Management Board Meeting
Thursday 21st September

14:00 – 16:00 hours

AGENDA

Conference Room, Olympia Building

1. Welcome and apologies (14:00-14:05)
2. Minutes of last meeting (June 2023), rolling actions and matters arising (14:05-14:10)
3. Update on action emerging from June Board / EMT awayday (Verbal update) (14:10-14:25)
4. Update on workplan for current year (Presentation) (14:25-14:35)
5. General update and discussion (Paper GCPHMB/2023/447) (14:35-14:50)
6. GCPH as an anti-racist organization – update (Paper GCPHMB/2023/448) (14:50-15:05)
7. Finance updates: (15:05-15:20)
    - Finance Plan 2023/2024 /324 (Paper GCPHMB/2023/449)
    - Finance report till end of August 2023 (Paper GCPHMB/2023/450)
8. The impact of the cost-of living crisis on disabled people (Paper GCPH/2023/451 and presentation) (15:20-15:50)
9. AOCB (15:50-16:00)

Date of next meeting: Thursday 14th December, 14:00–16:00 hours

Minutes of special meeting of the Management Board & EMT of the Glasgow Centre for Population Health

Strategic Workshop

12 June 2023
Glasgow City Chambers

PRESENT

Mr John Matthews (Chair)	Non-executive Board Member, NHS Greater Glasgow and Clyde
Dr Martin Culshaw	Deputy Medical Director: Mental Health and Addictions, NHS GGC
Dr Jennifer McLean	Acting Deputy Director, Glasgow Centre for Population Health
Prof Chik Collins	Director, Glasgow Centre for Population Health
Prof Moira Fischbacher-Smith	Vice Principal Learning & Teaching, University of Glasgow
Prof Emma McIntosh	Professor of Health Economics, University of Glasgow
Ms Nicola Edge	Co Deputy-Director Health and Social Care Analysis Dept, Scottish Government
Mr Frankie Barrett	Group Manager, Employment and Skills, Economic Development, Glasgow City Council
Ms Anna Baxendale	Head of Health Improvement, NHS Greater Glasgow and Clyde
Ms Michelle McGinty	Head of Corporate Policy and Governance, Glasgow City Council
Dr Pete Seaman	Associate Director, Glasgow Centre for Population Health
Prof Laurence Moore	Director of the MRC/CSO SPHSU, University of Glasgow
Mr Gary Dover	Assistant Chief Officer, Primary Care and Early Intervention, Glasgow HSCP

IN ATTENDANCE

Ms Rebecca Lenagh-Snow	Administrator, Glasgow Centre for Population Health (Minute)
Mrs Jennie Coyle	Communications Manager, Glasgow Centre for Population Health

	ACTION BY
WELCOME, APOLOGIES & INTRODUCTIONS	
Mr Matthews welcomed everyone to the meeting, and there were brief introductions. Apologies were recorded from, Ms Suzanne Miller, Dr Emilia Crichton, Prof Nick Watson, Ms Fiona Moss, Dr Peter Craig and Ms Fiona Buchanan.	**Noted**
STANDING MANAGEMENT BOARD PAPERS	
Board and EMT members confirmed that they had received the regular standing GCPH Board business papers. The following papers had been circulated in advance of the meeting:	

• Minute of the March 2023 Management Board meeting • Rolling actions (June 2023) • General update paper (June 2023) • Finance position paper (to the end of March 2023) All members indicated they were content with the papers and no questions were raised.	**To note**
SETTING THE CONTEXT	
There was a brief presentation from Prof Collins, speaking to the discussion paper circulated in advance, and covering context setting, recent GCPH team conversations and outcomes, resource challenges and key questions. The discussion at this meeting would be structured in response to two main questions: • Discussion on impact *from* resources • Discussion on resources *for* impact	
SESSION 1	
Discussion on impact *from* resources Prof Fischbacher-Smith opened the discussion by asking a point regarding impact and the example used of the city food plan, and if this could be expanded on. In addition, Ms Edge then asked what we were meaning by impact and how we understood this as a team. Prof Collins said regarding impact he would say impact would be when we can reasonably say that we have contributed to improving health outcomes or important determinants of health outcomes. In terms of the current context, this may be that we have helped to make things not as bad as they could otherwise be. Ms Edge said this was helpful and aligns with Scottish Government thinking. Mr Matthews asked if we should question what the impact would be over the lifetime of GCPH and what the 'attractiveness' is of GCPH. Mrs Coyle said we have had lots of discussion about how we show or demonstrate impact. We have had things such as the Sistema and Healthier Wealthier Children evaluations, the mortality and austerity work has had great awareness, but the challenge is to show how the work has influenced action. Prof Collins said Profs Moore and McIntosh, from the perspective of the REF, will know that it is difficult to show impact and change. Prof McIntosh agreed and said they have had lots of training at the University, but it is still a struggle. Prof Moore agreed it is challenging and they have been moving towards using more of a narrative approach. He also wanted to say it has been a difficult period over the last 10 years. One place GCPH can possibly impact is when the context changes – due to political change etc. The austerity work did show health outcomes were getting better before the crash and if that comes round again how can we work with the change. He agreed with the approach of 'evolution not revolution' outlined by Prof Collins. Mr Matthews highlighted Prof Fischbacher-Smith's question about the food plan. Dr Seaman said we have two different metrics for work and impact. The first is evidence, reports, dissemination etc and the second is action and narrative of how we've shaped change. When the food work started there was lots of work around	

food taking place across the city, but it was disparate and we helped to pull it together.

Ms Baxendale said looking for systems change is something of a holy grail. In terms of whole systems working, that's difficult. Systems change constantly and we need to change with that. It is a timing issue, being able to step into a role and lead work. GCPH had legitimacy for the food plan work - do we currently have that legitimacy for other work? Do we do that temperature checking with partners? This is also possibly more on the partners than GCPH.

Prof Moore agreed on the timing issue. Also shifting focus to action may be good, maximising impact.

Ms Baxendale and Ms Edge both mentioned there are other players in the data and evidence spaces. At Scottish Government they work very closely with Public Health Scotland and draw on evidence from many places and sources. She wondered where GCPH fits in this landscape.

Regarding the impact and reputation of the Centre, Prof Collins said that possibly GCPH's special selling point is that we will sit down with you and work to turn evidence into action.

Ms Baxendale agreed and also thought there was something about GCPH's bridging role that is key. She added that there is also something around local reactiveness and responsiveness that is key to the way the Centre works and that this is not something that Public Health Scotland does.

Mr Barrett thought there is also something around that shorter term work and support for partners. We need to make sure GCPH is entering discussion at the right part.

Mr Dover shared that he always thought GCPH had freedom to think differently and more broadly and bring that into other organisations and partners who may be stuck in more siloed thinking. He thinks this is a vital role.

Prof Moore agreed that the Centre's responsiveness is a good/key part of its appeal. Prof Collins agreed and said the challenge is doing this with few resources. There is also a cultural aspect to our relationships and place in organisational spaces and he thinks that changed during Covid, with work shifting to online and lack of footfall and presence in the physical space of the Centre.

Dr Seaman agreed that he felt it had had an impact, and that it changed what we were asked to do and how we tried to respond. A question is how do we sit in early discussions and not over-commit? Then when the longer-term work comes we may have run out of resource. Ms Baxendale said she doesn't know if anyone is able to do long-term thinking and planning at the moment, as everyone is more in survival mode.

Mrs Coyle agreed that there was a weakening of relationships under Covid. She also said in some areas there are things we started working on (e.g., race and health) which have now moved on since our early work on it. Should we perhaps step back and let others who may be better placed work in that area?

Mr Matthews asked if there was an entrepreneurial aspect to the work of GCPH? Mr Matthews asked where are the spaces where GCPH would be able to say 'what can we do for you'?

Prof Collins agreed there is a cultural aspect. The staff survey iMatter showed that people felt performance was perhaps not managed as well as it could be. Perhaps it would be good to focus on how to take change forward after the break.	
BREAK	
SESSION 2	
Discussion on impact *from* resources continued To round off the previous discussion and look at how the Centre Management Team will take forward this feedback, Prof Collins asked are we having the right conversations within the GCPH Team, in terms of priorities, areas of impact, the programme architecture etc. Dr Culshaw said in terms of timing and responsiveness, mental health is a major concern right now. Demand is at the highest ever level and they are also trying to do systems change so any help is welcome. In terms of data awareness, this is quite low in the mental health area and service user data would be good. In terms of evidence, this does also require a quantitative aspect to it. He mentioned they get a report on suicide each year and that alongside the data they also get suggestions in the report as to practice based changes – as an example it was recommended to follow up on hospital discharges within 7 days but has been reduced to 3 days based on evidence and data. Ms Baxendale said her understanding is in the city we are doing better than we thought we would in relation to suicide rates – is there something we can learn there? Horizon scan for positives? Prof Collins asked, in terms of the EMT, who would usually provide a strategic steer (according to the MoU from 2020), how has that worked? Dr Seaman said that the EMT more recently has been a dry run for the Board meeting and not a strategic decision-making forum. Historically the Programme Managers have worked with autonomy which has perhaps led to a more diffuse workplan. Prof McIntosh asked is it perhaps about disinvestment spaces in the workplan? Dr Seaman highlighted that we often don't see impact in projects for several years, for example in projects like Weathering Change. Mr Barrett agreed, this was started years ago and is only showing impact now. Dr Seaman said so there is often action on these projects or the spaces where they took place that are not in our line of sight. Prof Moore said he was on the EMT years ago and it was clearer that the Board was strategic and EMT was translational. Prof Collins said we may therefore need to rebalance between the Board and EMT, maybe less people for high level discussions, and more for EMT to help translate the strategic into the operational. Prof Moore said GCPH needs partners to bring knowledge of what they need to the EMT. Prof McIntosh thinks there is a huge space around partnership working and space to for the tam to further evolve there. Also, in relation to space to operate, Ms McGinty highlighted that they have just started a review of Community Planning Partnership (CPP) in Glasgow, which is partly driven by changes in personnel at Glasgow City Council, and she thinks this would be good for GCPH to join. It is a space where stakeholder engagement will be key.	**GCPH** **MMcG, GCPH**

Prof Collins asked how GCPH would do that in practical terms? Ms McGinty said they have got to the stage where there is basic agreement that the CPP has become more of a structure than a functioning partnership. Mr Matthews said it has struggled in Glasgow since its inception. Ms McGinty said there was agreement that the high-level people could meet less regularly for strategic purposes and there should be more frequent responsive practical level meetings.

Further regarding 'spaces' Mr Matthews asked if there are spaces in the city we could link into or bring income into the Centre? Dr Seaman said there are some spaces like community engagement. Ms Baxendale thought this space issue is important. One space is the practitioner space (such as the GCPH seminars) which isn't covered well in other places or by other organisations. Another space is in the example of the food plan – GCPH brought a safe space, a neutral non-political space where that work could happen.

Prof McIntosh wondered if this brings in space to focus on, rethink about remit?

Prof Collins went back to the earlier point about evolution of programmes and possibly moving from 4 programme teams to 2 – with a possible focus on 'data and observatory function' and 'evidence into action'. Mr Dover said he did like this idea, but this was a decision for Centre management in how to structure the work and team internally.

Mrs Coyle wondered if there was more to these two aspects, and a degree of overlap, but would say the responsiveness seems to be more on the action side. Prof Collins thinks the observatory has shown responsiveness in a different type of way. The austerity work has had a big impact that is still now being spoken of.

Ms Baxendale wondered how much of this is in the impact into evidence side that may not be within the gift of the Centre to do or lead on. Ms McGinty said this is where partnership working would come in. Prof Collins said we may need to add further quantitative expertise to the team if we do some of these things.

Discussion on resources *for* impact

Prof Collins spoke briefly about GCPH resource and funding. GCPH has had flat funding since 2017, with a small uplift last year, with staffing costs and centre running costs now taking up our full core funding. This point was brough to the attention of the Board in June 2021 by Dr Seaman.

Prof Collins is happy to report unaccounted for monies has been identified due to some financial calculation errors which gives us more funding than expected this year but next year we are looking at a shortfall. The challenge is how to deal with this, as we are coming up to crunch time in a couple of years.

Mr Dover said one way could be partnership working. Ms Edge agreed and said the risk is things are going to get worse, partnership working, and diversifying would be sensible.

Ms Baxendale asked if there is opportunity to frame some options to make them attractive and interesting to attract funding? Ms McGinty said she is going to lots of funding meetings at the moment but also a lot about new ways of working such as the poverty pathways.

Mr Matthews said he was mindful that Michael Matheson said if we could identify 'pockets' to work in we should come back to him.

Prof McIntosh highlighted that from an economic side, preventative spend is always disadvantaged over acute. Ms McGinty said they are getting some evidence though, and she thinks it would be hard for any of the partners to step away from the Poverty Pathfinder work now. Prof Moore said he knows the Centre don't want to be chasing the money, but he thinks there are areas where funding opportunities could be identified. Prof Collins said we are doing some of that but perhaps need to do more. Dr Seaman thinks we have done well getting funding in the past but if we're moving more towards this as a funding model for the GCPH, we may need some conversation around strategy, so seeking external funds means we stay aligned with our centrally funded purpose.	
CLOSING REMARKS AND NEXT STEPS	
Prof Collins thanked the group very much for their valuable input. He and the rest of the Centre Leadership Team will now consider how to take this discussion to the team at their meeting this week, but this has been a helpful discussion.	
DATE OF NEXT MEETING	
The date of the next Management Board meeting is: **Thursday 21st September 2-4pm, GCPH.**	**To note**

Glasgow Centre for Population Health
Management Board
21 September 2023

General Update

Recommendations

Management Board members are invited to:

- Note this update on ongoing work and other key developments since the June 2023 joint special meeting of the Management Board and EMT.

- Identify any developments and priorities in their own organisational contexts that are of potential significance for the Centre, and which might be referred to the Executive Management Team for discussion of operational priorities.

Governance and Staffing

1. The proposal, drafted in the early part of this year, to establish a GCPH Centre Leadership Team (CLT), composed of the Director supported by two Deputy Director (DD) posts (with a revised DD job description), continues to be progressed within NHS GGC (within the wider context of a structural review of the Public Health Directorate led by Dr Emilia Crighton, who has recently been confirmed as Director of Public Health). Following meetings with the NHS GGC staff side representative, the revised job description for the DD posts will now be reviewed by an Agenda for Change job evaluation panel. We await the outcome of their considerations. As an interim measure, Dr Jennifer McLean, continues in the post of acting Deputy Director (under the existing Deputy Director job description) until the end of November 2023. We continue to hope that by that point the proposal will have been approved and the new team will be constituted, though progress is rather slower than we would like.

   The 'interim' CLT continues to meet weekly, with a formal agenda and note of actions, supported by Ricky Fleming, GCPH Office Manager. A key focus of meetings has been maintaining good oversight of activity across the Centre, meeting governance and financial arrangements and requirements, planning for strategic team development sessions, with a focus on renewal of a collective mission and purpose, strategy and priorities, organisational values and culture, and the work to refresh the Centre workplan in line with our renewed strategy and purpose.

2. *GCPH Management Board and Executive Management Board membership.* In June, our Management Board member Professor Nick Watson, University of Glasgow, indicated his intention to step back from the GCPH Board due to a reduction in hours, in preparation for retirement. We pass on our sincere thanks to Nick for his important contributions and support to the Board and the GCPH team over the years.

Following consideration by University of Glasgow colleagues, we are delighted that we will at our September meeting be welcoming Professor Chris Pearce, Vice Principal for Research and Knowledge Exchange (and Infrastructure and Environment Professor of Computational Mechanics) to the Management Board.

3. *Public Health Scotland, meeting with Paul Johnston, Chief Executive.* GCPH Director, Chik Collins, met with the Chief Executive of Public Health Scotland on 1st August. Following the meeting, we are pleased that Mr John Dawson, Head of Strategy and Transformation, Public Health Scotland, will be joining our EMT, formally as an 'observer', and to support strong mutual awareness and cross-organisational working and progress on shared priority areas. John attended the first meeting of the 'renewed' EMT meeting on 7th September.

4. *Joint GCPH Management Board and Executive Management Team awayday*. Following discussion at the Board meeting in March 2023, protected time to discuss the strategic direction and work priorities of GCPH was proposed. The awayday session took place on the morning of Monday 12th June (9.30am – 1pm) at Glasgow City Chambers. Following an introductory, context-setting presentation, our Director outlined the very challenging current GCPH operating context, summarized feedback from GCPH team development sessions, current priorities, staffing levels and resource challenges. Discussion during the meeting revolved around two key areas – GCPH impact *from* resources, and securing sustainable GCPH resourcing *for* impact, with the full discussion recorded in the minute of the meeting. Key points of discussion included demonstrating impact and a clear focus on action, the Centre's key 'bridging role', a need to 'deepen the dialogue' with partners – in order to 'energise awareness' around potential areas for impact, the need for a renewed and refocused role of the EMT in translating strategic aims into operational priorities and actions, and opportunities for income generation and further partnership working to progress areas of work. At this Board meetings Prof Collins will speak to the progress and action that has progressed since the meeting.

