

**Glasgow Community Planning Partnership
Executive Group
6 October 2021 at 14:00
Microsoft Teams**

Agenda

1. Welcome and Apologies
2. Minute of Meeting held on **25 August 2021** Attached
3. Health in a Changing City Presentation
Bruce Whyte and Katharine Timpson, GCPH
4. PHHaB (Pathways to Health, Housing and Benefits) – the Barlinnie Throughcare Improvement Project Attached
Tom Jackson, GCC
5. Glasgow City Schools Health and Wellbeing Survey 2019/20 Presentation
Fiona Moss, Glasgow City HSCP
6. Preparations for COP26 Discussion
7. Meeting Schedule:

24/11/2021, 14:00
02/02/2022, 14:00
16/03/2022, 14:00
27/04/2022, 14:00
08/06/2022, 14:00
24/08/2022, 14:00
05/10/2022, 14:00
23/11/2022, 14:00



**Glasgow Community Planning Partnership
Executive Group
25 August 2021 at 14:00
Via Microsoft Teams**

Draft Minute

Present: Bernadette Monaghan (Glasgow City Council) – Chair, John Binning (Strathclyde Partnership for Transport), Kevin Murphy (Scottish Fire & Rescue Services), Gary I'Anson (Police Scotland), James Ward (Glasgow Housing Association), David Crawford (Department for Work & Pensions), Heather Macnaughton (Historic Environment Scotland), Susan Deighan (Glasgow Life), Emilia Crighton (NHS Greater Glasgow & Clyde), Kerry Wallace (NatureScot), Martin Boyle (Glasgow Colleges Regional Board), Fiona Moss (Glasgow City HSCP), Stephen Frew (Scottish Enterprise), Ian Bruce (Glasgow Third Sector Interface Network), Laura McCormack (Skills Development Scotland), Lorraine Barrie (Glasgow Equality Forum)

In Attendance: Gerald Tonner (Glasgow City Council), Kathleen Caskie (Glasgow Third Sector Interface Network), Shaw Anderson (Glasgow City Council), David McEwan (Glasgow City Council), Judith Hunter (Glasgow City Council), John Dawson (Glasgow City Council)

Apologies: Jim Clarkson (VisitScotland), Alison McRae (Glasgow Chamber of Commerce), Mike Burns (North East Senior Officer Group), Jacqueline Lynn (SportScotland), Mark Sutherland (Police Scotland), Brue Kiloh (Strathclyde Partnership for Transport), Jehan Weerasinghe (Glasgow Housing Association), Theresa Correia (Scottish Enterprise)

Item 1 – Welcome

Bernadette Monaghan chaired the meeting and welcomed members.

Item 2 – Minute of Meeting held on 9 June 2021

The Executive Group noted the minute of meeting as an accurate record.

Item 3 – Social Recovery Taskforce Community Engagement Report

Judith Hunter provided a report and presentation on the Community Engagement Project carried out on behalf of the Social Recovery Taskforce, including some initial findings and recommendations.

The key themes emerging from the project were:

- Loneliness and isolation, especially in the older age group who are often less digitally connected, and in young people
- The impact of this on mental health and physical wellbeing
- Increase in low level disorders such as anxiety and depression
- Concerns around finances and access to food and the challenge of managing shielding without the support of the first lockdown
- Digital exclusion
- Fears for the future, including nervousness about the world coming 'back to normal' and feeling safe
- Inability to look too far ahead to see what they need

The report and presentation included some comments direct from young people and adults, including negative impacts on their lives, particular comments on mental health, positive impacts of the pandemic on their lives, and some practical suggestions for organisations to consider. It was noted that most respondents were not in a position to suggest practical actions for services, and further work on this would be required directly.

The challenges to the project were detailed, and the next steps were outlined.

As this work was initiated by the Social Recovery Taskforce the recommendations were presented to the Taskforce on 5 August and were asked to consider how the recommendations are implemented and the work taken forward. Judith advised that a series of questions had been circulated to the members of the Taskforce following the meeting to inform next steps.

The Executive Group noted the report.

The order of the agenda was amended as hereafter minuted.

Item 6 – Glasgow Community Plan – Glasgow Community Action Plan

John Dawson presented on the plan to review the Glasgow Community Action plan. The presentation detailed the four elements of; Community Plan, Community Action Plan, Community Needs and Wants, and the Social Recovery Taskforce Workstreams.

A detailed timeline with relevant processes was outlined with the Social Recovery Taskforce handing a refreshed Community Action Plan to the Strategic Partnership in November, with the Strategic Partnership assuming governance over the plan.

During discussions, Bernadette advised that partners are collectively accountable to communities and this will be factored into our approach of developing the refreshed plan.

John further advised that there is an intention to set up this refreshed Plan in such a way that we avoid having future yearly/3 yearly bottle neck of sign off processes.

The Executive Group noted the report.

Item 4 – People Make Glasgow Communities

David McEwan provided a presentation on the (People Make Glasgow Communities) PMGC programme, which has 2 key aims and objectives; more communities take ownership of local assets, and to address the issues organisations faced with legislation. There is a longer period of time leading up to full ownership, and a move away from a binary own/don't own.

