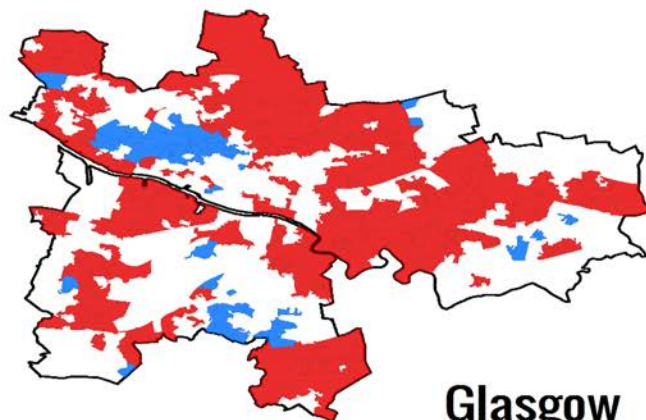
Aberdeen



Dundee



Edinburgh



Glasgow

In Glasgow

- 49% of residents live in the 20% most deprived areas in Scotland
- 37% of children live in poverty
- 14% of 14-24 year olds unemployed
- 90% of offenders live in the 9 most deprived areas
- 74% of people arrested present with mental health problems
- 15% entering prison are homeless
- 13% of GP appointments are for citizens with financial concerns
- Lowest life expectancy in Scotland
- 31 people die before their 65 birthday every week
- £340,000 spent every day on medical prescriptions
- 280 drug related deaths last year

Developing our understanding... learning from other transforming urban areas

- **Incremental design** – learning and gathering the good as they go
- **Citizen involvement** and in some cases citizen led
- **‘Whole system’** processes (whole family, whole community, whole city)
- Changing citizens/workers **perceptions and expectations**
- Have developed a **compelling story** to share with others (external confidence in the change)
- **Create momentum** rather than ‘products’
- Change of **significant scale takes time** (at least 6 years to show population change)
- Welcome and **build in scrutiny** from citizens, workers, leaders and external players
- **Workers are critical** to the change processes
- Generate **new language** that supports a shared understanding between citizens, agencies and leaders

All underpinned by the City's

“One Exceptional Philosophy”

Developing our understanding... learning from across the city

- Strong **support and buy-in** for the ambition deliver real change
- Clear messages on the need to think **long-term and provide sustainable solutions**
- Great examples of **innovation at small scale** - can we amplify these and build to scale?
- A strong and more productive **Glasgow supports a successful Scotland**
- Need to take our partnership working to the next level – **real collaboration**
- Open and honest discussion with those impacted by poverty and bringing the lessons of '**lived experience**' **into the design and shape of the solutions**
- Need to develop a new 'contract' with citizens: **mobilise the city's vast skills, talent and resource for good**



Working together on a series of Pathfinder Programmes – with focus on Innovation

pathfinder
noun [path-fahyn-der]

a person or company that finds a new way of doing something



Pathfinders will;

1. Focus on areas with the biggest potential **scale** and **impact** for our people across the challenges of poverty, health, skills and justice, economic enablers e.g. transport, environment etc.
2. Facilitate an in depth exploration of a '**whole systems approach**'
3. Deliver changes that are consistent with **Glasgow's Exceptional Philosophy**

Pathfinders will be developed across three distinctive areas;

- projects that can **resolve current** pressures on the system
 - projects that help **re-shape** or accelerate current innovation, and thirdly
 - projects those **radical, system-wide and transformative**
- Current Pathfinders have been identified as a **result of intensive engagement – providing opportunities to build on innovative approaches already in-train/ceased** as well as new ideas



PARTNERSHIP WORKING

| |
|-----------|
| Systems |
| Processes |
| Powers |
| Culture |

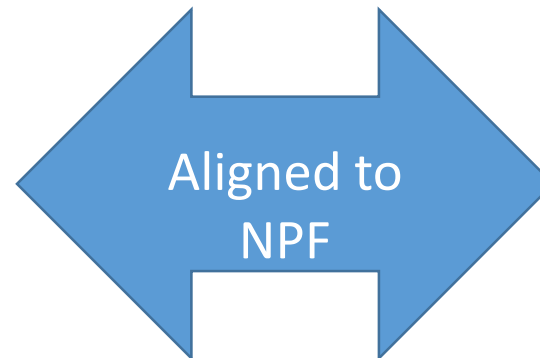
Understanding the impact of social change on well-being and on the economy

The National Performance Framework, revised in 2018, explicitly presents ‘**wellbeing**’ as a core part of Scottish Government’s purpose, further underpinned by the Government’s Wellbeing Economy Initiatives Pact with Iceland and New Zealand.

Glasgow Vision provides a unique opportunity to assist Government and the international community through the rigorous development of an **index of well-being** that can demonstrate the relationship between economics and well-being at a sub national level and real change over time.

Why Glasgow:

1. Data Rich
2. Academia Rich
3. Economic and Health Inequalities Profile
4. European and International academic sharing arrangements in place
5. The Right Scale (0.5/1 million population)



Our Exceptional Philosophy;

Glasgow: A Well-Being First City



People make Glasgow flourish, we will work for a more just and fair city with human rights at our core.

We will transform this 'wee green city' into a **sustainable urban centre of international acclaim**

We are a pioneering city and we will embed and advance this **creativity and innovation** in all civic developments.

We will celebrate and develop **kindness** between people, workers and civic leaders

We will be **radical**, focusing on progressive actions that can deliver the significant changes required to support well-being.

We will strengthen the **dignity and respect** felt by the people of Glasgow, visitors, workers and civic leaders.

We **commit** to working through the lows as well as the highs, and will take action to generate significant long term change, because **well-being changes are** generational.

Next 12 Months

- **Articulate our shared vision** for Glasgow and the challenges we face getting there
- **Identify the steps** that are required to achieve this, the support we will need and from who
- Identify and **undertake a series of ‘pathfinder’ activity** that will;
 - test our ambitions and beliefs, to determine how to balance our aspirations with the realism of current day to day delivery
 - deliver outcomes and impact over the longer term using different ways of working
- Consider how to position and influence the Scottish Government’s ‘*Programme for Government*’ in 2020, with specific requests that will help us to establish this approach as ‘**the way in which we do things here**’.
- We will be working with Scottish Government and the academic sector to translate the national performance framework into a **well-being index** to track population change in Glasgow.
- We will host a **State of Wellbeing Conference** with a view to further developing our proposals with Community and Citizens.