5. *Internal structure changes.* As outlined at the joint Board/EMT awayday in June, a proposal to restructure the GCPH staff internally, from four programmes to two teams (evidence/observatory function team and evidence for action team), has been taken to the team. Team discussions have been held as part of our continuing series of development sessions, exploring the advantages and implications of this change for the organisation and how this new structure will enable a clearer focus on Centre wide priorities, impact and knowledge exchange and utilisation. Further discussions about the positioning and role of the Communications team within this structure and refreshed approach are also taking place. General agreement to this proposed new structure and approach has been received from the whole team, with the set of priorities to be agreed and discussed with the EMT. The provisional priorities, still to be taken to EMT, are currently *Poverty, Inequality, and Socioeconomic Circumstances; Mental Health; Racism, Racialisation and Intersectionality; Place and Community Engagement (including the Food System)* and*; Climate Change.* At our team development session on 13th September, the new teams have spoken to their work and contributions in relation to the new priority areas, with a further session scheduled for the 27th September, This process is progressing well as we work towards a new more coherent and collaborative workplan.

6. *iMatter* is the annual NHS Scotland Staff Experience continuous improvement tool, developed nationally, and used within all NHS Scotland Boards. iMatter is designed to help individuals, teams, Directorates, Health and Social Care Partnerships (HSCPs) and

Boards to understand and improve staff experience. The iMatter survey was completed by the GCPH team members in May, with the team report received in July. Key points to note from the 2023 report are the high team engagement and completion of the survey (91% response rate and a score of 75 Employee Engagement Index compared to 57% and an Index number of 70 in 2022) and the high collective sense of achievement reported by team members. There is also a new, collective will across the team to constructively use the survey and its findings to support continuous improvement. Discussion at the August team meeting identified the three required key areas for improvement and action as follows:

i. Given the recent changes in Centre's leadership and governance, and the prior desire for improvement in the visibility of, and confidence in, governance, we will improve clarity around governance, and the separate but overlapping functions of the Board and the Executive Management Team.
ii. Feedback, growth and development. To progressively develop a stronger culture of feedback throughout the Team – both vertically and horizontally – and as an aspect of an improving 'performance management' and professional development planning process, to support learning and growth.
iii. Organisation communication and culture: Further professionalisation of the working environment at the Centre, strengthening the culture of dignity and respect, fair and consistent treatment for all, consideration of health and wellbeing and work-life balance, inclusion in the Team, and listening to ideas and suggestions.

The action plan for 2023 was submitted to the NHS GGC iMatter team in mid-August. The detailed action plan with which we are working can be viewed in Appendix 1.

7. Mairi Young and Cat Tabbner both returned to work and to the office in July, following their maternity leaves. Our Digital Communications Officer, Hannah Black, will leave GCPH in mid-November to go travelling. Our team colleagues Val McNeice and Lisa Garnham, on secondment to Glasgow City Region PMO team at GGC and Strathclyde University respectively, have both been supported to increase their time with their seconded organisations.

8. *GCPH equalities work and taking forward GCPH as an anti-racist organisation.* Following the GCPH team training session with the NHS GGC Equality and Human Rights Team (EHRT) last November, we are continuing our discussions with EHRT about undertaking an informal Equalities Impact Assessment (EQIA) of specific projects within our workplan, with a view to developing guidance to support the assessment of risk for future projects. The informal EQIA of the small grants project took place on 16th August. The approach was positively appraised and written feedback will follow from colleagues in EHRT. A paper updating on GCPH's progress in response to recommendations made at the September 2021 Board to progress towards becoming an anti-racist organisation is included for discussion at this Board meeting (paper GCPHMB 2023/448).

9. *GCPH Budget Plan for 23/24.* Following a delay in the development of the budget plan for 23/24 due to a number of uncertainties relating to the level of our SG funding for 23/24 and the NHS GGC financial allocation to support salary uplifts over the last two years, the plan has now been confirmed (paper GCPHMB 2023/449) and is brought to the Board for discussion and approval. The GCPH financial position paper from 1st April to the end of July 2023 is also brought to this Board meeting for discussion and approval (paper GCPHMB 2023/450).

Developments and partnerships

10. We are in conversation with NHSGGC colleagues around common priorities and how GCPH can work with NHSGGC specifically in the areas of poverty, with the Health Improvement part of the Public Health Directorate, and also (following discussion at the June meeting) with Mental Health Services on trends in mental health needs, demand and response. Two brief papers have been drafted outlining possible areas for collaboration. These include, in the areas of Poverty:

    - Identification of poverty related barriers to healthcare
    - Understand the differential in uptake of healthcare services and rates of DNA related to poverty, SIMD, ethnicity and the intersection of known factors.
    - Understanding patient experience of barriers
    - Engagement with partners to develop mitigation responses and actions and developing and piloting poverty proofing tool.

    Work in support of Mental Health Services could include:

    - An initial phase of work to promote a rapid improvement in the accurate recording and coding of diagnosis, so that MHS has a better sense of need and demand composed by what is seen to be a 'new' kind/level of acute mental health presentation.
    - A second stage that would seek to understand *why* there has been a change translating into new need and demand. This may benefit from a spotlight on particular diagnostic and demographic groupings.

    There was a first, welcome opportunity at the recent EMT meeting to start to explore the potential of both areas as operational priorities for the Centre, and these discussions will now continue.

11. *NHSGGC Endowment Committee*. A request, from the Chair of the GCPH Board, was made to the team to compile ideas that could possibly be funded by the NHSGGC Endowment Committee. These are ideas that relate to public health, in the broad sense, but would not be delivered within the work plan of the Public Health Directorate. Ideas brought forward relate to work to diversify leadership within the NHS; learning around London's anti-racism approach to addressing racialised discrimination and inequality; using creativity to communicate public health issues 'beyond the public health lens' (i.e. ideas and stories, in addition to evidence and data); further investigation of poverty measurement in relation to excess mortality, and on vaping and e-cigarettes as a public health concern. These ideas are being collated to inform a conversation with the Chair of the GCPH Board and the Endowment Committee.

12. *Glasgow City Food Plan – exploring the possibility of funding from Scottish Government to support continued delivery of the Glasgow City Food Plan.* Following a meeting between the Chair of the GCPH Board and the Health Minister, a proposal has been sent to the Minister seeking support for GCPH's ongoing leadership of, and resourcing for, the Glasgow City Food Plan. At their meeting, the Minister indicated to our Chair that he would be interested in allocating relatively small sums of funding to work which can be seen to be likely to make an impact on health and health inequalities in areas of need at this time of broader funding constraints. After internal discussions, the Glasgow City Food Plan was identified as a suitable candidate project, and a proposal was drafted, seeking £123k

of funding, to supplement £83k allocated already by GCPH, for the period September 2023 until March 2026. At the moment, GCPH is largely carrying the entirety of the GCFP work from its core funding. The initial indication seems to be that there is some interest from the Cabinet Secretary in the proposal, and further communication is awaited. If this proposal is not funded in the manner above envisaged, then the proposal might also be taken to the NHS GGC Endowment Committee (see Paragraph 11).

13. *Chamber of Commerce.* GCPH is committed to working with those who are in various ways able to shape key determinants of health in the city of Glasgow and elsewhere. One constituency which is able to do that, but which GCPH has not hitherto engaged with very systematically, is the business community. Over the recent months we have been progressing a dialogue with the Glasgow Chamber of Commerce, who we have found to be very interested in exploring collaboration opportunities. Initially, our Director met with the Chief Executive, Stuart Patrick, leading to a further meeting involving some key colleagues from each organisation. The organisations then exchanged short papers, outlining interests and possible areas of collaboration, as the basis for further progress. A meeting was held at GCPH on Monday 14th August which aimed to deepen the dialogue around the areas of economic inactivity and skills, living wage, circular economy and climate change, and wider business links for GCPH. There is also an appetite to discuss food system/strategy. The outcomes from this meeting are being assimilated and taken forward in the coming months.

14. *Impact of austerity on life expectancy book.* Dr David Walsh and Prof Gerry McCartney. Building on our earlier research and communications, and contributing the new Centre priorities, a proposal has been accepted by Bristol University Press/Bristol Policy press (following academic peer review and detailed submission to the publisher's board) for publication of a book (title still TBC) on the impact of austerity on life expectancy in the UK. It will summarise the previously published evidence on changes to life expectancy and mortality rates in the UK since the early 2010s, which was covered in the GCPH/University of Glasgow report and accompanying animation in May 2022. The aim of the publication is to intersperse this evidence with 'real life' stories of people affected by austerity in order to 'humanise' the epidemiological evidence and to achieve wider awareness of the unprecedented changes to mortality rates among the general public. A first draft is required by 1st December 2023, with an anticipated publication date of November 2024. Dr Walsh initially offered to do this work in his own time, but the Centre's leadership was of the view that the work aligns very strongly with our responsibility for the wide and effective education of the science of health inequalities, and it also aligns strongly with policy science, which indicates that evidence is most likely to impact on policy when it is translated into 'ideas' and 'stories'. As the work is now being conducted in GCPH time, it has been agreed that royalties from the GCPH contribution to the publication will go to the NHSGGC Endowment Fund.

15. *Supporting public health workforce development.* A Glasgow Game session was arranged with Rebecca Campbell (CPHM) in the Public Health Directorate as part of a public health taster session for junior doctors potentially interested in a public health career. Nine people took part in the game over a two-hour session. Participants engaged with the game very effectively and positive feedback was received. The session was delivered by Bruce Whyte, Katharine Timpson and Berengere Chabanis of the GCPH team.

16. *Assessing the health benefits associated with active commuting*. In a new linkage study, 82,000 participants in the Scottish Longitudinal Study (a representative national sample from the 2001 Census) have been followed up for 18 years. Each participant's Census

record was linked to their subsequent hospital admissions, mortality and prescriptions data. Comparison has been conducted of the health outcomes of cyclists, pedestrians, and non-active commuters in the period 2001-2018. In brief, active commuters were less likely to suffer from a range of negative physical and mental health outcomes, than non-active commuters, further strengthening the evidence of the health benefits of active commuting. A paper on these findings is currently under review at the Journal of Epidemiology and Community Health. A subsequent paper, assessing the potential costs savings to the NHS associated with active commuting, is in preparation.

17. Funding bids/funded projects

- *CommonHealth Catalyst – Developing a Community Research Consortium to Address Health Disparities* A project funded by the Arts and Humanities Research Council (November 2022 to July 2023), involving Dr Jennifer McLean, Dr David Walsh, and Mohasin Ahmed from GCPH, led by Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University. This project is seeking to catalyse a 'community research consortium' focused on Lanarkshire. David Walsh is contributing to Theme 1: 'Learning from the past to shape future solutions', specifically leading on the historical epidemiology and health profile over time, with a report providing contextual information for the other components of the project (and future development of the project). Jennifer McLean is contributing to Theme 2: 'Mapping the health and wellbeing ecosystem' and is leading the community asset mapping component. Eight workshops with community-based organisations have been delivered across Lanarkshire with the support of the Scottish Community Development Centre. A report on the key themes and learning from the workshops has been submitted. The community asset maps have also been redrawn by a graphic artist and copies given to the community organisations who support the workshops. Mohasin Ahmed is leading the Patient and Public Involvement and Engagement strand and has been establishing a Lived Experience and Advisory Panel (LEAP) to ensure the project is informed by community voice and perspective. The third, and final, meeting of the LEAP took place on Thursday 24th August. The project will be completed by the end of September (following a short no cost extension). A series of short briefing papers summarising the learning from the project components are in preparation. A project event to share learning will take place in November.

- *New bid submission – AHRC. THRIVE: Exploring the Dynamics of Community Asset Engagement for Integrated Health and Social Care Systems.* Involving Dr Jennifer McLean and Mohasin Ahmed from GCPH. Led by Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University, working with University of East London, Queens University Belfast and the University of Northumbria. The THRIVE project aims to address growing inequalities in health by looking at the role of community-led organisations, as community assets, within public health and social care systems. The project will adopt the Design Council's Systemic Design Framework – Explore, Reframe, Create, and Catalyse – combined with methods used in the humanities, health and social sciences. As part of a critical exploration of community assets, we will assess needs, evaluate initiatives, and explore barriers and facilitators to involvement, particularly in deprived communities. This project builds directly onto *CommonHealth Catalyst,* which was funded in the previous round of AHRC (Stage 2) Mobilizing Community Assets to Tackle Health Disparities, which focused on Lanarkshire, and also CommonHealth Assets, both of

which have significant involvement of GCPH team members. If successful, this project will start in February 2023 and will run for 30 months.

- *New bid submission. Glasgow Health Determinants Research Collaboration. National Institute of Health Research (NIHR) research funding call.* Following an unsuccessful first phase bid to NIHR in 2021 for a Glasgow HDRC, a fresh phase 1 bid was submitted to a new call in April of this year. This led to an invitation to submit a second phase proposal, which was submitted towards the end of July. Highly positive feedback has been received, further information requested and submitted, and an interview will take place in the near future. The proposal has been prepared by Glasgow City Council (Kimberley Hose, Michelle McGinty, David Hazel), and co-led by MRC Social and Public Health Science Unit (Lawrence Moore, Peter Craig and Shona Hilton) with co-applicants in the form of Glasgow City HSCP (Fiona Moss) and GCPH (Pete Seaman and Chik Collins). The value of the bid is circa £5million over a 5-year period. The HDRC intends to improve the health of Glasgow's population by integrating research evidence into decision-making processes across various areas of Council influencing health and inequality. This will lead to:

    - Shared understanding across the Council of how and when to use evidence to inform decision-making (to be partly informed by a secondment of GCPH Programme Manager, with a focus in the early stages on knowledge transfer from the already existing 'Health Determinant Research Collaboration in Glasgow – namely GCPH).
    - Pilot projects which can demonstrate this evidence use effectively in practice (e.g. child poverty, financial security)
    - Collaborative research capacity and processes embedded within the wider community of elected members, community planning partners and public representatives. GCPH would be involved here through a Public Patient Involvement component comprising three locality leads that will ground the work of the HDRC within communities.

- *New bid submission: Lanarkshire Health Determinants Research Collaboration NIHR research funding call,* (proposed December 2023 to November 2028). Involving Dr Jennifer McLean and Mohasin Ahmed from GCPH. Co-led by Michael Roy, Professor of Economic Sociology and Social Policy at Glasgow Caledonian University (GCU) and Mr Soumen Sengupta, Director, South Lanarkshire Health and Social Care Partnership. The proposal submitted is to build and strengthen the research culture in Lanarkshire to improve policy and programmes addressing the social determinants of health. The objectives involve strengthening partnerships and networks, connecting more effectively with communities, facilitating research, collaboration, capacity building, and sustaining a research culture in Lanarkshire. This will include embedding a culture of research, increasing capacity to utilise research/evaluation outputs, increasing skill levels across staff, developing a common understanding of Lanarkshire's underlying social determinants of health, an evidence repository for research-informed decision-making, and strengthening collaboration across Lanarkshire and communities. If successful, GCPH will support and advise on the development of, delivery and best practice in, Public Involvement and Engagement and asset-based approaches. The partnership also includes staff from GCU, University of Strathclyde, North Lanarkshire Council, NHS Lanarkshire and Voluntary Action South Lanarkshire and North Lanarkshire. Like the Glasgow bid, an online interview with the project leads will be held in the middle of September with the outcome anticipated in October.

- *New bid submission. Cash First Partnerships.* GCPH is working with a range of partners, already engaged in the Glasgow City Food Plan's Fair 'Food for All' working group, on a bid for the Cash First fund launched by Scottish Government in June 2023. GCPH is the lead applicant, and the proposal is that GCPH will employ and host the Partnership Development Officer that will take the 24-month project forward. A steering group for the post will be established and chaired by Glasgow City HSCP. This fits well with the partnership role that GCPH plays in the Glasgow City Food Plan. Hosted at the GCPH, the Partnership Development Officer would be in a good position to access up to date and relevant data, research and relevant networks. Led by the HSCP, the steering group would be in a good position to link effectively with the range of delivery partners across the city. The aim of the project will be to accelerate and focus the collaborative working already fostered through the work of the Food Plan's 'Fair Food for All' group. If successful, the Cash First Fund progress and monitoring will be directly linked to the Glasgow Food Policy Partnership (GFPP) and the Cash First Fund programme of work will be added as a specific action within Glasgow City Food Plan. The closing date for bids was 1st September.

  Based on groundwork over the last two and a half years in Glasgow, our priorities, which chime with the priorities of this fund, will be to:

  - Work in partnership across agencies to understand barriers to cash-first support and how to mitigate/alleviate these barriers.
  - Increase capacity of frontline staff from statutory and voluntary sector services in the city to identify people experiencing severe food insecurity and refer them to appropriate support.
  - Shift focus of the referral response to severe food insecurity towards cash and advice first approaches and strengthen access to existing sources of cash-first support.
  - Develop pathways to other services to meet the broader needs of people applying for cash-based support, both those rejected, and those receiving support, building resilience against future repetition of severe food insecurity.
  - Explore links to other community-based food provision from foodbanks, advice providers and cash-based providers as a mechanism for building resilience against food insecurity.
  - Apply lessons from successful and innovative trials of new sources of cash-first support in the city, and continue to explore new options for delivery.
  - Make effective use of partners' data and intelligence on areas and groups not currently accessing support as appropriate when experiencing severe food insecurity to develop test of change projects.