David detailed the overall process for organisations from initial expression of interest through to full ownership. Specific information on the engagement phases was provided. Phase B is a wider engagement including other organisations and other communities (this triggers a 6 week window for other expressions of interest).

To date there has been roughly 100 active applications, all at different stages of the process.

There have been a number of lessons learned so far, and this will inform the future of the programme.

If there are multiple enquiries with regard one asset then a matrix is generated to ensure alignment with Council policies, or to generate a process for officers to make a recommendation. The default position for the Council is to ask that organisations work together but recognise that is not always practical or appropriate. There has been a requirement to manage expectations on timescales, but the programme is still faster than 18months-24months timescale found in asset transfer.

An issue that has been raised on a number of occasions is the available finance for remedial investment work, and organisations looking for contribution to costs. During engagement with organisations a landlord model has been proposed which would enable organisations to deliver services from buildings without the over-burdening of ownership in the first instance.

During discussions Heather advised that Historic Environment Scotland manage some assets that come with additional challenges. Historic Environment Scotland have lots of resources on how to look after such buildings and technical guides. Some grants may be available too.

Ian advised that there is an ongoing offer of support to third sector organisations including a specific member of staff to work to develop business plans.

Shaw suggested that this is a complex area, with a key strength of this programme being its flexible/bespoke approach.

The Executive Group noted the report.

Item 5 – Glasgow City Food Plan

This item was removed from the agenda.

Item 7 – Meeting Schedule

The Executive Group noted the meeting schedule as detailed on the agenda.

Ref	Action	Responsibility	Raised	Comments
04-04	Item 4 – A Glasgow free from gambling harms <ul style="list-style-type: none"> Update to a future meeting 	Bernadette Monaghan	07/10/20	In Progress
03-06	Item 06 – Agenda Setting <ul style="list-style-type: none"> All partners are asked to arrange a meeting with Bernadette/Shaw to discuss their thoughts on agenda setting for the Executive Group, or to suggest items. 	All Partners	17/03/21	In Progress

**Glasgow Community Planning Partnership
Executive Group**

**Report by Bruce Whyte, Glasgow Centre for Population Health
Contact: Bruce Whyte, Glasgow Centre for Population Health**

Health in a Changing City: Glasgow 2021

Purpose of Report:

To provide members of the Executive Group with a report the Glasgow Centre for Population Health published on 6 August 2021. This report provides a comprehensive analysis of changes in population, socioeconomic, environmental and health factors over the last 20 years within and across the city, and in comparison, with Scotland.

Recommendations:

The Executive Group are asked to:

- Note the report

The GCPH published *'Health in a Changing City: Glasgow 2021'* on 6th August 2021. This report provides a comprehensive analysis of changes in population, socioeconomic, environmental and health factors over the last 20 years within and across the city, and in comparison, with Scotland. Although most of the analyses precede the Covid-19 pandemic, emerging evidence of the impacts of the pandemic is commented on.

The report highlights the changing deprivation profile of Glasgow, multiple inequalities experienced by children and young people, reductions in life expectancy and widening health inequalities, worsening mental health trends and increasing concerns over ethnic and racial inequality, racial discrimination and gender-based inequality experienced by women.

Many of the challenges the city currently faces were pre-existing prior to Covid-19 and these underlying social and health inequalities shaped and determined people's experience of the pandemic and its impact on them.

Some key findings from the report are:

- Glasgow has become less deprived in comparison to the rest of Scotland over the last 20 years, but remains the Scottish city with the highest concentration of people living in deprived circumstances and with high levels of child poverty, fuel poverty and food insecurity.
- Children in Glasgow are more likely to live in the most deprived areas than any other age group and more likely to experience homelessness than adults. The report also notes inequality in mental health service provision for children.
- Stalling life expectancy improvements in Glasgow and across the UK over the last decade, associated with austerity policies, have resulted in widening health inequalities and shortened lives: life expectancy has reduced for females and for those living in the most deprived areas of the city
- The gap in life expectancy between the least and most deprived areas now 11.6 years for females and 15.4 years for males.
- Worsening mental health trends are reported, including extensive inequalities associated with gender, age, socioeconomic status and ethnicity, and evidence of a growing inequality in service provision between children and young people and adults.

- Increasing evidence and concerns over ethnic and racial inequality, racial discrimination and gender-based inequality and violence experienced by women are highlighted.

Policy recommendations focus on addressing health and social inequality, tackling gender-based, ethnic and racial inequalities, prioritising mental health especially of children and young people and the need to accelerate action on climate change. There are also recommendations about building a fairer economy including prioritising sectors of the economy that have been undervalued but were identified as essential during the pandemic such as our care and food economy workers.

Several rapid policy responses to the pandemic are highlighted, some of which were successful while others had unintended negative consequences. The most positive examples came from areas where marginalised people and those with direct experience of the issue were involved in decision making.