Communications outputs and activities

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

Events and seminars

19. In collaboration with the Faculty of Public Health, the final webinar in our most recent Seminar Series was delivered by Prof Kevin Fenton on 12th June, entitled *'A public health*

approach to incorporating anti-racism and structural discrimination in tackling racial and ethnic health disparities'. Prof Fenton has occupied a number of high-profile roles within Public Health in England and is currently London Regional Director at the Office for Health Improvement and Disparities, Health Advisor to the Mayor of London, and President of the UK Faculty of Public Health. In his talk, Prof Fenton outlined how systemic racism and discrimination contribute to health inequities and how a public health approach that recognises and addresses these factors can lead to more effective and equitable solutions. He also shared practical strategies for incorporating anti-racism and addressing structural discrimination in public health policies and programmes. He concluded by issuing a powerful call to action. *"Say it. See it. Act on it ... Commit to using your individual power to do things differently."* Almost 600 people registered to attend the webinar with 345 attending on the day. The slides and recording of the webinar are available on the GCPH website and have been shared with all those that registered and on social media. Following the webinar, we received a request for the recording to be included in Public Health Scotland's virtual learning hub which hosts a range of resources on health inequalities and public health and has over 40,000 learners. We are now planning a follow-up meeting with Prof Fenton and his team, together with colleagues from the Faculty of Public Health and Scottish Government, to understand more about the approach to anti-racism being taken in London and what Scotland can learn from this.

20. Led by Glasgow Food Policy Partnership (GFPP), we supported the organisation of the recent and highly successful second Glasgow Food Summit on 6th September at Glasgow City Chambers. This followed the first food summit held in May 2019, which led to the development of the 10-year Glasgow City Food Plan. The aim of this event was to refresh the plan, taking account of recent contextual changes, and to increase support for the delivery of the plan from partners and stakeholders. The event was a mix of presentations from experts (from Copenhagen and Bristol, as well as from within Scotland) and participatory workshop sessions based on the six themes of the plan. In excess of 100 delegates (including our Chair and several councillors from Glasgow and elsewhere) attended the summit which has been hugely well received. Importantly, Glasgow City Council has now appointed a political convener to lead in this area, with a group of officers now able to support the work in new and welcome ways.

21. Planning for Seminar Series 20, to run from autumn 2023 to spring 2024, is progressing well, with an outline and potential speakers/topics for the series now developed. A recurring thread running through all the seminars will be a reflection on the significant changes and developments over the past two decades and what the much-changed context today means for the present, and future, in terms of population health improvement and inequality reduction. The series will be a mix of in-person events and online webinars. The first seminar will be held as an in-person event on Thursday 12th October entitled *'Glasgow 2003-2023: what's changed and what now?'*. This will include a reflection, from a range of perspectives, on the progress and challenges faced by Glasgow over the past 20 years – focusing on health (Manira Ahmad, Chief Operating Officer, Public Health Scotland); the local authority (Dr Duncan Booker, Group Manager (Green Economy, Innovation & International), Glasgow City Council); the third sector (Anna Fowlie, Chief Executive, Scottish Council for Voluntary Organisations) and the private sector/business community (Stuart Patrick, Chief Executive, Glasgow Chamber of Commerce). The focus will be on the longer-term view that can help the audience reflect and take stock of the changing context against which we collectively try to bring about positive change. This opening seminar will set us up for the second seminar in November on *'Health and health inequalities: what have we learned and what now?* to be led by Dr David Walsh (GCPH) and Professor Gerry McCartney, University of Glasgow. The third

seminar will follow in December, with Professor Sharon Friel from the Institute of Climate, Energy and Disaster Solutions at the Australian National University. This will focus specifically on the commercial determinants of health and the impacts in terms of some of the biggest public health challenges of our time, including climate change, mental health, and obesity.

22. In collaboration with ScotPHO and Public Health Scotland, we are organising the annual Public Health Information Network for Scotland (PHINS) conference which will take place as a hybrid event on 3rd November at the University of Strathclyde. The first half of the morning will consist of three presentations focussed on early years, followed by discussion. The second half will consist of another three presentations focussed on interventions to address inequalities in Scotland. The presentations will be interspaced with opportunities for questions, discussion and networking.

Contributions to other events/forums

23. The team continue to actively contribute to other events or forums, a selection of which includes the following.

- In June, David Walsh presented on 'Understanding the political causes of health inequalities' at the Faculty of Public Health/CHAD webinar. He has subsequently been invited to present at the West Midlands Socialist Health Association webinar. In July, he presented the austerity/life expectancy work at an away day of the UK Department of Health and Social Care. He has been invited to provide an educational input on health inequalities to the Queen Elizabeth University Hospital ICU Department in November. He will also present to the Royal College of Physicians and Surgeons of Glasgow in November.

- In August, Bruce Whyte presented to the Clyde Metro Strategic Advisory Group; the Active Travel Delivery Partner Communities group; and the Sustainable Glasgow Board. In October, he has been invited to present as a Glasgow School of Art event 'Design for Movement in the Public Realm Symposium'.

- In early September, Chik Collins spoke at the AGM of the Edinburgh Community Health Forum. This follows his presentation to the Community Health Exchange Conference in Glasgow in March. In June, Chik also addressed a high level delegation of health professionals and researchers from the Netherlands – about the heath challenges in Glasgow and the role of the GCPH in the wider work which has been done, and will in future be done, to address those challenges.

- In November, Katharine Timpson will be presenting to a Modern Studies Teachers conference on health inequalities and the Understanding Glasgow resources.

- Jennie Coyle has joined a new Communications Sub-Group of the Mortality Special Interest Group Chaired by Margaret Douglas, PHS. The date for the first meeting of the group is still to be confirmed.

Publications

24. *Moving from homelessness into social housing: testing new approaches* (Katharine Timpson, Lynn Naven, James Egan). September 2023. This project evaluated new ways of supporting people moving into social housing in Glasgow. The pilot was established in

response to recognised delays in providing transitional support when people move from temporary homeless accommodation into a secure tenancy. Such delays can lead to people either moving quickly into an at best minimally furnished new home or building up hundreds of pounds of rent arrears when waiting in temporary homeless accommodation. Those waiting could be liable for two rents (temporary accommodation and new home) as benefits only cover one property. The evaluation found that under the pilot arrangements most people moved into their new home on the date they were liable to start to pay council tax on the new tenancy. Although the new approaches did not always follow the agreed order, available data showed that most people received a Community Care Grant to furnish their new homes within one week compared to the mainstream target of three weeks. Compared to mainstream applications, they were much more likely to receive a positive award decision. The award amounts were around double the average paid to mainstream awards. These new ways of support enabled good relationships, trust, and clearer boundaries among partner agencies. Most staff welcomed scaling up this approach but with some qualifications around fairness, eligibility, and constrained budgets. There are plans to share the report learning with others, including other social housing providers and the Alliance to End Homelessness in Glasgow.

25. *The impacts of the cost-of-living crisis on disabled people: a case for action* (Chris Harkins, Tressa Burke, David Walsh). August 2023. Written in collaboration with Glasgow Disability Alliance, this paper presents a rapid examination of the impacts of the current cost-of-living crisis on the lives, health and wellbeing of disabled people. It includes the experiences and perspectives of disabled people living in Glasgow along with a scoping review of emergent evidence from across the UK concerning how disabled people report that the current crisis is impacting their lives. Media coverage was obtained through an exclusive with *The Herald,* where it was covered on the front page alongside a case study of a GDA member. A general PR was also issued on the day of publication (shared with partners) which resulted in a slot *on BBC Radio Scotland* lunchtime live programme and an article on *Health and Care.Scot*. A short paper and presentation on this report is an agenda item for the September Board meeting (paper GCPHMB 2023/451).

26. *Commuting, COVID and decarbonising transport: learning from five Scottish institutions on their progress in decarbonising transport and supporting active and sustainable travel*. (June 2023). Led by Bruce Whyte, this report is the product of a collaboration between the University of Strathclyde, University of Glasgow, City of Glasgow College, Glasgow City Council, and the Scottish Parliament. The report focusses on the progress these five organisations are making in achieving a shift to more active and sustainable travel among staff and students. The information gathered, via a desktop exercise, describes the context of each organisation, staff travel trends, the impacts of COVID-19 on travel, and active and sustainable travel policies and schemes to promote more sustainable travel. A workshop to discuss the findings and develop some perspectives for future engagement was held on 28th March. The key learning points from this have been summarised in an event report and incorporated in the final case studies report. The report has been widely disseminated and used by those involved. This includes with Sustainable Glasgow and the Sustainable Glasgow Board; the Green Infrastructure and Transport Hub; the Glasgow Chamber of Commerce; the Sustainable Scotland Network; the Climate Emergency Response Group (a broad coalition of NGOs, public bodies, local authorities and a number of private sector organisations advocating and proposing solutions to government on tackling the climate emergency, including in transport); and the Public Health, Sustainability and Transport Partnership. Bruce Whyte has been invited to present to an NHS Sustainability Managers Group, NHS in Scotland's Transport Fleet and Travel Planning group, and the University of Glasgow Sustainability Working Group.

27. *Summary of a Place Standard Pilot in Barmulloch, Glasgow* (Russell Jones). June 2023. The Place Standard is a widely used resource for discussing community issues and priorities. It encourages users to consider the quality of their neighbourhood by assessing 14 themes. This report summarises findings from a Place Standard event in Barmulloch, Glasgow, which was a pilot for the Wheatley Group to explore the applicability of the tool for engaging with their customers.

Forthcoming publications

28. *An applied synthesis of research and literature on patients with mental health and wellbeing needs* (Katharine Timpson, Lisa Garnham). This paper synthesises the findings of work originally undertaken in the context of planning for the previously proposed Mental Health and Wellbeing services in Glasgow. This includes a literature summary of Glasgow-relevant grey literature on "what 'good' looks like" in mental health service provision, conducted by GCPH; community conversations around what mental health and wellbeing services should look like, carried out by Health Improvement Teams; pathways workshops with professionals who work in mental health around the needs of those not currently well served by services, carried out by Glasgow HSCP; and the perspective of a service that supports patients within a Primary Care setting, offering connections to a range of services including outwith the health service. Taken together, these offer insights into how mental health and wellbeing services need to be designed and operated, in order to meet the needs and wants of patients – both now and in the future. The synthesis identifies the overlaps and tensions in their findings, fleshes out what this means for the design of mental health and wellbeing services, and identifies areas in which further evidence or information is required. Anticipated publication September 2023.

29. *Go Cycle evaluation report (Gregor Yates, Bruce Whyte).* As part of the UCI World Cycling Championships, 29 organisations have been funded up to £10,000 to deliver a community cycling project across Glasgow. We are evaluating the fund on behalf of Glasgow Life. An initial stage has involved providing each organisation with information about the other funded organisations, and a demographic monitoring form to enable them to capture information on participants. In early September, each organisation will complete an online survey which includes questions on the delivery of the fund, impacts on participants, organisational impacts and learning that can support future approaches to increasing and diversifying the cycling population across Glasgow. A draft report is due for November 2023, and a final report will be published before the end of 2023.

Consultation responses/contribution to external publications

30. We are preparing responses to the following consultations/call for evidence:

- Glasgow City Council City Development Plan 2 (CDP2) call for evidence (end-September 2023). Also, in ongoing dialogue with City Planners to support the development of the plan.

- Scottish Government Effective community engagement in local development planning guidance: consultation (13th September 2023)

- Scottish Government Human Rights Bill consultation (5th October 2023)

- City of Glasgow Licensing Board, Licensing Policy Statement (27th September deadline, contributing to response by Glasgow City HSCP)

Journal articles

31. McCartney G, Hoggett R, Walsh D, Lee D. How important is it to avoid indices of deprivation that include health variables in analysis of health inequalities? *Public Health 2023; 221: 175-80*

Media

32. As described in paragraph 28, our new report on the impact of the cost-of-living crisis on disabled people was featured on the front page of the printed version of *The Herald* and also in the digital version 'Cost-of-living crisis 'devastating' Glasgow's disabled'. A case study of one of GDA's young members was also published in the online version 'How cost-of-living crisis is affecting Glasgow's disabled'. On the same day, Tressa Burke, CEO of Glasgow Disability Alliance, was on *BBC Radio Scotland* live lunchtime programme to talk about the research. *HealthandCare.Scot* also featured an article 'Cost of living 'devastating' for disabled people', as did *India Education Diary*. Tressa subsequently appeared on *BBC Scotland 'The Nine'* show on 18th August and there was further coverage of the issue in *The Herald* on 4th September 'Disability charities in Glasgow urge SNP to act on hardship'. *BBC's 'The One'* show have also recently requested support for a piece they are putting together on this.

33. Several articles have referred to GCPH and our 2021 Health in a Changing City report and austerity research in coverage of the rise in cases of rickets. This includes *The Times* 'Rise of rickets in Scotland fuels fears over poverty and diet', *The Herald* 'Rickets cases 700 per cent higher in Scotland than England', *Phys.org* 'Victorian-era disease hits Scotland's poorest' and *The News*.

34. Following an interview with David Walsh, an article on health inequalities in the UK and Glasgow was published in one of the main Dutch newspapers *Trouw* on 30th August.

35. Mortality and stalling life expectancy research subject of a letter published in *The Herald* on 4th September on premature deaths.

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Digital

36. Following the tendering process for a new Content Management System (CMS) for the GCPH and Understanding Glasgow websites, work is progressing well on the style and build stage of the new websites. Weekly meetings with the comms team and project manager from the digital agency are ensuring this work will be delivered on schedule.

37. Since the last meeting in June, two issues of our bi-monthly e-update have been circulated to our almost 3,000 network subscribers. The first at the end of June and the most recent at the end of August.

38. Mohasin Ahmed has written a new blog reflecting on the progress and development of the Lived Experience component of the Common Health Assets research project 'Common Health Assets Lived Experience Panel – Where are we now?'

39. The first two blogs in a new series on how universal health and social care services can tackle – and are tackling – child poverty were published over the past few weeks. The series will explore three different models of children and families' services delivering interventions to tackle the root causes of child poverty. The first blog by Dr Noreen Shields (NHS GGC) 'Working towards a 'Best Start and Bright Futures': reflections on an NHS child poverty partnership', outlines the Healthier Wealthier Children (HWC) model in NHS GGC, and considers how the model can support wider efforts to tackle child poverty. The second blog by Dr Anna Price from the Murdoch Children's Research Institute, and the University of Melbourne, Australia on 'The power of working together: when health and financial wellbeing services join forces' outlines how the model has been adapted in Australia. In the third blog, we will hear from Anna Sarkadi, Professor at the Department of Public Health and Caring Sciences, Uppsala University, Sweden. With child poverty rates in Scotland increasing, the blogs are a timely reminder of the continuing value of the Healthier Wealthier Children model and its influence beyond Scotland.

40. Bruce Whyte authored a guest blog for Public Health Scotland on the introduction of the LEZ in Glasgow in June. The blog 'Clearing the air – the introduction of Glasgow's Low Emission Zone (LEZ)' was published in June.

41. We will be supporting two awareness raising campaigns during the month of October – Black History Month which runs throughout the month and Challenge Poverty Week which runs from 2nd to 8th October.

GCPH
September 2023

Appendix 1. 2023 GCPH iMatter action plan

iMatter action plan for Glasgow Centre for Population Health, 2023-2024

We celebrate:

- The team has increased engagement this year, as indicated by the 'very high' response rate. and the increase in the overall Employee Engagement Index.
- There is a collective will to use the survey constructively to support continuous improvement.
- We have established clarity about how survey questions should be understood, thus allowing clearer interpretation of results.
- Our collective sense of achievement is high.

Action plan for areas for improvement.

Area for improvement	**Desired outcomes:** What would indicate we'd improved to a level we were happy with?	**Actions** that will get us there	**Responsible for Action Plan and Target Completion Date:** Who and by when?
1. *Given the recent changes in Centre's leadership and governance, and the prior desire for improvement in the visibility of, and confidence in, governance, we will improve clarity around governance, and the separate but overlapping functions of the Board and the Executive Management Team.*	Information on the Centre's governance structure and on the people involved in it is clearly and easily available to staff.	• Website to feature photographs and short biographies of Board members and EMT personnel. • Emphasize that team members are welcome at Board meetings and indicate where papers can be viewed. • Continue to share the Board General Update paper with team members and to report on main Board and EMT discussions at monthly Team meetings	**Who?** • Centre Leadership Team • Communications Team. **When?** By December 2023

2. *Feedback, growth and development. To progressively develop a stronger culture of feedback throughout the Team – both vertically and horizontally – and as an aspect of an improving 'performance management' and professional development planning process.*	Our scores to improve for questions on 'helpful feedback', 'performance is managed well' and 'time and resources to support my learning and growth'.	• To embed an internal culture and practice of peer review and feedback and learning • Review of line management responsibilities and load. • To ensure that discussions about training and development is a central part of review and PDP conversations. • To continue to ensure a budget for training and development is available	**Who?** • Centre Leadership Team • Line managers and direct reports • Programme managers and programme team members **When?** April 2024
3. Organisational communication and culture.	Further professionalisation of the working environment at the Centre, strengthening the culture of dignity and respect, fair and consistent treatment for all, consideration of health and wellbeing and work-life balance, inclusion in the Team, and listening to ideas and suggestions.	• Wellbeing to be a focus of mid-year and end of year reviews • See resources relating to wellbeing above to support EYR and MYR.	**Who?** • Centre Leadership Team • Line managers and direct reports • All **When?** April 2024

Work plan 2023-24 (with updates as of September 2023)

Overview

The Glasgow Centre for Population Health (GCPH) was established to understand the evolving patterns of population health and health inequalities in Glasgow and Scotland, and to work with partners to identify solutions. The Centre achieves its purpose through delivery of trusted evidence and practical support for partners working to create better and more equal health. GCPH is funded by the Scottish Government as a partnership between NHS Greater Glasgow and Clyde (NHS GGC), the University of Glasgow and Glasgow City Council (GCC) – because improving population health and reducing inequalities requires effective collaboration of multiple organisations and agencies.

For 2023-24, our purpose remains: *Working towards enabling partners to achieve improved and more equal population health outcomes, through identifying the action and responses required to address underlying vulnerabilities and supporting the development and delivery of these actions with our partners.* We achieve this through:

- Delivery of highly credible evidence on the past, present and emerging patterns of population health in Glasgow and Scotland;
- Analysing and understanding the causes of these patterns;
- Development and evaluation of responses with partners in service delivery and in communities;
- A highly effective communication strategy, growing and diversifying our networks and adapting outputs accordingly.

In 2023-24, our work is focused on:

- Understanding and mitigating the combined health (including mental health) impacts of ongoing financial austerity and the 'cost of living crisis', particularly on the most vulnerable populations;
- Closer alignment with the work of our key partners, especially in NHS GGC, GCC and the Health and Social Care Partnership (HSCP);
- Supporting recovery and renewal in relation to the shared pursuit of a more equitable and sustainable economy;
- Supporting the creation of connected, inclusive and empowered communities and places.

All of our work is directed at the longer-term outcome of improved healthy life expectancy and a narrowing of health inequalities and is currently organised in four Programmes and a Communication function, supported by a small administration function. However, this internal organisation of GCPH is currently in a process of significant change – as indicated in the concluding paragraph of Section 1 ("Developing our approach: 'accelerated evolution' of GCPH", p.4).

The structure of this work plan

This workplan is presented in five main sections. Section 1 summarises our main activity across our programmes. Section 2 provides brief outlines of our work for change in the first six months of 2023-24. Section 3 presents an 'At a Glance' table and Section 4 sets out a more detailed matrix of key projects for the year. Section 5 lists main GCPH outputs and engagement events since April 2023 – current and projected.

Section 1: The Four Programmes of Work

Programme 1: Action on inequality across the life course
This programme is supporting partner efforts towards a socially just recovery, through work addressing the role of poverty, deprivation and social inequality in shaping health outcomes. We are disseminating learning on improving responses to the priorities of mental health demand and homelessness.

Key priorities for the year

- Dissemination of outputs from the *Integrated Neighbourhood Mental Health and Wellbeing Hubs* needs assessment.
- Publication of *Moving from homelessness into social housing: testing new approaches*, evaluating a pilot involving GCC and four Registered Social Landlords, which was designed to test a method of fast-tracking people from temporary accommodation into secure tenancies, to reduce rent arrears and so improve tenancy sustainment.
- Working with NHS GGC (Health Improvement) to identify actions to mitigate the impact of poverty, through engagement with healthcare services.
- With NHS GGC, developing new work to understand qualitative and quantitative changes in mental health need and demand, to inform new responses.

Programme 2: Understanding health, health inequalities and their determinants
This widely renowned programme reports trends in health, health inequalities and their determinants within a UK and international context, identifies emerging issues and develops policy recommendations for government, both locally and nationally.

Key priorities for the year

- Analysing and reporting on key health, social and demographic trends in Glasgow.
- Furthering our understanding of changing mortality rates and other adverse health outcomes across Glasgow, Scotland, and the rest of the UK, including dissemination, communication and discussion of new evidence and trends in outcomes and inequalities in relation to austerity in public expenditure.
- Ongoing excess mortality research – understanding the differences in the experience of poverty and deprivation across the UK.
- Influencing a wide range of organisations and agencies, including through our lead organisational role in the Public Health Information Network Scotland annual seminar, in the Scottish Public Health Observatory (ScotPHO) and through collaborative research with NHSGGC, Public Health Scotland and the University of Glasgow.
- Maintaining and developing the *Understanding Glasgow* website, including this year the migration of the website to a new platform, and incorporating changes to the content, design and functionality, all informed by user engagement.

Programme 3: Sustainable inclusive places
This programme supports policies, partnerships and practices which promote fair and equitable access to healthy and sustainable environments. This is achieved through evidence, evaluation and effective engagement with partners and communities.

Key priorities for the year

- *Food system change*: Leading and resourcing delivery of the Glasgow City Food Plan, including progress towards the Sustainable Food Cities Silver award. A key event will be the 2nd Glasgow Food Summit in September 2023. We are also providing evaluation support for a HSCP-led project combining action on food insecurity, healthy eating and physical activity in three Glasgow neighbourhoods.
- Conducting, on behalf of NHS GGC, the ongoing *evaluation of Thrive Under 5,* which supports families with children under the age of five years to achieve a healthy weight

through a collective and long-term approach to change, including tackling the issue of food insecurity, and the resources and knowledge to make healthier choices.

- *Commuting, COVID and decarbonising transport: learning from five Scottish institutions.* Published in June 2023 evaluating progress towards active and sustainable travel in major organisations.
- Conducting, on behalf of Glasgow Life, and as part of the UCI World Cycling Championships, the *evaluation of GoCycle*, in providing funding to 29 organisations to deliver a community cycling project. The evaluation is identifying learning that can support future approaches to increasing the cycling population across Glasgow.
- *Climate Change and Health*: Developing a synthesis of previous work on health and climate change as the basis for priority work in this area. The paper is applying a public health lens, exploring how the city can become carbon neutral by 2030 in a way that supports climate justice and positive mental health across all population groups.

Programme 4: Innovative approaches to improving outcomes

This programme aligns with the strategic objectives of NHS GGC's ten-year Public Health Strategy and Remobilisation Plan and the 'communities and collective endeavour' principle of the Scottish Government's Social Renewal Advisory Group, which aims to empower communities in co-producing outcomes, to ensure lived experience informs programme development and direction, and to build 'social capital'. Recognising that economic factors are the biggest determinants of population health outcomes, the programme is also aligned with the Glasgow City Region Economic Strategy.

Key priorities for the year

- *Understanding and implementing the health dimensions of inclusive economy*. Ensuring the health and wellbeing gains of the city's growth strategy are maximised, grounded in a shared understanding (between health and economic development colleagues) of the relationship between economic and health outcomes. This work is supported by the secondment of a GCPH colleague to the Glasgow City Region team.
- *CommonHealth Assets: evaluating how community led organisations impact on health.* This NIHR funded multi-partner, UK wide project is evaluating how community organisations' use of asset-based approaches improves health and wellbeing in their localities. This includes economic evaluation and learning for scalability and sustainability. GCPH leads the development and delivery of a Lived Experience Panel to ensure community voice informs the project.
- An examination of the *impacts of the cost-of-living crisis on the health and wellbeing of disabled people*, conducted in collaboration with Glasgow Disability Alliance, including recommendations to mitigate these impacts and to address inequalities experienced by disabled people.
- Increasing the capacity in the city and city region to utilise evidence to inform policies for improving health outcomes in Local Authorities. Key, partnership contributions to major funding applications to the National Institute for Health Research to establish *Health Determinants Research Collaborations* in Glasgow City and in Lanarkshire - multi-partner collaborations, led by the relevant local authorities, focused on the development of research and evidence informed cultures of policy and practice in relation to, for instance, child poverty and financial inclusion.

Communications

Our communications function involves strategic and responsive use of a range of media to further build our profile, to ensure the most appropriate and maximum exposure for our work in pursuit of impact, and to support other organisations and agencies to respond to the relevant challenges. Activities include the maintenance of digital presence, an annual seminar series and substantial calendar of engagement and dissemination events, and the publication, dissemination and promotion of a wide range of outputs from programme workplans.

Developing our approach: 'accelerated evolution' of GCPH
GCPH is currently in a process of 'accelerated evolution', arising from the recent appointment of a new, permanent Director (after some years of sub-optimal leadership arrangements), a closer alignment with NHS GGC, and also in recognition of the much-altered context of our work over the past decade (including Covid, the cost-of-living crisis and severe public expenditure constraints). This evolution involves a significant review and refresh of our overarching strategy, leadership and coordination structure and associated programme architecture – as well as a renewal of our working relationships with key partners.

Our next work plan will be focussed on a smaller number of projects with a more explicit and visible link to core partner needs, and guided by heightened consideration of potential for impact on health and inequalities. Two broad teams will replace the current four programme structure, one focused primarily on 'evidence' and another primarily on 'evidence into action'.

To support a simpler narrative on how GCPH is achieving impact, our work will be described with reference to five core priorities, with the following to be agreed via the relevant governance processes:

- Poverty and inequality (including inclusive economy and the impacts of austerity);
- Mental health;
- Racism, equalities and intersectionality;
- Place, community and engagement (including food systems);
- Climate change.

From a governance perspective, we are re-establishing a clearer division of labour between our Management Board and External Management Team, in accordance with the underpinning GCPH Memorandum of Understanding. This will enable a more productive dialogue with our core partners, focused on collaborative identification of priorities for resource allocation, based on identified pathways to impact on population health and health inequalities.

Section 2: GCPH Working for Change, April-September 2023

The Centre's way of working benefits from our long standing, and consequently embedded, role within networks of policy and delivery. This has enabled us to be instrumental in establishing shared understandings and creating common purpose, leading to concerted action among the many organisations and agencies whose focused involvement is necessary to address population health challenges. Below, we offer five brief outlines of key aspects of our work for change over the first six months of 2023-24.

Food systems: Health, equality and sustainability
The Centre's food programme takes a systemic approach to the pursuit of fair and equitable access to healthy and sustainable food for all Glaswegians. Key to this is GCPH's leadership and coordination of the Glasgow Food Policy Partnership (GFPP) and our lead role in the delivery and performance monitoring of the Glasgow City Food Plan. The Plan – influential in shaping the Good Food Nation (Scotland) Act 2022 – is delivered under the auspices of the Glasgow Food Policy Network, reporting to the city-wide Public Health Oversight Board.

The original 10-year Food Plan, launched in June 2021, created a common vision across the food system, enabling greater collaboration and coordination. It has helped improve the dietary consumption of Glaswegians, as indicated, for example, by 'Food for Life Served Here' awards to the Council for its school meals, and to the independent hospitality provider, Baxter Storey for its extensive public sector food provision. Alexandra Rose Vouchers are being provided to families eligible for Best Start Food Support in *Thrive Under 5* areas (worth £4-6 of fruit and vegetables per child per week), also allowing regular engagement with families and providing valuable support for local food retailers. In September this year, a highly successful 2nd

Glasgow Food Summit was held, to refresh the plan and to further increase support for the delivery of the plan from partners and stakeholders.

Recognising progress, Glasow City Council has appointed a councillor to lead a reinvigorated Council effort in this area. Relatedly, in September 2023, the GFPP applied to the Scottish Government's Cash First Partnerships fund (aiming to reduce reliance on food banks) to create a Development Officer post. This post will link delivery partners across the city with the aim of accelerating collaborative working already fostered by the Partnership.

Disabled Glaswegians and the cost-of-living crisis

In partnership with Glasgow Disability Alliance (GDA), *The impacts of the cost-of-living crisis on disabled people: a case for action,* and its recommendations for UK Government, Scottish Government and city-wide services in Glasgow, was published on 9th August. It has galvanised the sense of urgency around the health and wellbeing of disabled people during the current crisis. Following extensive communications effort, the report was instrumental in convening a 'listening' meeting between the First Minister, GDA members and Board members on 14th August 2023. The findings of the report were considered at the meeting alongside the testimonies of disabled people and GDA staff. On 9th September, a £9 million re-investment in the Independent Living Award was announced by the First Minister, alongside a renewed commitment to abolish non-residential social care charges faced by many disabled people in Scotland at present.

This partnership demonstrates how GCPH's way of working more generally creates the conditions for research, policy expertise and lived experience to combine for impact – in this case, in a rapid response to shifting circumstances and urgent needs. Our collaborative approach creates the circumstances in which GCPH stimulates a deeper dialogue about the implications of evidence, and how recommendations – designed to be actionable – can be taken forward effectively. Credibility, trust and sensitivity to partner and policy priorities and resources together prove crucial, beyond the delivery of excellent research alone.

The impact of austerity on health

A large and robust evidence base, to which GCPH has contributed significantly, demonstrates concerning changes to mortality rates across Glasgow, Scotland and, indeed, the whole of the UK since the early 2010s. These changes have been caused in large part by 'austerity' policies. The 'causal pathways' from policy to changes in these outcomes have been made clear and link strongly with our previously established understanding of the 'fundamental causes' of poor health and health inequalities. We have described these trends in multiple publications, including, most recently, a joint report with the University of Glasgow published in May 2022, and a specific GCPH report published in February 2023.

Despite this large, and increasingly international, evidence base, it is clear there is still a lack of awareness among the public, health professionals and elected representatives of the unprecedented nature of the mortality and life expectancy changes we have been seeing over the past decade, which will now be being compounded significantly by the cost-of-living crisis.

Work in this area has been continuing in 2023-24, seeking further understanding, discussion and action. This work includes further quantitative analyses, systematic review of evidence, and research into other health indicators, such as adverse birth outcomes. It also includes the co-authoring of a book which includes 'real life' stories of people affected by austerity. The latter strategy, based in evidence from the Systems Science in Public health and Health Economics Research project (SIPHER), to which GCPH is linked, via secondment, aims to strengthen the connection between evidence and policy by translating 'data' into ideas and stories.

Racism and racialisation
GCPH has been working to develop the capacity of the wider public health system to understand and respond to racism as a fundamental determinant of health inequality. This has included evidence on racialised health disparities (such as a briefing on the disproportionate impacts of the COVID-19 pandemic on Black and minority ethnic groups), making the evidence-based case for the inclusion of racism in our understanding of the fundamental determinants of health inequality (see *How racism shapes our health*) and convening networks of shared purpose to explore innovative responses from elsewhere. This translational role has included Professor Kevin Fenton, (Regional Director for London at Office for Health Improvement and Disparities, Public Health Advisor to the Mayor of London, President of the Faculty of Public Health) presenting to a very large Scottish audience (some 350 in attendance) on incorporating anti-racism and addressing structural discrimination in public health efforts to reduce inequality. GCPH is leading further work with the Scottish Government and Faculty of Public Health around translating the "London Approach" to tackling racism and racialisation in Public Health within the Scottish context.

Asset- and community-based health collaborations to address health inequalities
Over several years, GCPH become known for our partnership work developing the evidence base for, and practice of, asset-based and community-focused approaches. This includes, for instance, supporting strategies such as GCC's resilience, food and social recovery plans. Through this, we are increasingly the 'partner of choice', in this area. This year, we have participated as core partners in two bids to the National Institute for Health Research (NIHR) to establish Health Determinants Research Collaborations led by the local authorities in Glasgow and also in Lanarkshire (a joint local authority bid in the latter area). This fund seeks to develop cultures of collaborative research and evidence use for policies and programmes addressing the social determinants of health. Successful bids – at this stage the funder's feedback in very positive – will deliver £10m in resources in total to support work on health inequalities in west central Scotland.

Relatedly, we have been working with the Glasgow City Region on the shared priority of inclusive economic growth and seeking to ensure health benefits are produced alongside economic recovery. We have supported a GCPH Programme Manager (Health and Inclusive Economy) to work within the City Region team, leading on the Glasgow City Region becoming a Living Wage Place. Further, this colleague is a member of the Scottish Government's Community Wealth Building Bill Steering Group shaping the development of legislative ideas to support community wealth building. Approval has been granted to establish a City Region 'Anchor Network' and 'Anchor Accelerator Summit'. The Network is a mission-based group of very senior colleagues from a broad range of 'anchor' organisations, which together have a large economic footprint, providing an opportunity for cohesion and cooperation, to ensure wealth created in the Region is maximised and shared.