Currently we have plans to present the report' findings and recommendations to the GCPH Board, the Social Recovery Task Force, the Public Health Oversight Board, Community Planning Partnership and NHS GGC's Public Health Intelligence Group. Additionally, we will be offering to present the report to community and voluntary sector organisations and possibly to schools.

We would welcome thoughts on how best to use this report to inform policy and service delivery and to which groups should we be directing our dissemination activities. We have some specific questions which we would like the Board to consider:

Are the policy recommendations clear and actionable?

How can some of these recommendations be taken forward?

How will you use the report findings and recommendations within your own organisation/team?

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

Bruce Whyte, Mairi Young, Katharine Timpson

Glasgow Centre for Population Health

August 2021



Acknowledgements

We would like to thank the following people who provided us with data and/or helped with preparation of the report:

Alan MacGregor (Glasgow City Council (GCC)) who provided data on housing tenure, completions, and demolitions.

Rania Sermpezi (GCC) who supplied information on open space in Glasgow and created the interactive map of open space in Glasgow we have presented. We are grateful also to Sue Hilder (GCC) for her advice on Glasgow's core paths network.

David Walsh (GCPH) who provided comparative analysis of suicide trends in Glasgow and other cities and commented on one section of the report.

Jennie Coyle and Gregor Yates (both GCPH) who provided detailed comments on the draft report. Val McNeice, Pete Seaman and Shruti Jain who also commented on aspects of the report. Ricky Fleming (GCPH) who designed the front cover, and Kelda McLean and Rebecca Lenagh-Snow (GCPH) who helped with formatting, referencing and accessibility. Sheena Fletcher (GCPH) who created infographics for the report.

This report should be cited as: Whyte B, Young M, Timpson K. *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*. Glasgow; GCPH: 2021.

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Executive summary

A range of health and social problems continue to affect Glasgow's residents, but this is not a static situation. As we have experienced in the last 15 months, population health can be directly impacted by the global shock of a pandemic, but government policy and economic forces prior to the pandemic have also shaped health in Glasgow. In a continually changing context it is important that trends in health, health inequalities, and related socioeconomic factors within a city are monitored, interpreted, published, and discussed.

This report is primarily concerned with documenting trends in demographic, socioeconomic, environmental, and health indicators within Glasgow, and in comparison to other places. The report also summarises the emerging evidence on the impact of Covid-19 in the city and makes policy recommendations for how we should 'build back better, greener and fairer'. The main messages are about addressing health and social inequality, tackling gender-based and ethnic and racial inequalities, prioritising mental health especially of children and young people and accelerating action on climate change in order to create a fairer, more inclusive, and sustainable society for everyone.

Demography

Glasgow's population has grown substantially in the last 15 years, but with the strongest population growth in the least deprived parts of the city. The city has become more ethnically diverse; for example, almost a quarter of pupils in Glasgow schools are now from a minority ethnic community. Existing projections of future growth in population and households are fraught with uncertainty given the uncertain future impacts of Brexit and the current pandemic.

Good quality data on ethnicity is often missing or incomplete in many administrative systems, which hampers routine analysis of data by ethnicity, comparisons across ethnic groups, research of ethnic inequalities, and assessment of potential racial discrimination. Yet categorisation by ethnicity alone can dilute and disguise disparities between ethnic groups. Racial discrimination is a recognised social determinant of physical and mental health and a driver of ethnic inequalities in health at a structural and individual level, however, there remains limited information about experiences of racial discrimination in the United Kingdom. The absence of systematic data on racial discrimination in research serves to dismiss the lived experience of people from a non-White or minority population and inhibits further understanding of the drivers of health inequalities. Nevertheless, collection of better and good quality data is only one aspect and action is required across the systems to dismantle systemic racism and drive the development of equitable policy and services. Minority ethnic people and communities should be closely involved in any initiatives for improving ethnicity and racial discrimination recording and in the re-design of services.

Policy recommendation

To enable a better understanding of the experiences and needs of people from minority ethnic groups and to plan services equitably, we recommend the following:

1. Make ethnicity a mandatory field on public records with data quality monitoring at local and national levels to ensure good quality data.
2. Researchers, planners, and policy makers adopt measures of racial discrimination (such as the Everyday Discrimination Scale) to assess the impact of racism on physical and mental health.
3. Data linkage to the census would allow for long-term monitoring and research of ethnic inequalities in health. Caldicott Guardians should be supported to understand how racism and racialisation plays out in the systems of data collection and analysis to inform their responsibilities regarding the lawful and ethical processing of information.

The number of household dwellings in the city has grown. The neighbourhoods where housing has increased generally correspond to those where the population has grown also. Despite this growth, over one-quarter of properties need urgent repair. Homelessness has halved in the last two decades but in 2019/20, there were still over 5,200 homeless households in the city, a figure which had risen by over 10% from the previous year and which remained high in 2020/21. A disproportionately high percentage of people experiencing homelessness were children.

Policy recommendations

Provision of affordable housing and addressing homelessness are clear policy priorities for the Scottish Government and Glasgow City Council. Our recommendations build on the positive work that is already being undertaken.

1. Access to safe, affordable housing needs to be improved and made more equal. Work on housing building and on improving the quality of existing housing is required, but there is also a need to look at how the housing economy is structured and how housing costs are determined. This must work alongside changes to the wider economy that can give people better and more equal access to secure and good quality work, which pays enough to keep them out of poverty.
2. Housing and homelessness prevention policy needs to support people struggling financially in their tenancies beyond the end of the halt on evictions, and to use homelessness statistics to target prevention work where it is most needed.
3. Maintaining the reduction in rough sleeping seen during the pandemic and reducing time spent in temporary accommodation will require continued funding for prevention, rapid re-housing, and accelerating the availability of affordable homes.

Socioeconomic circumstances

Glasgow's population has become relatively less deprived in the last two decades compared to the rest of Scotland, although Glasgow remains the Scottish city with the highest concentration of people living in deprived circumstances. Deprivation and poverty are disproportionately experienced by various groups, including children, lone parents, minority ethnic groups, and

disabled people. For example, in March 2020 it was estimated by Glasgow City Council that over 36,000 children were living in poverty in the city and that over 16,000 of these children were from lone parent families.

A range of other poverty statistics are also a cause for concern. Before the pandemic national levels of in-work poverty had been rising with the latest figures showing that 63% of adults in poverty lived in a working household. In Glasgow, 25% of households were defined as in fuel poverty. It is likely that the pandemic will have caused these figures to rise further. There is good evidence that food insecurity, which was already high in Glasgow compared to other neighbouring local authorities, has risen during the pandemic.

Employment dropped in Scotland and in the UK during the pandemic, but it remained at the same level in the Glasgow City Region (GCR) and rose in Glasgow City. However, low levels pre-pandemic meant that Glasgow's employment rate was still below the Scottish and UK averages and was the second lowest within the region. Additionally, far more people were claiming benefits, suggesting higher levels of in-work poverty.

Covid-19 work, travel and economic restrictions have had an unequal and more detrimental impact on population groups that were already disadvantaged (e.g. those in low pay or precarious work, people who are self-employed, young people, women, minority ethnic groups, and people with disabilities). In Glasgow, where people have been under tighter restrictions for longer, the economic impacts are likely to have been worse.

Post-Covid-19 planning for the city and region has focused on the need for a just and sustainable economy, prioritising secure and Fair Work that can keep people out of poverty and is targeted at those groups who we know face additional barriers to employment. In some sectors of employment, such as care and the food economy, workers suffer low pay contributing to in-work poverty despite these sectors being identified as essential during the pandemic. A greener, more sustainable economy is needed, supported by the principles of Community Wealth Building.

Policy recommendations

Given the connection between health and the economy, we have included recommendations about the direction of economic policy in the health section. However, the discussion within this section has also highlighted these specific policy recommendations:

1. Policy needs to re-evaluate how to better compensate workers in the sectors of the economy that society deems to be essential (in particular in the care and food sectors) which do not currently offer people a wage they can live on.
2. Community Wealth Building and sustainable policies need to be put into practice more widely in economic planning, incorporating economic solutions that prioritise the common good and are not wholly reliant on growth.
3. Benefit increases and the pausing of benefit sanctions, which were instated during the pandemic (e.g. the Scottish Child Payment, increases to Universal Credit) need to be maintained, and to target groups we know are worst hit (e.g. lone parents); but economic policy also needs to take a longer-term, more structural approach to reducing and ending poverty, that encompasses work and housing.
4. To ensure that economic planning works as effectively as possible to reduce poverty, those with direct experience of poverty must be included in decision making.

Education

There are approximately 70,000 pupils attending Glasgow schools and almost a quarter come from a minority ethnic group. There have been expansions to pre-school education and by 2019 over 10,500 children in Glasgow were registered with an early learning or childcare centre. The percentage of school leavers in Glasgow leaving with good qualifications has increased steadily in the last decade; and in 2019/20, 92.8% of school leavers from the city had a positive destination including 71% going onto Higher or Further Education. Nevertheless, there is a widely recognised socioeconomic-related gap in educational attainment.

Covid-19 related disruptions to nurseries and schooling, including school closures, the requirement to learn on-line and not being able to mix with other pupils are likely to have affected many pupils' ability to learn, their educational performance, and their mental health in the short term; longer term impacts may become apparent over time.

We make two specific recommendations for national and local government aimed at supporting the creation of a fairer and more resilient learning and childcare environment for the future.

Policy recommendations

These recommendations are aimed at national and local government and are about creating a fairer and more resilient learning and childcare environment for the future. Additional actions will clearly be needed to tackle educational and work-related inequalities and to adapt to the increasing diversity of school populations.

1. The capacity of childcare services needs to increase, more flexible childcare options are needed for families and funded Early Learning and Childcare (ELC) should be extended to all children aged six months to five years. This will improve the affordability of ELC for low-income groups and to help increase women's participation in the workforce.
2. Steps should be taken to mitigate the impacts of digital exclusion in education for at risk families by ensuring affordable access to digital technology and by enhancing digital skills among those most in need.