Section 3: 2023-24 workplan – 'At a glance' table

PROGRAMME	AREA OF FOCUS	PROJECTS	STATUS
1. Action on inequality across the life course	*Young people*	Long term, life course evaluation of Sistema Scotland	CORE
	Adult years and working age	Moving from homelessness into social housing: testing new approaches	CORE
	Housing	Supporting transitions from temporary housing, examples from across Scotland	In Developt
		SIPHER Collaborative – understanding policy processes and evidence in housing and public health	CORE
	Mental health	Primary Care and mental health pathways: evidence translations	CORE
		With NHSGGC mental health services, tracking and exploring demographic, social, economic and cultural changes in demand	In Develop't
	Poverty as a barrier to Health Services access	Working with NHSGGC to develop responses which, through patients' engagement with healthcare services, mitigate the impact of poverty.	In Develop't
2. Understanding health, health inequalities and their determinants	*Understanding Glasgow*	Website migration, re-development and maintenance	CORE
	Excess mortality research	Differences in the experiences of poverty/deprivation between Scotland and England.	CORE
	Changing health outcomes in Scotland and the UK	Austerity and life expectancy across the UK	CORE
		Update mortality trends by deprivation for Scotland, England and a range of UK cities	CORE
		Various austerity and health projects (including mortality analyses across UK LAs and analyses of adverse birth outcomes)	CORE
		Systematic review of international evidence	CORE
	National and international analysis	Update of comparative international mortality trends International comparisons of health inequalities (using lifespan variation)	CORE
		Analyses of causes of post-pandemic higher mortality	CORE
		Analyses of historical changes to life expectancy in high-income countries	CORE
	Health inequalities	Modelling effects of income tax and social security benefits on health outcomes	CORE
		Understanding health benefits of active commuting	CORE
3. Sustainable inclusive places	*Sustainable travel and transport*	Collaborative research to evaluate the health, transport and environmental impacts of changes to Glasgow's transport infrastructure	CORE
		Monitoring active travel trends	CORE
		Evaluation of GoCycle on behalf of Glasgow Life	CORE
	Sustainable food	Glasgow Food Policy Partnership: Leadership and development of Glasgow City Food Plan, including delivery of the Food Summit	CORE
		Sustainable Food Places Silver Award application (to support funding access)	CORE
		Cash First Partnership to reduce the need for foodbanks (Scottish Government new bid submission)	In Develop't

		Evaluation of THRIVE Under 5 on behalf of NHS GGC	CORE
	Community Engagement and Empowerment (CEE)	Support application and delivery of CEE across GCPH programmes and in place-based projects	CORE
		Contribution to Glasgow Aligning Local Policy Partnership (GALLoP) community engagement workstream co-lead	In Develop't
	Climate emergency, adaptation and resilience	Systemic approaches to economic, health inequalities and climate resilience (contribution to GALLANT project) – community collaboration and active sustainable transport workstreams	CORE
		Climate and health synthesis paper as basis for future work	CORE
4. Innovative approaches to improving outcomes	*Promoting community-based participation*	Building a community research consortium in Lanarkshire (contribution to AHRC funded Common Health Catalyst)	CORE
		Community approaches that mobilise people as assets (contribution to NIHR funded Common Health Assets): Patient and Public Involvement lead	CORE
		THRIVE – exploring the dynamics of community asset engagement for integrated health and social care systems (AHRC, new bid submission)	In Develop't
	Health Determinants Research Collaborations	Glasgow HDRC with GCC, Glasgow City HSCP and UoG, to develop research culture across GCC to address health and inequality (contribution to NIHR, new bid submission)	In Develop't
		Lanarkshire HDRC with South Lanarkshire HSCP, NHS Lanarkshire and Glasgow Caledonian, to improve policy and programmes to address determinants of health (contribution to NIHR, new bid submission)	In Develop't
	Equalities and racialisation in Public Health	Understanding contemporary influences on the health and wellbeing of disabled people, with GDA	CORE
		Understanding the health inequalities experienced by LGBTQ+ populations	In Develop't
		Older BME people, work and life transitions in Glasgow	In Develop't
		Equalities organisational development and internal EQIA systems at GCPH	CORE
	Health and Inclusive economy in Glasgow City Region	Supporting community wealth building (CWB) approaches across the Glasgow City Region	CORE
		Evaluation partner in Health Foundation's Economies for Healthier Lives funded project	CORE
		Supporting the health and wellbeing opportunities of the City Region's economic development strategies	CORE

Section 4: Detailed work plan tables by programme

Programme 1: Action on inequality across the life course

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
Young people	*Evaluation of Sistema Scotland*	CH	CORE	In collaboration with local and national partners, agreeing the social and health outcomes to be analysed in future reports planned for publication in 2025-26. *To be undertaken over Nov/Dec 2023* Review and renew the ethical requirements and approvals and related data sharing protocols. *To be undertaken over Feb/March 2024*	The primarily qualitative methods of Phase 1 took place in 2013 to 2018. Phase 2 began in 2020 and involves quantitative analysis of Big Noise participant outcomes in comparison to a control group. The first analysis from Phase 2 was published in November 2022, a statistical assessment of educational attainment outcomes in comparison to a control group within the wider Stirling local authority area. The next analysis is due for publication in 2025-26 and will consider early health and social markers of Big Noise Raploch participants, again in comparison to a control group. Phase 2 will continue to be led by GCPH in collaboration with a range of local and national stakeholders and experts, overseen by a refreshed senior evaluation advisory group chaired by Audit Scotland.
Adult years and working age	*Moving from homelessness into social housing: testing new approaches*	JE, LN, KT	CORE	*Publication late summer 2023.*	This work is supporting Glasgow City Council to develop preventative approaches to homelessness and is supporting sustainability of tenancy for groups with additional vulnerability in the context of welfare reform. A pilot between GCC and four Registered Social Landlords has been developed to test a method of fast-tracking people from temporary accommodation into secure tenancies. GCPH has been conducting a challenging evaluation of the pilot.
Housing	*Supporting transitions from temporary housing*	JE, KT	In development	In discussion *with start anticipated late 2023.*	Build on the learning from the GCPH homelessness report by investigating how other Scottish council areas respond to the challenges of people moving from temporary homelessness accommodation into a new tenancy
	SIPHER Collaborative –	LG	CORE	SIPHER contribution to strategy and operational	GCPH team member seconded to Strathclyde University until at least early summer 2024. Working with Scottish Government (and other policy

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
	understanding policy processes and evidence in housing and public health			priorities of GCPH, *October 2023 and March 2024.*	partners in England) to understand housing and public health policy processes, including how they can be brought together. Presenting findings, evidence and tools developed by the SIPHER consortium (all from a 'systems' perspective) and investigating how they are used in policy setting, with recommendations emerging for research organisations, delivery organisations and policy makers at various levels.
Mental health	*Primary care mental health evidence 'translation'* *Supporting the development of new, integrated neighbourhood mental health hubs*	PS, KT, LN, LG	CORE	Literature review on alternative delivery models and literature and data review to support integrated hubs' needs assessment. *Publication of evidence review by end September 2023*	A collaboration between GCPH and NHSGGC Mental Health Services providing developmental and evaluative support to a new intervention to address service demand for specialist mental health services via Primary Care referral.
	Mental health service demand tracking and exploration	PS	In development	To be agreed with Martin Culshaw, Deputy Medical Director, Mental Health and Addiction Service, NHS GCC *implementation early 2024*.	With NHSGGC mental health services, tracking and exploring demographic, social, economic and cultural changes in demand.

Programme 2: Understanding health, health inequalities and their determinants

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
Understanding Glasgow: the Glasgow indicators project	*Maintenance and development of health and wellbeing indicators for Glasgow*	BW, KT, MY, KMcL, SF	CORE	Updating UG is an on-going process through the year: Migration of UG website to new platform: *estimated completion in early 2024*	Developing and updating the content of Understanding Glasgow. Responses to those who contact the UG website, providing data, links and/or interviews, as requested/appropriate. The website is being migrated to a new Content Management System (CMS) this year. Accompanying this process, we have undertaken a consultation on the future direction and content of the website with partners.

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
Excess mortality research programme	*Understanding differences in the experience of poverty and deprivation between Scotland & England*	DW, KT	CORE	First journal paper published *autumn 2023*. Second journal paper by *spring 2024*. Second phase of work progressed with support from JRF and others *ahead of summer 2024*	The first phase of work has established, and prioritised, important aspects of the experience of poverty that have not been properly measured and/or compared between populations. The second phase requires considerable resources (including funding from partners).
Understanding changing health outcomes in Scotland and the UK	*Austerity and life expectancy across the UK*	DW	CORE	Publication by *end of December 2023*; dissemination thereafter (*January-March 2024*)	Publishing/disseminating the results of analyses of the association between social security cuts and changes in mortality rates across all UK local authorities.
	Mortality trends by deprivation in Scottish and English cities	DW	CORE	Seek publication by *end of December 2023*; dissemination thereafter (*January-March 2024*)	Analyses of within-city deprivation trends in all-cause mortality and premature mortality in key English and Scottish cities (alongside similar country-level data).
	Systematic review of international evidence	DW	CORE	Seek publication by *March 2024*; dissemination thereafter	Publishing/disseminating the results of a systematic review of the international evidence of the impact of austerity on mortality in high income countries.
	Austerity and adverse birth outcomes	DW	CORE	Seek publication by *March 2024*; dissemination thereafter	Publishing/disseminating statistical analyses of adverse birth outcomes (including low birthweight babies and premature births) in Scotland in the pre- and post-austerity period.
National and international mortality analyses	*Update of comparative international mortality trends (i.e. the 'Sick man of Europe' report)*	DW/BW	CORE	Update previous analyses (*begin January 2024* – complete Autumn 2024)	Work to update previous analysis of Scottish mortality trends compared to other Western European countries.
	International comparisons of lifespan variation	DW/BW	CORE	Publication by *March 2024*	Analyses of trends in lifespan variation (as a proxy for socioeconomic inequalities) for Scotland and other high-income countries.
	Historical life expectancy analyses	DW	CORE	Advanced development by *March 2024*, ahead of publication by *summer 2024*	Analyses of historical changes to life expectancy in high-income countries.

Area of focus	Projects	Team members/ Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
Health inequalities and their determinants	*Modelling analyses of changes to income and health inequalities.*	DW	CORE	Journal paper submitted by *December 2023*, supported by input from PHS.	Statistical modelling analyses of the effects of changes to (a) Scottish income tax rates/bands and (b) levels of devolved social security benefits on health and health inequalities; led by a PHS colleague.
	Understanding the health benefits of active commuting.	BW/DW	CORE	Paper submitted to JECH by *Aug 2023*; responses to reviewers etc. to be dealt with then, following which 2nd paper on related healthcare cost savings to be submitted by *March 2024*	Linking to Programme 3, to assess the health benefits (including impacts on mortality and hospitalisation rates), and resulting policy implications, of active commuting in Scotland compared to elsewhere in the UK.

Programme 3: Sustainable inclusive places

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (*dates in italics*)	Description of planned work and anticipated learning/ outcomes
Sustainable transport and travel	Collaborative research to evaluate the health, transport and environmental impacts of major changes to Glasgow's transport infrastructure.	BW, KM, JM, CT	CORE	Development/maintenance of an inventory of new sustainable transport infrastructure in Glasgow. *Complete by summer 2023.* Sustainability and transport collaboration focussed on developing comparative case studies, sharing transport survey and potential research opportunities. *Publish findings summary, June 2023*	This resource is to inform our understanding of planned changes in Glasgow's sustainable transport infrastructure. A collaboration involving contacts in Universities of Glasgow and Strathclyde, Glasgow City Council, Scottish Parliament, and City of Glasgow College. A report of this work, Commuting, COVID and decarbonising transport has been published.
	Monitoring active travel trends.	BW, MY, LG	CORE	Monitoring transport and environmental trends (via Understanding Glasgow). *On-*	This forms part of an on-going programme of work to monitor active travel trends. Outputs will provide new evidence on active travel trends and are relevant to policy and actions being taken to

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (*dates in italics*)	Description of planned work and anticipated learning/ outcomes
				going. Publish report on bikeshare scheme, May 2023.	decarbonise transport, improve air quality and improve health outcomes.
	Evaluation of GoCycle	GY, BW Glasgow Life	CORE	Completion in *November 2023.*	Evaluation of GoCycle, a grant scheme to encourage cycling within communities across Glasgow. Evaluation on behalf of Glasgow Life
Sustainable Food	Supporting the Glasgow Food Policy Partnership (GFPP), and the leadership, coordination, implementation and monitoring of the Glasgow City Food Plan (GCFP).	JM, RG	CORE	Support the coordination and leadership of the Glasgow Food Policy Partnership. Support delivery partners/leads and working groups in the delivery of the Glasgow City Food Plan. *March 2024 (thereafter subject to resources – currently being sought).* Support an interim evaluation of the Glasgow City Food Plan (to be led and undertaken by the UofG Adam Smith Business School). (*July – September 2023*) Deliver the 2nd Glasgow City Food Summit in *September 2023* With partners, deliver a review of the Food Plan to ensure it remains relevant, achievable and appropriate and supported by partners in the current	GCPH will continue to chair, support and participate in the GFPP. GCPH will also continue to support and host the Sustainable Food Places (SFP) coordinator post which is employed through Glasgow Community Food Network with funding from SFP (grant) and matched funding from GCC and GCPH. GCPH will continue to support the Food Plan Communications Officer post which is part funded by GCPH and employed through Glasgow Community Food Network; we will also continue to seek additional funds to extend both these posts to continue to support the delivery of the City Food Plan. The Glasgow City Food Plan is underpinned by the core values of health, equity and sustainability. Working with stakeholders on the project management team (GCC, Glasgow City HSCP, NHSGGC, Glasgow Community Food Network) and the GFPP, GCPH and the Sustainable Food Places Coordinator supported the development and launch the Food Plan in 2021, and since then have led the implementation of the plan. Working closely with partners, and especially GCC and NHSGGC and GCFN, a review of progress, prioritisation and revision process is taking place in 2023, including a Glasgow City Food Summit to celebrate progress, take stock and prioritise actions for the next 2-3 years including further building support and commitment to increase the pace and scale of progress. This will be informed by a qualitative evaluation being led by the Adam Smith Business School at the University of Glasgow.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (*dates in italics*)	Description of planned work and anticipated learning/ outcomes
				context, and produce an updated implementation plan. *November 2023.* Active participation in the development of a Scottish Sustainable Food Places network. *Ongoing* (led by the SFP coordinator)	The Scottish network pools knowledge and resources to support food system transformation, and to support planning for the forthcoming Good Food Nation (Scotland) Act guidance (due October 2023). This network enables joint work across regions and nationally. Our Coordinator is the lead participant for Glasgow on this network.
	Sustainable Food Places (SFP) Silver Award application	RG, JM	CORE	Achieve Silver Sustainable Food Places award for Glasgow. Target application date *September 2023*.	This involves collating and documenting details of all food system related activity in Glasgow to support the city to achieve the SFP Silver award, building on the Bronze award achieved in 2021. This will demonstrate the progress being made in Glasgow, as well as open eligibility for further funding possibilities for food plan related work.
	Cash First Partnership bid	JM, RG	CORE, if funded	Bid to be submitted *September 2023*. Delivery to be agreed if successfully funded – notification expected *October 2023*. Will involve the appointment of a coordinator to be hosted by GCPH to maximise links with the Glasgow City Food Plan.	GCPH is leading this partnership bid for funds from SG Ending the Need for Food Banks Fund. The bid is linked to the Glasgow City Food Plan (in collaboration with GCC, GCHSCP and third sector partners) and builds on extensive discussions over the last two years in responding to food poverty and the cost-of-living crisis.
	Thrive under 5 - piloting a whole system, community food nurturing programme with families of pre-school children in Glasgow.	GY, RJ	CORE	Evaluation plan and monitoring framework in place and delivered: year two evaluation report due *November 2023 (final evaluation report due August 2024).*	Thrive Under Five is a 3-year Glasgow City HSCP/NHSGGC project funded by Scottish Government (began 2021). The project targets low-income families with children under 5 and combines action on food insecurity, healthy eating and physical activity in three disadvantaged Glasgow neighbourhoods. GCPH is providing evaluation support to this project and links to overall City Food Plan.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (*dates in italics*)	Description of planned work and anticipated learning/ outcomes
Community Engagement and Empowerment (CEE)	Support and develop CEE within place-based projects and the wider GCPH work programmes.	CT, JM	CORE	Developing a CEE strategic approach for GCPH as part of the future work programme. Milestones: *draft for discussion, November 2023; final agreed, March 2024.* Provision of resources to support delivery of CEE. *Ongoing* Provide CEE support for GCPH projects and communications and support partners with selected work on CEE. *Detailed plans and milestones to be developed as part of the CEE strategy work (described above).*	The GCPH CEE strategy is being revised and updated as part of the wider GCPH review of its structure and priorities. This will include developing an in-house typology of participation as a resource, and supporting GCPH projects to incorporate activities that enable community power and participation in line with legislation, evidence and good practice. Work with the Communications team in GCPH in reviewing accessibility of outputs and developing distinct event formats that provide new approaches to engagement and communications and build this into the CEE strategic approach for GCPH.
	Glasgow Aligning Local Policy Partnership (GALoPP) community engagement workstream co-lead	JM, VMcN	In development	Contribution to Phase 2 funding bid, to be submitted *September 2023.* Thereafter, to be agreed if funded. *Decision expected end November 2023.* GCPH would co-lead the Community Engagement and Community Wealth Building workstreams, alongside contribution to the Advisory Group (to meet 3 times per	Glasgow Aligning Local Policy Partnerships (GALoPP) is an inter-disciplinary, multi-sector partnership project working across Glasgow City Region (GCR) in conjunction with the 8 local authorities. It is one of 10 Local Policy Innovation Partnerships (LPIPs) to receive phase one funding from UK Research and Innovation (UKRI). GALoPP will build on the GALLANT project, which is a partnership of University of Glasgow and Glasgow City Council that involves 28 public and private sector partners. It will create the Glasgow City Region Future Look Network of academic, policy, practice, and community partners to undertake solutions-focused engagement to identify and map local policy priorities. It will address: • productivity, employment and skills • health and social deprivation