Social capital

In addition to the lives lost and direct health impacts, the pandemic has had many negative impacts on people's lives but there have also been some positive effects. While many people have felt cut off, socially isolated and lonely, there is evidence that this period has also brought some people and communities together and many people have chosen to help others through formal and informal volunteering. Rises in voter turnout at recent elections, even most recently during the pandemic, suggest that levels of political engagement have increased. There have also been strong demonstrations of community solidarity and engagement on specific issues during the pandemic. We make two recommendations for government related to social inclusion and volunteering.

Policy recommendations

1. There is an opportunity to harness and build on these examples of solidarity and community cohesion during the pandemic to enhance and build greater cohesion and trust within communities.
2. Similarly, to tackling digital exclusion in education, Government needs to tackle the digital deficit across society to ensure that there is comprehensive and affordable access to digital technology and that there are alternative ways of providing services and information for those people who face difficulties using digital media.

Community safety

There has been relatively little analysis of crime trends in Glasgow during the period of the pandemic, but preliminary evidence suggests that there have been fewer reports of shop lifting, burglaries and vandalism, which correlates with recorded crime trends in England and Wales. These reductions largely coincided with periods of the national lockdown. Meanwhile, gender-based violence in Scotland is increasing. The number of sexual offences against women in Scotland has more than doubled in the last ten years, with the highest numbers occurring in Glasgow. The number of reported domestic abuse charges (of which victims are predominantly female and perpetrators male) and the proportion which result in court proceedings have also increased across Scotland. For women working in prostitution, violence and sexual victimisation are common occurrences yet rates of reported crimes remain low due to stigma, fears of criminalisation, and the assumption that complaints will not be taken seriously by the police. Gender-based violence and issues concerning female safety in Scotland all share two common themes: gender inequalities and under-reporting.

Policy recommendations

1. The Scottish Government should lead a national inquiry into sexual harassment in all aspects of females lives in Scotland (including those who identify as female), like that carried out in Australia in 2020¹. This should capture the lived experience of females and offer strategies in tackling this issue in the long-term such as confidential reporting mechanisms within the workplace, schools, public spaces etc that give people the confidence that reporting would prevent it happening again. In the interim, preventative educational measures which frame sexual harassment as gender-based violence should be introduced into the curriculum for excellence. It is not only necessary that educational measures change the attitudes and behaviours which drive sexual harassment but that these measures also *shape* the attitudes and behaviours of future generations.
2. A greater focus on gendered perspectives and lived experience is necessary when planning public spaces, transport systems, services etc, and can be achieved via place-based participatory planning with females from the local community. This same approach should be adopted when planning services and any future legislative change for people working in prostitution. Excluding the very people whom the law is designed to protect or excluding those who use the services or public spaces, contributes to defining them as the problem and the key issues in their lives become overlooked.

Environment

Transport trends pre-Covid-19 showed limited signs of a shift toward less travel and more sustainable modes of transport: car use continued to rise, numbers of bus passengers were declining, and levels of walking and cycling remained low. Despite more positive transitory changes during the early phases of the pandemic, including reductions in motor vehicle traffic and more cycling, car use has almost returned to pre-Covid-19 levels and public transport use remains depressed, in part due to concerns over the risk of virus transmission on buses and trains.

The pandemic has shown the importance of local neighbourhood environments for health and wellbeing. Access to green space and the outdoors has become more valued. Many people want to spend more time outdoors for leisure and exercise, and to walk and cycle more. However, inequalities in access and use of green space are apparent: socially disadvantaged people and older people were even less likely than before the pandemic to access green spaces during the Covid-19 restrictions, and nearly a fifth of Scottish adults with long term health conditions or disabilities felt prevented from enjoying nature due to not feeling physically safe/safe from harm.

Issues of safety in relation to active travel also remain, particularly in cycling. In recent years, rates of reported cycling casualties have increased across Scotland and in Glasgow. The new Road Safety Framework has an ambitious vision for reducing transport-related casualties, but strong policies are needed for this to be achieved. Despite progressive and coordinated policies linking climate change, sustainable travel, air quality, health, and placemaking, the pace of change – for example in building new active travel infrastructure – remains slow.

Current policy is focussed on a just and green recovery from Covid-19, recognising that climate change is a human rights issue and that the transition to net zero is an opportunity to tackle inequalities. Elsewhere in this report, we have noted the importance of creating a greener, more sustainable economy and local food system. The following recommendations focus on providing better access to greenspace and making the shift to a safer, more sustainable transport system.

Policy recommendations

1. Equitable access to good quality greenspace is needed in every community.
2. An equitable geographic distribution of new facilities and infrastructure for active travel, supported by meaningful community engagement and additional support for 'behaviour change', is required to enable people from all communities to shift to more sustainable transport modes.
3. In order to increase safety in travel we need make progress in a number of areas, including: better designed, safe and accessible cycle routes and paths; reduced speed limits on roads; and, comprehensive safety awareness training for all road users.
4. Improved information on transport users and their equalities characteristics is required to enable a better understanding of transport inequalities, to monitor increased investment in active travel and to gain a better understanding of the risks associated with different modes of transport.
5. Progress needs to be accelerated on changing our transport systems, including building active travel infrastructure, and on the repurposing of vacant and derelict land for more socially productive and sustainable purposes.
6. Post-Covid-19, concerted efforts will be needed to encourage people back onto public transport and to drive less, if we are to meet our targets for reducing climate change

Health

In Scotland, mental ill health is at its highest level since 2008-09. Suicide has become the leading cause of death among 15-34-year-olds and the number of adults who have ever self-harmed is increasing. In Glasgow, the rate of prescriptions and psychiatric hospitalisations associated with mental ill health is higher than the national rate. There are also extensive inequalities in the experience of mental ill health and mental health outcomes associated with gender, age, socioeconomic status, and ethnicity. Mental health services have long been recognised as being underfunded and overstretched and there is evidence of a growing inequality in service provision between children and young people and adults. The impact of the pandemic on mental ill health and service provision has been profound and may take years before it is fully understood.

With respect to mental health services:

Policy recommendations

1. Increased investment in community-led groups and organisations, including the youth work sector, to support positive mental health and support people before they hit crisis point.
2. A national mental health training programme should be made available to support organisations. This should be modularised from low-level general mental health awareness training to high level crisis management and suicide prevention. This ought to be renewed regularly and given the same status as First Aid training.
3. There needs to be greater and sustained investment in community mental health care to cope with rising cases of mental ill health across the population and alleviate the pressure on existing mental health services. This should include criteria free community-based therapies for all, including family therapy for children and young people and their families.
4. It is vital that the number of regional CAMHS inpatient facilities is increased to ensure children and young people are not living far from home, isolated from friends and family, when receiving mental health treatment.
5. The 18-week wait for mental health treatment ought to be reassessed, particularly the inequalities in waiting times for treatment between children and young people and adults. In the interim the following should be introduced:
 - a. Protocols for community health monitoring by primary and secondary care providers during the waiting period to ensure individuals' mental health does not deteriorate further.
 - b. More immediate monitoring of rates of anxiety, depression, self-harm and other mental health issues at local and national level to better understand the mechanisms and inform interventions, particularly for minority groups and those worst affected by Covid-19.

Life expectancy is considered “the most important social statistic that any country produces about itself” and so any reduction in life expectancy is often a marker of wider societal problems². Stalling improvements in life expectancy have been evident in Glasgow, across the city region, in other Scottish and UK Cities, and in the different countries of the UK since 2011. In Glasgow female life expectancy has reduced in recent years, and male and female life expectancy have reduced in the most deprived areas of the city. As a result, in Glasgow, the gap in life expectancy at birth between the least and most deprived deciles has widened to a 15-year gap for males and a 12-year gap for females. These trends, which pre-date Covid-19, have been causally associated with the effects of UK Government austerity policies.

Since the beginning of the pandemic, over 10,300 deaths have been recorded in Scotland with a Covid-19 diagnosis and the pandemic has exacerbated existing health inequalities. The impacts of austerity policies linked to stalling life expectancy have led to a greater vulnerability to the direct and indirect impacts of the pandemic. As society emerges from the pandemic, the impact of recurrent deaths due to inequality will quickly surpass those due to Covid-19.

An economic recovery that focuses on reducing inequality-related ill-health and deaths, which had grown worse pre-Covid-19 due to austerity policies, will be vital for population health in the future. This requires progressive policies to tackle poverty, exclusion and inequality in society, which Covid-19 has exacerbated.

Policy recommendations

These recommendations for *population health* focus on addressing structural inequalities in society and mark a shift away from austerity policies that have contributed to widening health inequalities toward policies that commit to the common good for all in society.

1. Progressive fiscal and welfare policies and more radical action from the Scottish and UK governments are needed to reduce educational, income and wealth inequalities.
2. A range of local policies built upon the principles of social inclusion, poverty reduction and sustainability need to be enacted, including support for living wage employment, income maximisation initiatives, poverty-proofing policy, proportional targeting of services and investment, inclusive housing and regeneration strategies, improvements to the built and natural environment and accelerated investment in active and sustainable travel for all communities.