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (*dates in italics*)	Description of planned work and anticipated learning/ outcomes
				annum). *Planning work anticipated Oct-March 2023; expected commencement of Phase 2 activity, April 2024*	• empowering communities In Phase one (from Jan to Sept 23), which GCPH supported, collaborative, multi-sector discussions took place to explore the current barriers and challenges to partnership work to improve outcomes. These discussions helped co-create research plans for Phase 2. In the proposed plans for Phase 2, GALoPP will help guide future investment decisions to prioritise meeting the needs of communities and improving their local environments. GCPH's contribution will focus on supporting the community wealth-building and community engagement components of the research.
	Glasgow Community Engagement Working Group	JM, CT	In development	Participation in quarterly meetings; leadership and planning of each meeting in collaboration with GCC.	GCPH to continue to support the Glasgow CEWG to build knowledge, capacity and support amongst CEE specialists working across the public and third sectors in Glasgow, providing support backed by research evidence, best practice and resources.
Climate emergency, adaptation, mitigation and resilience	Systemic approaches to economic, health inequalities and climate resilience (GALLANT)	JM, BW	CORE	GCPH chairing the Steering Group for the Community Collaboration Work Stream – (4 community collaboration meetings pa, planning time and programme meetings) GCPH lead - Active and Sustainable Travel work package (currently, in year 2 of a 5 year programme). Report of GCPH contribution to project, *March 2024*	This NERC funded 5-year (2022-2027) research programme is led by UofG with support from GCC and the third sector. It aims to develop systemic approaches that combine solving the city's deep-rooted economic and health inequities, with urgent progress towards a climate resilient Glasgow. The community collaboration workstream is co-creating local research into aspects of the local community relevant to future sustainability. The active travel package has completed a mapping exercise (year 1). A series of community workshops are planned to inform an intervention approach (year 2).
	Climate change synthesis paper	JM, PS, GY, BW	CORE	GCPH synthesis/briefing paper. *Milestones: draft paper complete, January 2024; final paper, March 2024; further plans agreed, March 2024.*	To synthesise existing GCPH work relating to climate change, cover the likely impacts on population groups and describe the public health rationale and steps needed for Glasgow to become carbon neutral by 2030.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 (*dates in italics*)	Description of planned work and anticipated learning/ outcomes
					Currently, developing an internal document that summarises GCPH research findings, supported by other evidence. This resource will help to inform and develop future GCPH work on this topic.

Programme 4: Innovative approaches to improving outcomes

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
Promoting community-based participation	*Community focused approaches that mobilise people as assets – Common Health Assets (CHA)*	PS, JM, MA, RF, Glasgow Caledonian University, Community and UK academic partners	CORE	Deliver 3 Lived Experience Panel meetings in 23-24 – London, Belfast (Oct 23) and Bournemouth (March 24). Mid way evaluation report published January 2023, final report Sept 2024. *Report, March 24, following final LEP meeting (Aug 24).*	Work undertaken in partnership with Yunus Centre at Glasgow Caledonian University, and academic and community-based partners from across the UK. Membership of Programme Management Team and Study Steering Committee GCPH is leading the Patient and Public Involvement strand of the project. A UK wide 'Lived Experience' panel (LEP) will be established and will meet six times over 3 years to shape and influence the research plan and participate in activity relevant to the study phases.
	Developing a Community Research Consortium to Address Health Disparities - Common Health Catalyst (CHC)	JM, DW, MA, Glasgow Caledonian University, NHS Lanarkshire	CORE	9 month AHRC funded project starting December 2022 – September 2023 The GCPH team on this project will progress a number of project aspects including: • Community asset mapping • Historical epidemiology • Patient and Public Involvement. *Complete, September 2023.*	This proposed research will build on learning and experience drawn from relevant major research projects on the role of community assets in addressing health disparities. CommonHealth Catalyst will catalyse a 'community research consortium' focused on Lanarkshire in Scotland. The team will draw on best practice in asset-based community development, health economy, mapping of care system(s) in Lanarkshire, with a view, for such knowledge to feed into developing and testing new scalable models for care that will build on community assets; and learn from the past to shape solutions for the future.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
	THRIVE – exploring the dynamics of community asset engagement for integrated health and social care systems	JM, MA, Glasgow Caledonian University, University of East London, Queens University Belfast, University of Northumbria	CORE, if funded	To be agreed, if successfully funded	AHRC, new bid submission The THRIVE project aims to address growing inequalities in health by looking at the role of community-led organisations, as community assets, within public health and social care systems. This project builds directly onto CommonHealth Catalyst, which was funded in the previous round of AHRC (Stage 2) Mobilizing Community Assets to Tackle Health Disparities, which focused on Lanarkshire, and also CommonHealth Assets, both of which have significant involvement of GCPH team members.
Health Determinants Research Collaborations	*HDRC Glasgow*	CC, PS, Glasgow City Council, Glasgow City HSCP, University of Glasgow	CORE, if funded	To be agreed if successfully funded	NIHR, new bid submission To improve the health of Glasgow's population by integrating research evidence into decision-making processes across various areas of Council influencing health and inequality. Pilot projects which can demonstrate this evidence use effectively (eg. child poverty, financial security). Through a PPI component comprising three locality leads that will ground work of HDRC within communities.
	HDRC Lanarkshire	JM, MA, South Lanarkshire HSCP, Glasgow Caledonian University, NHS Lanarkshire	CORE, if funded	To be agreed if successfully funded	NIHR, new bid submission Aim to build and strengthen research culture to improve policy and programmes addressing the social determinants of health in Lanarkshire. Objectives involve strengthening partnerships and networks, connecting more effectively with communities, facilitating research, collaboration, capacity building, and sustaining a research culture.
Equalities and racialisation in Public Health	*Racism as a determinant of health and health disparities among BME groups*	PS, JC, CH	CORE	Seminar Series 20 lecture focussed on racism *in early 2024.* Ongoing project EQIA with NHGGC Human Rights & Equalities Team – *Autumn 2023 and ongoing*	Internal work within GCPH to embed anti-racist principles across work programmes and organisational culture and processes is ongoing. Follow-on work with Prof Kevin Fenton and team in London to understand more about the 'London approach' to tackling racism and racialisation in public health with Scottish Government, NHS and Faculty of Public Health colleagues. Possible learning journey

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
	Understanding contemporary influences on the health and wellbeing of disabled people with GDA	CH With Glasgow Disability Alliance	CORE	To be published *June 2023*	Examining the contemporary social, economic and health inequalities experienced by disabled people. Work already published on disproportionate impacts of COVID-19 and cost-of-living crisis. Further work in progress concerning promoting an understanding of the extra costs of disability.
	Understanding of the social, economic and health inequalities experienced by LGBTQ+ populations	CH With LGBT Health and Wellbeing	In development	Publication *Nov/Dec 2023*	To promote understanding of the social, economic and health inequalities experienced by LGBTQ+ populations First publication Unmet public health needs among LGBTQ+ populations: a scoping review of evidence and key policy implications.
	Older BME people, work and life transitions in Glasgow	JE, KT	In development with relevant partners	To be agreed by *end of 2023*	Address gaps in the evidence, by progressing a new strand of partnership work on older BME people, work and life transitions in Glasgow. Involving community engagement and life course qualitative research
Health and inclusive economy in Glasgow City Region	*Glasgow's City Region's inclusive economy*	VM Glasgow City Council and Glasgow City Region PMO	CORE	Evidence base for, and support in, development and implementation of programmes within the Regional Economic Strategy, including foundational economy and fair and healthy work programmes – ongoing. *Completion by March 2024.*	Secondment, funded by Glasgow City Council, extended until end March 2024. Programme Manager, Health and Inclusive Economy based within Glasgow City Region PMO supporting the health and wellbeing opportunities of the City and the City Region's economic development strategies to be maximised, based on a critical friend model. Work supports community wealth building (CWB) approaches across the City Region, with a focus on 'progressive procurement' and 'socially just use of land and property' as priority areas. Links to BW's work (Programme 2) with the GCR's Economic Intelligence Support Group.

Area of focus	Projects	Team members / Partners	Core/In development	Project delivery milestones for 2023-24 *(dates in italics)*	Description of planned work and anticipated learning and outcomes
	Maximising the Health, Wellbeing and Economic Benefits Generated by Glasgow City Region's Capital Investment Programme *Evaluation of Economies for Healthier Lives*	VM, GY, BW GCC, Public Health Scotland, Health Foundation and Renaisi	CORE	As evaluation partner for Health Foundation's Economies for Healthier Lives funded project in Glasgow City Region, lead implementation of outcomes from evaluation plan. *March 2024.*	GCPH is an evaluation partner in the work and contributes to the Strategic Delivery Group. The project team are working closely with the Health Foundation as well as with the Programme's evaluation support provider, Renaisi, and learning support provider, the RSA. The three-year regional project is focusing on working alongside a wide range of people and organisations, recognising that large scale investment has typically focused on physical regeneration and economic outcomes, and considers health, wellbeing and inequality outcomes need foregrounding.

Section 5: Main GCPH outputs and engagement events since April 2023

Recent Events

- 'It will start with me' film screening 'Our Rights, Our Communities' peer-led research project - 27th April 2023
- GCPH Seminar Series 19: Lecture 3. Prof Kevin Fenton 'A public health approach to incorporating anti-racism and structural discrimination in tackling racial and ethnic health disparities' - 12th June 2023
- Glasgow Food Summit - 6th September 2023

Forthcoming events

- Seminar Series 20: Seminar 1 'Glasgow 2003 to Glasgow 2023 – What's changed and what now?' – 12th October 2023
- Public Health Information Network for Scotland (PHINS) annual event. 3rd November 2023
- Seminar Series 20: Seminar 2 '*Health and health inequalities: what have we learned and what now? Dr David Walsh (GCPH) & Professor Gerry McCartney (University of Glasgow).* 23rd November 2023
- Seminar Series 20: Seminar 3 '*The impact of the commercial determinants of health and health inequalities over the past 20 years – working title (title TBC).* Professor Sharon Friel, Institute of Climate, Energy and Disaster Solutions at the Australian National University. 7th December 2023
- Week-long exhibition in the Scottish Parliament to display GCPH work. Week beginning 5th February 2024

Recent reports

- Glasgow's bikeshare scheme: trends in use. Published May 2023
- Commuting, COVID and decarbonising transport: evidence from five Scottish institutions on their progress in decarbonising transport and supporting active and sustainable travel. Published June 2023
- Decarbonising transport: case studies workshop report. Published June 2023
- Summary of a Place Standard Pilot in Barmulloch, Published June 2023
- The impacts of the cost-of-living crisis on disabled people: a case for action. Published August 2023
- Moving from homelessness into social housing: testing new approaches. Published August 2023

Forthcoming reports

Go Cycle evaluation report – draft report due November 2023, and final report by end 2023.

Consultation responses

- GCPH Response to Glasgow City Council Glasgow's Draft Local Housing Strategy 2023-28. Published April 2023
- GCPH Response to Scottish Government Community engagement in local development planning - Published September 2023
- Response to Glasgow City Council City Development Plan 2 (CDP2) call for evidence - in preparation.
- Response to Scottish Government Human Rights Bill consultation - in preparation
- Response to City of Glasgow Licensing Board, Licensing Policy Statement with Glasgow City HSCP - in preparation

Blogs

- Cost-of-Living Crisis: Hungry for Change. Published April 2023
- Working towards a Best Start and Bright Futures: reflections on an NHS child poverty partnership. Published August 2023
- Common Health Assets Lived Experience Panel – Where are we now? Published August 2023
- The power of working together: when health and financial wellbeing services join forces. Published September 2023
- Clearing the air: the introduction of Glasgow's low emission zone (Bruce Whyte guest blog for Public Health Scotland Published June 2023

GCPH E-updates

- GCPH April e-update
- GCPH June e-update
- GCPH August e-update

Journal Articles

- How well do area-based deprivation indices identify income and employment deprived individuals across Great Britain today? McCartney G, Hoggett R, Walsh D, Lee D. *Public Health* 2023; 217: 22-25
- Common health assets protocol: a mixed-methods, realist evaluation and economic appraisal of how community led organisations (CLOs) impact on the health and well-being of people living in deprived areas. Baker RM, Ahmed M, Bertotti M et al. *BMJ Open* 2023;13:e069979
- Characterising asset-based studies in public health: development of a framework. Martin-Kerry J, McLean J, Hopkins T et al. *Health Promotion International* Volume 38, Issue 2, April 2023.
- Road space reallocation in Scotland: A health impact assessment. Douglas M, Teuton J, Macdonald A, Whyte B, Davis A. *Journal of Transport & Health*, Volume 30, 2023, 101625, ISSN 2214-1405.
- Trends in psychological distress in Great Britain, 1991-2019: evidence from three representative surveys. Zhang A, Gagne T, Walsh D, Ciancio A, Proto E, McCartney G. *Journal of Epidemiology & Community Health 2023*: 77: 468-473
- How important is it to avoid indices of deprivation that include health variables in analyses of health inequalities? McCartney G, Hoggett R, Walsh D, Lee D. *Public Health 2023; 221: 175-80*

Campaigns

GCPH engages in social media campaigns to not only promote our work but to establish connections with organisations sharing content that is of interest to the priorities and aims of the work of GCPH.

- Cycle to Work Day- 3rd August 2023
- Clean Air Day- 15th June 2023

Forthcoming Campaigns

- World Car Free day- 22nd September 2023
- Scot Climate Week- 25th-29th September
- Challenge Poverty Week- 2nd-8th October
- Black History Month- Month of October
- World Mental Health Day- 10th October
- World Homeless Day- 10th October
- Challenge Poverty Week London –16th-23rd October
- CoPro Week- 20th-24th November

Media Coverage
The report on the impact of the cost-of-living crisis on disabled people was featured on the front page of the printed version of *The Herald* and also in the digital version 'Cost-of-living crisis 'devastating' Glasgow's disabled'. A case study of one of GDA's young members was also published in the online version 'How cost-of-living crisis is affecting Glasgow's disabled'. On the same day, Tressa Burke, CEO of Glasgow Disability Alliance, was on *BBC Radio Scotland* live lunchtime programme to talk about the research. *HealthandCare.Scot* also featured an article 'Cost of living 'devastating' for disabled people', as did *India Education Diary*. Tressa subsequently appeared on *BBC Scotland 'The Nine'* show on 18th August and there was further coverage of the issue in *The Herald* on 4th September 'Disability charities in Glasgow urge SNP to act on hardship'. *BBC's 'The One'* show have also recently requested support for a piece they are putting together on this.

Several articles have referred to GCPH and our 2021 Health in a Changing City report and austerity research in coverage of the rise in cases of rickets. This includes *The Times* 'Rise of rickets in Scotland fuels fears over poverty and diet', *The Herald* 'Rickets cases 700 per cent higher in Scotland than England', *Phys.org* 'Victorian-era disease hits Scotland's poorest' and *The News*.

Following an interview with David Walsh, an article on health inequalities in the UK and Glasgow was published in one of the main Dutch newspapers *Trouw* on 30th August.

Mortality and stalling life expectancy research subject of a letter published in *The Herald* on 4th September on premature deaths.

Glasgow Centre for Population Health
Management Board Meeting
21 September 2023

GCPH as an anti-racist organisation

Recommendations

- The Board is asked to note aspects of progress, and key areas still to progress, in terms of the previously agreed ambition to become an *anti*-racist organisation.
- We welcome partners sharing examples of action and innovation in this arena as we seek to learn within a network of partners seeking to address historic and current racialised inequality and discrimination.
- We invite comment on the recommendations we are following and whether they need further developing.

Summary

1. Since 2019, GCPH has been developing its capacity in relation to understanding and responding to racism as a fundamental determinant of health inequality. This was initiated by a June 2019 Board paper (*Beyond 'being heard': How might GCPH usefully address issues of racialised under-representation in the sites of action within public health?)* and by subsequent work, including the creation of a secondment to respond to racialised under representation in the Public Health community.

2. A key milestone was a subsequent September 2021 Board paper on GCPH becoming an anti-racist organisation and the Board making four key recommendations, which were:

    i. We should seek external support to help us explore how GCPH can become an anti-racist organisation. This includes consideration of how we address it in our work planning and delivery of that work, but also through reflecting on procedures such as recruitment, procurement and the polices we abide by. A proposal on taking this forward to come back on to Board.
    ii. Consider how we can bring in, at Board level, expertise on wider equality and diversity. This is seen as working at both ends, developing the anti-racist position internally and at Board level beginning to think in terms of wider protected characteristics.
    iii. Evaluating progress. Come to a view on how we will know if we are progressing on becoming an anti-racist organisation.
    iv. The Board should participate in this process as we move the organisation forward.