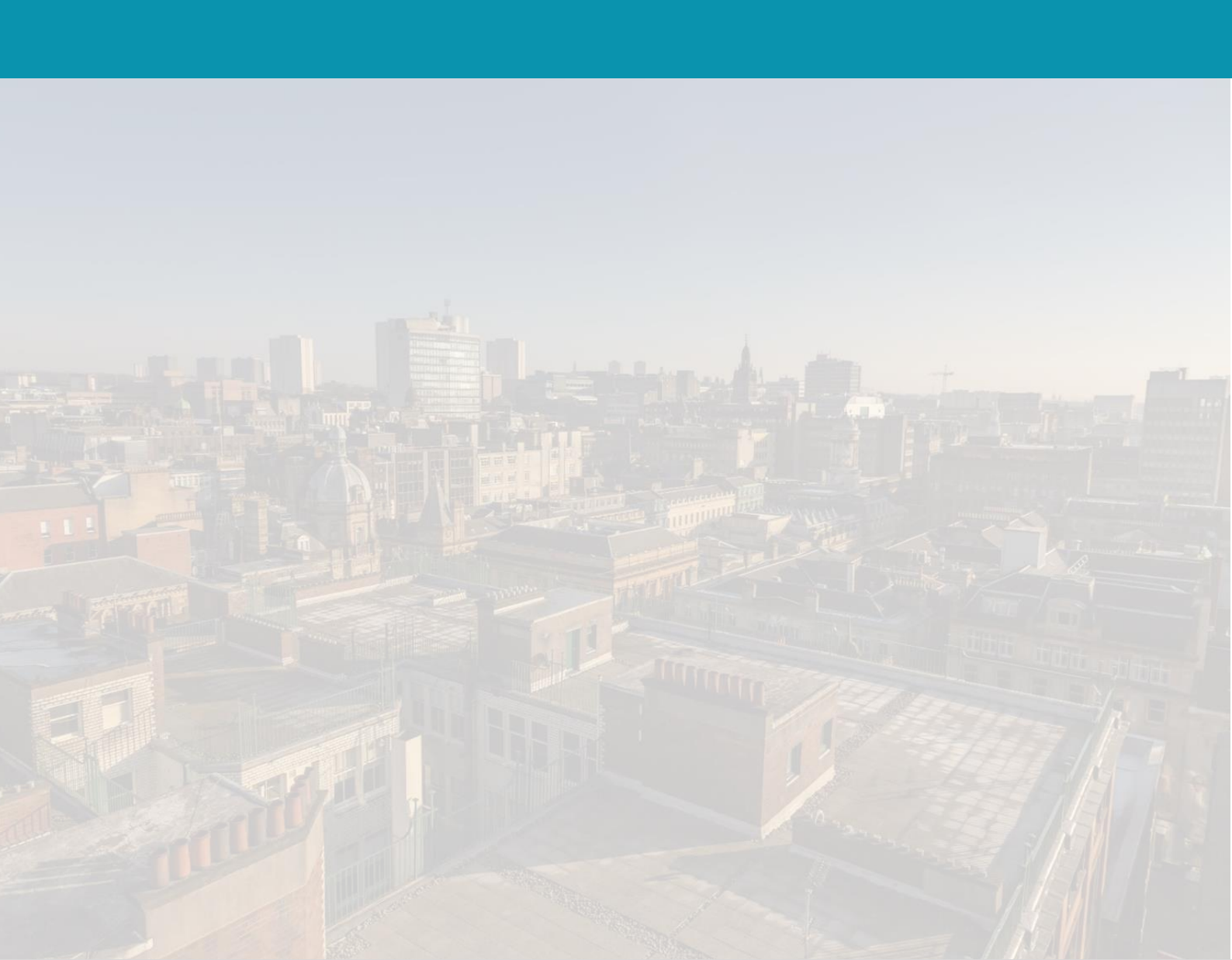
This report describes how Glasgow has changed in the last two decades, highlighting existing health and social inequalities, many of which have widened. Living through a pandemic has further highlighted the problems that need to be addressed. Despite this, the pandemic period has also shown some positive examples of what can be achieved when policy prioritises health above all else and focusses on the most vulnerable, such as in the actions taken to protect people at risk of homelessness.

We hope this report can be used to inform post-pandemic policy. It is even clearer now than prior to the pandemic, that concerted action at the local, national and UK level is needed to address the underlying structural inequalities in society that have led to ingrained poverty and widening health inequalities. In making decisions about how we progress, it is important that a broad range of perspectives are heard and that those people who are most marginalised and most affected by inequalities and the pandemic are involved in setting and designing recovery agendas to ensure just, equitable and sustainable recovery.

We have to move beyond policy rhetoric – beyond what some have called the ‘implementation gap’ – to ensure that those policies we require to address inequalities are properly resourced and enacted. We need to act swiftly to shift *‘from word to deed’*.

References

1. Australian Human Rights Commission. *Respect@work. National inquiry into sexual harassment in Australian workplaces*. Available at: <https://humanrights.gov.au/our-work/sex-discrimination/publications/respectwork-sexual-harassment-national-inquiry-report-2020> (accessed July 2021)
2. Hiam L, Harrison D, McKee M, et al. Why is life expectancy in England and Wales 'stalling'? *J Epidemiol Community Health* 2018;72:404-408



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**Glasgow Community Planning Partnership
Executive Group**

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Pathfinder to Housing, Health and Benefits (PHHaB)

Improved Outcomes Post-Liberation

Purpose of Report:

To provide the Glasgow Community Planning Partnership Executive Group with an update in relation to the Improved Outcomes Post-Liberation programme (now known as PHHaB), identifying areas for development, and

To seek the support from the GCPP Executive Group partners to progress this work.

Recommendations:

Members of the GCPP Executive Group are asked to;

- a) Note the progress of partners, improving the outcomes for prison leavers, including how that progress was impacted upon by COVID-19-related issues;
- b) Consider what further support would expedite these improvements, through direct dialogue with Community Justice programme leads.