3. Progress has been made in relation to GCPH's outwardly facing role towards the wider Public Health community. However, due to various circumstances (including the pandemic, key staff absences and leadership transitions), progress has been slower around our internal focus.

4. An internal group has been meeting regularly to take forward this agenda. In addition, Racism and Racialisation is posited as a key strategic priority in our developing work plan for 2023/24.

Work since September 2021

5. Since the September 2021 Board meeting, the following work has been delivered, often supporting the wider community in relation to key GCPH 'Action Areas' of analysing health outcomes and the determinants of trends, identification of responses and emerging issues, the production of accessible resources, and building systems and networks of common purpose.

6. December 2021
   COVID-19 Micro briefing 3: The disproportionate impacts of the COVID-19 pandemic on Black and minority ethnic groups. Chris Harkins, Shruti Jain, Jatin Haria.

   This briefing, a rapid review of recent research, showed the impact of COVID-19 on Black and Minority Ethnic (BME) populations. In terms of global public health, the COVID-19 pandemic perpetuated and worsened health inequalities adversely affecting BME populations, with those populations experiencing among the highest COVID-19 infection and death rates, alongside other disproportionate social impacts. Evidence globally. and from other parts of the UK, makes clear that the undue pandemic impacts on BME populations related to pre-existing inequalities in health, employment, income, opportunity and access to health services. Much of these pre-existing inequalities have been driven by discrimination and racism.

   The briefing also repeats a call made, by the Expert Reference Group on COVID-19 and Ethnicity, for improvements in ethnicity data to allow for accurate assessment of the impacts of COVID-19. Working on the data component has been a key focus of our focus and to this end we have brought a number of speakers to consider ways forward in the wider Public Health community. These include:

7. January 2022
   Angela Saini (Science journalist and author of *Superior: The Return of Race Science)*. Building on the commitment established at our previous David Williams seminar on 'How Racism Shapes Health', which aimed to address shortcomings in our understanding, data and evidence in relation to racialised inequalities in health in Scotland, the Saini workshop explored the challenges, risks and opportunities when changes and improvements are being made to ethnicity data collection, analysis, interpretation and use. It was attended by 60 colleagues from across NHS, PHS, Scottish Government and academia, and following a positive response, 170 people registered to attend a second screening.

8. April 2022
   A further targeted and focussed workshop was held on 5th April 2022, aiming to deepen the conversation with those who have high level responsibility within Scotland's data flow

systems. This included Scottish Government (Roger Halliday, Chief Statistician and Albert King, Chief Data Officer) and Public Health Scotland (Duncan Buchanan, Head of Service; Richmond Davies, Data Protection and Statistical Governance; and Carole Morris, Head of Data and Modelling Services). The workshop focussed on the awareness of, and commitment to, the issue within each organisation, what needs to happen to ensure appropriate actions can be taken; and next steps and levers to support these.

9. January 2023
   A workshop on '*The Impact of COVID-19 on Glasgow's BME communities: Important learning and looking to the future'.* This workshop helped translate learning into practice. It was hosted and organised by Glasgow City Council and attended by elected members, heads of service and community representatives. The session was led by Chris Harkins with Coalition for Racial Equality and Rights (CRER) co-presenting. The event provided an evidence overview of the disproportionate burden of the pandemic on BME communities; key discussion included racism as 'a cause of the causes' of COVID-19 inequalities and what measures can be taken to tackle institutional racism. Dialogue with Glasgow City Council and key partners remains open and ongoing.

10. June 2023
    Professor Kevin Fenton (Regional Director for London at Office for Health Improvement and Disparities, Public Health Advisor to the Mayor of London, President of the Faculty of Public Health) addressed the GCPH Seminar Series outlining the importance of incorporating anti-racism and addressing structural discrimination in public health efforts to tackle racial and ethnic health disparities. In doing so, Fenton was supporting the GCPH Action Area of identifying responses and supporting processes of change. He discussed how systemic racism and discrimination contribute to health inequities and how a public health approach that recognises and addresses these factors can lead to more effective and equitable solutions. He also explored practical strategies for incorporating anti-racism and addressing structural discrimination in public health policies and programs.

11. A further workshop is being planned with Scottish Government and Faculty of Public Health colleagues, aiming to learn further about the "London Approach"1 to tackling racism and racialisation in Public Health.

12. We are also considering seeking external funding to support a GCPH curated 'learning journey' for Glasgow and Scottish based policy makers and community representatives to learn from policy and practice elsewhere in the UK, including – possibly primarily – in London.

Moving forwards against the four recommendations

13. In relation to the four Board recommendations, we have taken the important step in inviting the NHS GGC Equality and Human Rights Team (EHRT) to deliver in-person training to the GCPH team on the Equality Act (2010) and the Public Sector Equality Duty and Equality

[1] The London Approach is a five-pillar approach to tackling systemic racism encompassing Leadership, Workforce, Health Equity, Becoming an Anchor Institution and, Working with Communities to Rebuild Trust and confidence. file://campus.gla.ac.uk/SSD_Home_Data_D/pjs13b/Desktop/Fenton__FPH_Racism_and_Health_120623_UPDATED.pdf

Impact Assessment (EQIA). From this we are developing a process for equality impact assessing our new and continuing work.

14. It is important that we have identified and utilised available support within NHSGGC and the involvement of the GCPH Board Chair in one of the sessions indicates progress against recommendations I and IV. To further progress work internally we have ring-fenced a budget of £20,000 that can be used to bring in external support with expertise in helping organisations become anti- racist. Aware of the Coalition for Racial Equality and Rights' (CRER's) work in developing a programme with and for Public Health Scotland, we have written to them to begin a dialogue about how we can re-start our internal work with a focus on our systems and culture.

15. The work plan currently in development is including 'racism and racialisation' as one its five headline priorities, as a means of bringing unity and focus across a range of projects. We will also continue to stay connected with the lead for the new National Anti-Racism Observatory, Prof Ima Jackson, and to seek links as the body goes live and develops.

Conclusion

16. Before and since declaring an ambition to become an anti-racist organisation, we have been a voice (often and appropriately with other partners) in promoting the exploration of the impact of racism and racialisation and positioning those key sociocultural processes as determinants of health inequality. However, this progress has not yet quite been matched internally in terms of furthering our understanding how we as an organisation, and our systems, governance and culture can become anti-racist.

17. We will keep the Board updated on the dialogue we have opened and maintain a focus on the four recommendations, and any further guidance the Board might like now, or in the future, to provide. We look to the Board to consider and advise, particularly through reference to work they know form their own spheres, on the acceleration of this internal dimension in particular.

Pete Seaman
September 2023

Glasgow Centre for Population Health
Management Board Meeting
21st September 2023

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

Recommendations

Management Board members are asked to

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

Commentary on Table 1

1. Income

1.1. The Funding Allocation from Scottish Government is anticipated at £1,300,000. The amounts are for financial year 23/24 only and therefore are termed 'non-recurring'. The amounts are not expected to be directly uplifted from the 22/23 allocation (22/23 saw an uplift from the £1,250,000 which had been provided each year over the previous several years).

1.2. Scottish Government has provided Health Boards with a block settlement in respect of the 22/23 and 23/24 staff pay uplifts – which were substantial. The detail of this is being worked through. There is a degree of complication as a number of uplifts received by NHS GGC to date have been uplifted directly by SG. In addition to this, the negotiations around Senior Medical pays have not yet concluded. It will not be possible to confirm GCPH's share of the block uplift until negotiations around pay conclude and the detailed work is completed.

1.3. All Agenda for Change (AfC) staff have received a "one off" non-consolidated payment in April 2023 pay as part of the AfC pay settlement. This amounted to £16,275 and has been fully funded by Scottish Government. GCPH has received this budget.

1.4. Income is expected from Strathclyde University and Glasgow City Council in relation to seconded posts.

1.5. Research income is expected in relation to a number of projects including GALLANT, Common Health Assets, Common Health Catalyst and the GoBike evaluation.

2. Expenditure

2.1. Staff Costs (E11) have been forecast for 23/24 taking into account the uplifted pay scales for AfC staff, continuing vacancies, Public Health Research Specialist and Programme Manager posts retirements and two individuals returning from maternity leave. Further adjustments recognise adjustments to hours requested by staff.

2.2. Accommodation costs (E10) for rent, cleaning and utilities are budgeted at £130,000 which is expected to adequately cover costs and is in line with previous years.

2.3. A further small allocation of £25,000 is allocated, as in previous years, to cover Centre Management costs (E9). These include administrative costs, postage, equipment, stationery and computer sundries and other centre expenses.

2.4. A more generous Communications (E8) budget for 23/24 has been set to cover the migrations of the GCPH and Understanding Glasgow websites (which were not completed, as had been hoped, last year). Contracts have now been awarded and the work is underway. Additional budget has been, as in previous years, allocated for seminars and publications.

2.5. Programme budgets have been allocated to cover a variety of work, including food systems and the Glasgow City Food Plan, race and racialisation, older and BAME workers, community profiles, community engagement and patient and public involvement in research, all as proposed by Programme Managers.

3. Funding beyond 23/24

3.1. An estimated forecast of staff costs has been prepared assuming a 4.5% increase in pays matched against a static Scottish Government budget and modest values for external income and carried forward/deferred income.

3.2. The estimate indicates all reserves would likely be consumed by March 2025.

3.3. Clarity in respect of NHS GGC funding (Paragraph 1.2 above) will be important to understand as soon as is possible.

3.4. Following these estimations, it is expected that by financial year 2025/26 there will be a need for further reductions in staffing and/or other costs, unless there is additional, concerted effort targeted at securing external income. That effort is already under way.

4. Conclusions

4.1. GCPH is forecast to conclude financial year 2023/24 in an underspent position – as indicated in Table 1.

4.2. Assuming continuing permission to carry forward an element of underspend, GCPH is likely to have adequate funding to support current staffing levels and activities throughout financial year 2024/25.

4.3. Financial year 2025/26 may require further action to reduce staffing/activity to remain within budget. However focused efforts to explore and secure additional sources of income to support our are being made.

Fiona Buchanan
August 2023

Table 1. Proposed Budget Plan 2023/24

	Income	***£***
I 1	Annual SG Allocation	1,300,000
	GGC Funds for "one off Payment"	16,275
I 3	Other Income	167,069
	Total Income 22/23	***1,483,344***
I 4	Carry Forward from previous years	***284,290***
	Total Available 22/23	***1,767,634***
	Expenditure	
	Research:	
E 1	Action on Inequality	27,500
E 2	Understanding Health Inequalities	40,000
E 3	Sustainable Inclusive Places	17,000
E 4	Innovative Approaches to Improving Outcomes	25,000
E 6	Training & Development	5,000
E 7	Allocation to Networks	15,000
	Total Research	***129,500***
	Communications:	
E 8	Communications (including website project costs)	100,000
	Total	***100,000***
	Management and Administration	
E 9	Centre Management, Admin & Running Costs	25,000
E 10	Accomodation Costs	130,000
E 11	Core Staffing	1,248,051
	Total Management & Admin	***1,403,051***
	Total Expenditure	***1,632,551***
	Balance	***135,084***
		7.64%

Glasgow Centre for Population Health
Management Board Meeting
21st September 2023

Budget position: 1st April 2023 to 31st July 2023

Recommendations

The Management Board is asked to note:

- The Centre's financial position for the period April 2023 to July 2023 detailing expenditure of £481,474 against a full year budget of £1,767,634 which includes £135,084 of reserves.

- The planned budget is comprised of the following streams of funding:

	£
• Annual SG allocation	1,300,000
• NHS GGC funding for "one off" payment	16,275
• External income from partners and others	167,069
• Brought forward from prior year	284,290

Commentary on Table 1

1. Spend against staffing (E11), the largest component part of the budget, is tracking very close to the proposed budget which took into consideration all known variations including maternity leave returners and upcoming planned retirements. It is expected at this stage of the year that the budget position be accepted by the Board.

2. Additional funding in respect of staff pay uplifts 22/23 and 23/24 may be allocated from NHS GGC. NHS GGC has received a block payment from the Scottish Government and now is considering the detail and adequacy of these funds.

3. The receipt of income from partners is as expected at this point in the year and further invoices will be raised as the year progresses.

4. Spend across the programme lines (E1 to E4) is minimal at this point in the year, but acceleration of spend is anticipated.

5. Accommodation costs (E10) are as expected. Increases in utility costs are currently managed within the overall envelope for accommodation, but will be monitored.

6. The plan to facilitate the upgrade and migration of both the GCPH and Understanding Glasgow websites is underway, however costs have not yet been recorded (E8).

7. At this point in time there has been no call on the reserves and these remain at £135,084.

8. Board members should note that the facility to carry forward/defer funds is not guaranteed and will be dependent on the commitments outstanding relating to external funders.

Fiona Buchanan
August 2023

Table 1. GCPH Budget position: 1st April 2023 to 31st July 2023

Financial Plan 23.24					
	Income	***£***	***Actual to July £***	***Forecast Out-turn £***	***Forecast Variation from Budget £***
I 1	Annual SG Allocation	1,300,000	1,300,000	1,300,000	-
	GGC Funds for "one off Payment"	16,275	16,275	16,275	-
I 3	Other Income	167,069	40,863	167,069	-
	Total Income 23/24	***1,483,344***	**1,357,138**	**1,483,344**	-
I 4	Carry Forward from previous years	***284,290***	284,290	284,290	-
	Total Available 23/24	***1,767,634***	***1,641,428***	***1,767,634***	**-**
	Expenditure				
	Research:				
E 1	Action on Inequality	27,500	-	27,500	-
E 2	Understanding Health Inequalities	40,000	455	40,000	-
E 3	Sustainable Inclusive Places	17,000	2,332	17,000	-
E 4	Innovative Approaches to Improving Outc	25,000	11,285	25,000	-
E 6	Training & Development	5,000	637	5,000	-
E 7	Allocation to Networks	15,000	-	15,000	-
	Total Research	***129,500***	14,710	**129,500**	-
	Communications:				
E 8	Communications (including website proj	100,000	2,871	100,000	-
	Total	***100,000***	***2,871***	***100,000***	**-**
					-
	Management and Administration				-
E 9	Centre Management, Admin & Running C	25,000	1,932	25,000	-
E 10	Accomodation Costs	130,000	39,384	130,000	-
E 11	Core Staffing	1,248,051	422,578	1,248,051	-
	Total Management & Admin	***1,403,051***	***463,894***	***1,403,051***	-
	Total Expenditure	***1,632,551***	***481,474***	***1,632,551***	-
	Balance	***135,084***			

Glasgow Centre for Population Health
Management Board Meeting
21 September 2020

The impacts of the cost-of-living crisis on disabled people: a case for action

Introduction

1. In early August, the GCPH, in partnership with the Glasgow Disability Alliance (GDA) published 'The impacts of the cost-of-living crisis on disabled people: a case for action' (authors: Chris Harkins, Tressa Burke and David Walsh). This short summary paper presents an overview of the research, key findings, recommendations, dissemination and next steps. A presentation on this new research is an agenda item for the September Board meeting.

2. In early 2023, discussions within GCPH focussed on how the Centre could 'pivot' in response to the current cost-of-living crisis and the resultant 'social catastrophe' that was unfolding. Building on an existing relationship with Glasgow Disability Alliance (GDA), a collaborative proposal for a rapid piece of work examining the impacts of the current crisis on the lives, health and wellbeing of disabled people was developed. The impact of the crisis on disabled people was severe given the increased levels of poverty and long standing social, health and economic inequalities experienced by disabled people alongside the ongoing impacts of austerity and the pandemic.

3. The report is comprised of two methods; firstly, a scoping review of the evidence was conducted to examine UK perspectives on the impacts of the crisis on disabled people. Secondly, two in-depth focus groups were undertaken with disabled people in Glasgow (17 people in total), all of whom were GDA members. The priority for the research was hearing directly from disabled people as to how the current crisis had and was impacting their lives. The findings from the two methods confirm that the current crisis is having a devastating impact on the mental and physical health of disabled people.

4. Key points from the report:
   - The disabled people who took part in the focus groups described the devastating impacts of the current crisis on their lives. The crisis has worsened poverty and financial insecurity, meaning that participants are unable to afford a healthy life. Several participants reported being unable to heat their homes over winter and going hungry or eating a nutritionally deficient diet. Focus group participants described these circumstances as being extremely damaging to mental health and wellbeing, particularly stress levels. Furthermore, going hungry and being cold directly compromises the management of participants' health conditions, disrupting medication routines and worsening symptoms, including pain management.

   - The deepening levels of poverty described by participants also meant that there is less opportunity to undertake hobbies and pastimes, to socialise or to participate in their community, which further negatively impacted on their mental health. Participants described the significant benefits of peer support during this time. Disabled people

organisations such as GDA, were described as hugely important in facilitating peer support opportunities, alongside other vital services provided such as income maximisation.

- Participants were clear that they felt the policy focus on disabled people was inconsistent and needed to be more sustained, with clearer aims relating to poverty reduction. To be able to afford a healthy life, participants stated that they need a sustained uplift in their welfare payments which keeps pace with inflation as a minimum and fully compensates for the extra costs of being disabled.