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1 Introduction and Background

- 1.1 In October 2018, a multi-partner meeting was held in HMP Barlinnie to discuss and consider key challenges and opportunities through the lens of Financial Inclusion and Tackling Poverty. The event provided information regarding some of the difficulties prison leavers face, and allowed partners to look for opportunities to assist in facing these challenges.
- 1.2 A report was brought to the GCPP Executive Group in June 2019 with the initial findings, specifically identifying significant challenges for those going through the custody system, as well as wider impacts on the city and public sector partners, including:
 - Prison population rates in Scotland remain the highest in western Europe, resulting in overcrowding in some instances
 - 15% of individuals are homeless on entry to prison with 50% having no fixed abode on release
 - Reoffending is high, particularly for short term prison leavers, with reconviction rates for prison leavers in excess of 40% (and much higher for short term sentenced individuals)
 - The direct financial cost of reoffending to the public purse in Glasgow is estimated to be £580m per annum
- 1.3 Service user engagement at project inception identified three key areas that would support people to maintain their liberation upon release from prison; the securing of suitable Housing, access to Healthcare and support in accessing Welfare Benefits. The partnership has listened to these needs and has worked to create a process that will ultimately result in reduced rates of reoffending and address the financial exclusion faced by this group of Glasgow citizens.
- 1.4 The ambition of the programme was, through robust collaborative approaches, to develop solutions which mitigate some of the challenges faced by individuals post-liberation, to improve systems and establish new ways of working.

2 Developments in 2020 – Responding to Covid19-related Issues

- 2.1 Following the 2019 report to the GCPP Executive Group, a programme team was convened, with a review of existing processes, the team considered and developed a renewed approach. A start date was agreed, initially working exclusively with Glasgow residents leaving HMP Barlinnie, of June 2020.
- 2.2 Significant in the developments were:
 - Arrangements for Data Sharing from the Scottish Prison Service, providing weekly details of all Glasgow residents in custody or preparing for release.
 - Detailed process maps of partners' Throughcare contributions

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- Compilation of key performance measures.
- 2.3 As a result of COVID-19-related regulations and guidelines, March 2020 saw new arrangements for all partners, with unique challenges for the Scottish Prison Service and for prison throughcare. The increase in partnership arrangements brought about by the Throughcare Improvement Programme were instead employed to concentrate on ensuring safe and holistic arrangements for prison leavers during the height of restrictions and preparing for the Government's scheme of "Emergency Early Release."
- 2.4 Considering the risks for prisoner release, in a period where most face to face supports were suspended, the partnership planning and joint arrangements provided significant, protective factors. The lessons from this period also carried into the renewed developments for the programme. A [report](#) on those lessons is available for partners.

3 Developments in 2021

- 3.1 While partnership planning has remained critical in supporting prison leavers during continued COVID-19-related restrictions, as those restrictions have lessened, the programme on improving throughcare refocussed, and a new start date of April 2021 was agreed.
- 3.2 Between April and September, over 200 cases were identified within scope of the Pathfinder (PHHaB), with findings suggesting high initial engagement with partners and good sharing of data across partners. The early (and still to be validated) data also affirmed the anticipated trend of repeat periods of custody for many individuals, especially for those over the age of 25. The issue of lost contact post-release also remains an issue.
- 3.3 It should be noted that these preliminary findings are still at a point of testing the systems, including our capacity to share data and performance information across public and third sector partners.

4 Remaining Challenges

At the embarkation of this programme, GCPP partners were supportive, provided resources and agreed that *"the success of this programme may require additional resource, and this may become an ask of the GCPP Executive at a later date"* (report to the GCPP, 12 June 2019). Progress, particularly the learning since April, has highlighted that there remain challenges to be addressed. Success will rely on the ingenuity of partners to overcome the most pressing challenges, including:

- **Data Sharing** – up front data sharing has proven central to improving the journey through custody, specifically in identifying tenancies at reception and managing these in anticipation of release. The remaining challenge is to align, collectively, partners' data of the throughcare picture and establish a

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robust mechanism for monitoring impact. A partnership workshop has been agreed for 14th October and it is critical that all partners contribute.

- **Innovating Locally** – Partners have identified the ideal route through custody within the current frameworks with which services can be delivered, however there remain some barriers reflecting national policies and practice. Without documenting a long-list within this report, CPP partners are asked to review directly with the Community Justice leads their own ambitions, actions and opportunities.
- **Continuity of Involvement and Organisational Memory** – This programme has run for an extended period, partially reflecting the protracted issues related to COVID-19. This has resulted in changes in representation at the partnership programme group, and for some organisations, gaps in participation. CPP partners are asked to review their lines of operation direction with the Community Justice programme leads.
- **Looking Beyond Barlinnie** – While HMP Barlinnie contributes the largest number of Glasgow citizens returning from custody, the project will need to look across all 15 Scottish prisons, suggesting new calls will be made on partners over the coming year.

5 Recommendations

5.1 Members of the GCPP Executive Group are asked to;

- a) Note the progress of partners, improving the outcomes for prison leavers, including how that progress was impacted upon by COVID-19-related issues;
- b) Consider what further support would expedite these improvements, through direct dialogue with Community Justice programme leads.