- The scoping review undertaken found no peer-reviewed journal publications which included the direct views of disabled people on how the current crisis has impacted on their lives. A small number of relevant peer-reviewed publications were reviewed. The greatest insights were to be found within grey literature, largely authored by disability charities, among others.

- The evidence reviewed in the scoping exercise, broadly echoes the key points made by the participants, including that the crisis had increased levels of poverty and financial insecurity for disabled people, particularly food and fuel poverty. The conditions created by the crisis are detrimental to mental health, particularly increasing stress levels and social isolation. The current crisis also affects physical health, worsening symptoms and compromising health conditions.

- The adverse impacts outlined are hugely concerning and require immediate and prioritised disability policy and practice responses. Although a focus on mitigating the impacts of the crisis is vital, responses must also consider the wider historical context of vulnerability experienced by disabled populations, specifically the disproportionate impacts of over a decade of UK austerity policies and the COVID-19 pandemic.

Recommendations

5. This report makes recommendations to UK Government, Scottish Government, and citywide services within Glasgow regarding how to mitigate the impacts of the current crisis on disabled people; and to address the evidenced, historical health and social inequalities experienced by disabled people.

6. The UK Government must provide adequate social security levels to support disabled people to live healthy lives and to compensate for the extra costs of disability. Furthermore, maximising access to existing social security and reducing societal barriers to fair employment and civic participation for disabled people. The Government must also work with energy providers to legislate for a discounted gas and electricity tariff for disabled people.

7. Increasing disability equality competence and capacity across the Scottish Government must also be a priority. Greater knowledge, understanding and confidence around disabled people's inequalities is vital to inform more effective policies and actions.

8. Within Glasgow, the development of a citywide strategy to support capacity building and improve disability competence within crisis mitigation services such as foodbanks and debt advice would enable increased access for disabled people.

9. Further research to illuminate the hidden costs of disability is required.

Dissemination and next steps

10. On the publication date, the report was covered exclusively by the Herald, and included a separate detailed case study with a GDA member. Report co-author Tressa Burke also discussed the key findings of the report live on BBC Radio Scotland. Tressa subsequently appeared on BBC Scotland's 'The Nine' TV Show on the 18th August 2023. Health and Care.Scot also featured a news article on the report.

11. Publication and dissemination activities focussed on publishing the report on the GCPH website, sharing it widely on social media along with quote infographics, working with *The Herald* on an exclusive feature piece and issuing a general press release. The report will continue to be shared and linked into further awareness raising opportunities such as Challenge Poverty Week in October.

12. Embargoed copies of the report were shared with GCPH key partners, including Scottish Government colleagues in advance of publication. Informal feedback suggests that the report served to galvanise the sense of urgency around the wellbeing of disabled people during the current crisis. A quickly convened 'listening' meeting took place between the First Minister, GDA staff including Tressa, and GDA members on 14th August. The report was considered at the meeting and the structure of the recommendations served as key discussion points as to what needs to happen to support a meaningful and sustained improvement to the life circumstances, health and wellbeing of disabled people in Scotland.

Chris Harkins
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Confident Connected Contributing

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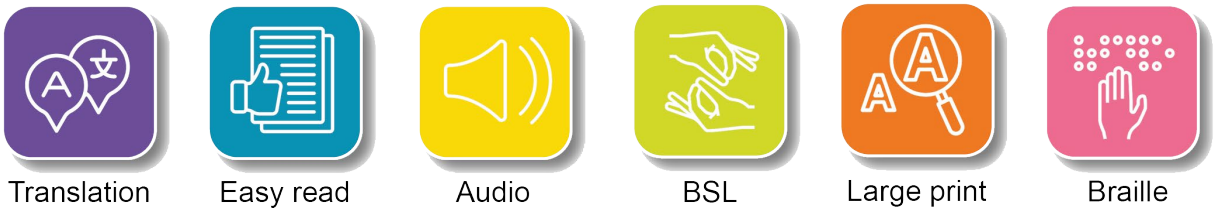

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Key points

- Since 2021 the extraordinary surge in prices for basic commodities such as food, clothing, and energy has created a ‘cost-of-living crisis’ the impacts of which are severe for the most vulnerable members of society, creating an unfolding ‘social catastrophe’.

- Understanding the impacts of the cost-of-living crisis on disabled people is a priority and is vital in forming competent crisis policy and practice responses. Essential to this is hearing from disabled people in order that they can convey their direct experiences of the crisis.

- The purpose of this report is to present a rapid examination of the impacts of the current cost-of-living crisis on the lives, health, and wellbeing of disabled people. Within the report, we hear directly from disabled people living in Glasgow of the impacts of the current crisis. We also present a scoping review of emergent evidence from across the UK concerning how disabled people report the current crisis is impacting their lives.

- The disabled people who took part in the focus groups describe the devastating impacts of the current crisis on their lives. The crisis has worsened poverty and financial insecurity, meaning that participants are unable to afford a healthy life. Several participants report being unable to heat their homes over winter and going hungry or eating a nutritionally deficient diet. Focus group participants describe these circumstances as being utterly corrosive to mental health and wellbeing, particularly stress levels. Furthermore, going hungry and being cold directly compromises the management of participants’ health conditions, disrupting medication routines and worsening symptoms, including pain management.

- The deepening levels of poverty described by participants also mean that there is significantly less opportunity to undertake hobbies and pastimes, to socialise or to participate in their community, which further eroded mental health. Participants describe the significant benefits of peer support during this challenging time – where disabled people meet up, socialise, encourage and support one another during the crisis. Disabled people organisations such as Glasgow Disability Alliance, are described as hugely important in facilitating such peer support opportunities, among other vital services provided such as income maximisation.

- Participants were clear that they felt the policy focus on disabled people was inconsistent and needed to be more sustained, with clearer aims relating to poverty reduction. To be able to afford a healthy life, participants stated that they need a sustained uplift in their welfare payments which keeps pace with inflation at a minimum and fully compensates for the extra costs of being disabled.

- The scoping review undertaken found no peer-reviewed journal publications which included the direct views of disabled people on how the current crisis has impacted on their lives, a small number of relevant peer-reviewed publications are however reviewed. Instead, the greatest insight was to be found within grey literature, largely authored by disability charities, among others.

- The evidence reviewed in the scoping exercise, primarily within grey literature, broadly echoes the key points made by the participants. This included that the crisis has increased levels of poverty and financial insecurity for disabled people, particularly food and fuel poverty. The conditions created by the crisis are corrosive to mental health, particularly increasing stress levels and social isolation. The current crisis also affects physical health, worsening symptoms and compromising health conditions.

- The adverse impacts outlined are hugely concerning, demanding immediate and disability-prioritised policy and practice responses. Although a focus on mitigating the impacts of the crisis is vital, it must also consider the wider historical context of vulnerability experienced by disabled populations, specifically the disproportionate impacts of over a decade of UK austerity policies and the COVID-19 pandemic.

- This report makes recommendations to UK Government, Scottish Government, and citywide services within Glasgow regarding how to mitigate the impacts of the current crisis on disabled people; and to address the evidenced, historical health and social inequalities experienced by disabled people.

- The UK Government must provide adequate social security levels to support disabled people to live healthy lives and to compensate for the extra costs of disability. Furthermore, maximising access to existing social security is also essential, as is reducing societal barriers to fair employment and civic participation among disabled people.
  The Government must also work with energy providers to legislate for a discounted gas and electricity tariff for disabled people.

- Increasing disability equality competence and capacity across the Scottish Government is a priority. Greater knowledge, understanding and confidence around disabled people's inequalities is vital to inform analysis which leads to more effective policies and actions. The reduction of poverty among disabled people must become a devolved and local government priority.

- Within Glasgow, the development of a citywide strategy to support capacity building and improve disability competence within crisis mitigation services such as foodbanks and debt advice would enable increased access for disabled people. Research to further illuminate the hidden costs of disability are needed at a Scottish and Glasgow City level.

- For disabled people living in Glasgow to have unheated homes, to go hungry, and to have severely restricted opportunities to socialise and participate in their community paints a bleak picture of our society in 2023. Moreso, living like this is a direct violation of the human rights of disabled people. These conditions are a direct result of policy choices, primarily a decade of austerity policy, the impacts of which have been worsened by the pandemic and the current cost-of-living crisis. In terms of local and national government, disabled people must be considered a policy priority. As this report makes painfully clear, urgent action is essential.

Contents

1. Introduction

We are living through times which present unprecedented threats to health and wellbeing, with the poorest and most vulnerable groups in society being disproportionately impacted[1, 2]. Since 2021, the extraordinary surge in prices for basic commodities such as food, clothing and energy has created a 'cost-of-living crisis' which is exacerbating poverty and insecurity, and directly harming people's mental and physical health[3]. This is especially concerning for disabled people who are more likely than other groups to already be experiencing entrenched or 'deep' poverty[4].

The current cost-of-living crisis cannot be considered in isolation, coming closely on the back of the COVID-19 pandemic and a decade of UK austerity policies. Collectively, these influences have widened, and are currently widening further, health inequalities[5]. The impacts of the current crisis for the most vulnerable members of society are severe, creating an unfolding 'social catastrophe'[6]. We cannot allow the consequences of these combined influences on our poorest communities to become normalised[7] – collective action is needed now to avoid generational harm[8].

1.1 Purpose of this report

The purpose of this report is to present a rapid examination of the impacts of the current cost-of-living crisis on the lives, health, and wellbeing of disabled people.

Understanding the impacts of the cost-of-living crisis on disabled people is a priority and is vital in forming competent crisis policy and practice responses[9]. Essential to this is hearing directly from disabled people in order that they can convey their direct experiences of the crisis[10]. This was also the case during COVID-19 recovery, where the active and direct involvement of disabled people in the planning, delivery and evaluation of services and interventions was described as key to 'building back fairer'[11]. This is because non-disabled people typically have very little insight into the challenges of being disabled and the societal barriers disabled people encounter on a daily basis[12]. Furthermore, disabled people are already at pre-existing risk − experiencing multiple health, social and economic disadvantages compared to the general population[13]. Importantly, evidence also tells us that disabled people have reduced access to services and support in general, and specifically during times of crises[14].

This report is a collaboration between the Glasgow Centre for Population Health (GCPH) and Glasgow Disability Alliance (GDA). GDA, as a disabled people organisation (DPO), is controlled by over 5,500 disabled members and is the largest groundswell of disabled members in Europe. GDA is a leading example of a grassroots community of identity driving improvements to disabled people's lives and social change.

Their work is built on foundations of individual and collective community empowerment and is based on peer support, and developing and drawing on disabled people's own strengths by:

- Building individual capacity through holistic programmes including learning and development, wellbeing, digital coaching and connections, support to navigate social care and welfare rights information, advice and representation.
- Amplifying diverse voices and perspectives of disabled people, supporting them to articulate and share lived experience and to participate in dialogue, deliberation and collective advocacy which challenges inequality and exclusion.
- Collaborating for change with local and national government, communities and third sector, sharing insights and evidence to shape policy and co-design more accessible services and solutions to poverty, inequality and exclusion.

Over the pandemic, GDA transformed its delivery model to respond to the urgent and pressing needs of disabled people. Programmes and support moved online, and new initiatives developed including Wellbeing, Digital and Peer Support activities. The organisation provided lifeline support to disabled people during the pandemic, including food and other resources, tailored to meet the needs of over 2,800 disabled people.

Within this report, we hear directly from disabled people living in Glasgow, on their experiences of the impacts of the current crisis. We also present a scoping review of emergent evidence from across the UK on how disabled people report the current crisis is impacting their lives. We conclude by bringing this latest evidence and lived experience insights together, and, drawing upon the expert disability perspectives of GDA, we make clear, actionable recommendations for policy, practice and future research in terms of how best to mitigate the adverse impacts of the current crisis on disabled people.

First, we begin by introducing and providing an overview of three important elements which form the basis of the report's narrative – 1) Disability overview; 2) The 2021-23 cost-of-living crisis; and 3) Wider health trends: austerity and stalling life expectancy.

1.2 Disability overview

Disability is a fundamental aspect of being human. Almost everyone will temporarily or permanently experience disability at some point in their life[15]. The World Health Organization estimates that in the region of 1.3 billion (one in six) people on the planet have some form of disability[16]. This figure has risen over the last decade and will continue to increase due to an ageing population, among other factors[17].

Prevalence

Within the UK, the proportion of people reporting disability has also risen over the last decade. The Family Resources Survey (FRS) estimated that in 2010/11, 19% of the total population were disabled people, which increased to 22% in 2020/21, representing some 14.6 million people[18]. Substantial growth (and better diagnosis) in the reporting of mental health conditions explains much of this increasing prevalence of disability[19]. In 2020/21, the FRS reported that 29% of disabled people also had a mental health-related illness, this rate almost doubling from 16% in 2012/13[19]. The Institute for Fiscal Studies (IFS) reported that 80% of the rise in disability benefit recipients over the past two decades is accounted for by those with psychiatric conditions[20].

Despite this emergent trend, mobility-related impairments remain most common amongst those identifying as disabled people, accounting for approximately 46% of disabled people. 'Stamina/breathing/fatigue' (33%) and dexterity-related impairments (23%) are also major contributors[21]. In Glasgow, 24% of the working-age population are disabled people, rising to 64% in those aged over 65[22]. Almost a third (31%) of all Glasgow residents have one or more health conditions[22].

Defining disability

The Equality Act 2010 defines disability as a long-standing physical or mental impairment which causes substantial difficulty with daily activities[23], often resulting in exclusion from a range of societal settings[24]. Definitions of disability have long been debated – the disabled people's movement defines disability through a 'social model' which makes clear that exclusion and related inequalities endured by disabled people are caused by a range of complex societal barriers, and not through individual impairments or conditions[25, 26]. Despite the high prevalence of disability, the societal barriers and issues affecting disabled people are, as indicated above, not well understood among non-disabled populations[27]. Discrimination and stigma around disability, either deliberate or through subconscious biases, at an individual level or institutional, remain highly pervasive[28-30].

COVID-19 and existing inequalities

The COVID-19 pandemic had disproportionate adverse impacts on disabled people through a range of mechanisms[31]. Whilst society has in many ways moved on from the pandemic, disabled people remain concerned about the risks of COVID-19 infection[32]. The pandemic underscored the long-established barriers and vulnerabilities that society renders on disabled people[33]. Evidence is clear that disabled people have reduced access to healthcare and other vital services[34]; public health messages[35]; cultural activity[36] and green space[37]. Furthermore, disabled people are twice as likely to experience social isolation and loneliness compared to non-disabled people[38, 39]. Disabled people are also considerably more likely to face digital exclusion[40], and to encounter significant barriers in participating in their communities[41], local decision making and civic life[42]. Disabled people have experienced long-standing income[43], educational[44], health[45] and wellbeing[46] inequalities that predate the pandemic and the current cost-of-living-crisis[47-49]. They are also three times more likely to face poverty and food insecurity than non-disabled people[50, 51].

Poverty, employment, and extra costs of disability

In broad economic terms, there are two main factors which explain the higher rates of poverty experienced by disabled people and thus which underpin the related inequalities described above. First, disabled people are more likely to be excluded from full economic participation − being much less likely to be employed than the wider population[52]. The Office for National Statistics (ONS) reports that the employment rate for disabled people is 54%, compared to 82% for non-disabled people − this is known as the 'disability employment gap'[44]. Relatedly, disabled people who have jobs are usually paid less. This is known as the 'disability pay gap' − the gap in pay for disabled employees and their non-disabled peers is wider in Scotland (24.8% lower for disabled people), compared to a 19.6% difference throughout the UK[53].

Second, in addition to earning less, there are considerable extra costs associated with daily efforts to mitigate the impacts of disability[54]. Disabled people face significant bills for assistive equipment and their running costs, care and therapies[55]. Disabled people have to spend more on essential goods and services, such as heating, food and travel[56]. Disabled people also face charges for using social care services in Scotland, which, unlike NHS services, are not always free at the point of delivery. These additional outgoings vary according to the specific nature of impairment. However, an often-quoted analysis over the past five years by the disability equality charity Scope estimated that the extra costs faced by disabled people average £583 a month, with a fifth of disabled people facing extra costs exceeding £1,000 a month[57]. This analysis was updated in May 2023 and now shows that on average, disabled households (with at least one disabled adult or child) need an additional £975 a month to have the same standard of living as non-disabled households. If this figure is updated to account for inflation over the current period 2022/2023, these extra costs rise to £1,122 per month[58].

Governmental financial support

The UK government has recognised the increased costs in households with disabled people, providing disability-related financial support such as benefits, tax credits, payments, grants, and concessions. As of November 2021, there were approximately 5.7 million people claiming an 'extra cost' disability benefit[19]. Even taking these 'extra cost' support measures into account, people on disability benefits are still disproportionately likely to be in relative poverty. According to the IFS, in 2020, 29% of people on disability benefits were in relative poverty, compared to 20% for working-age adults among the wider population[20]. It is also recognised by the IFS[20], among others[59], that poverty rates among disabled people are consistently underestimated[60]. Extra income received through disability benefits is reported as being completely absorbed by the additional costs associated with being disabled, rather than acting as a tangible boost to overall income[20].

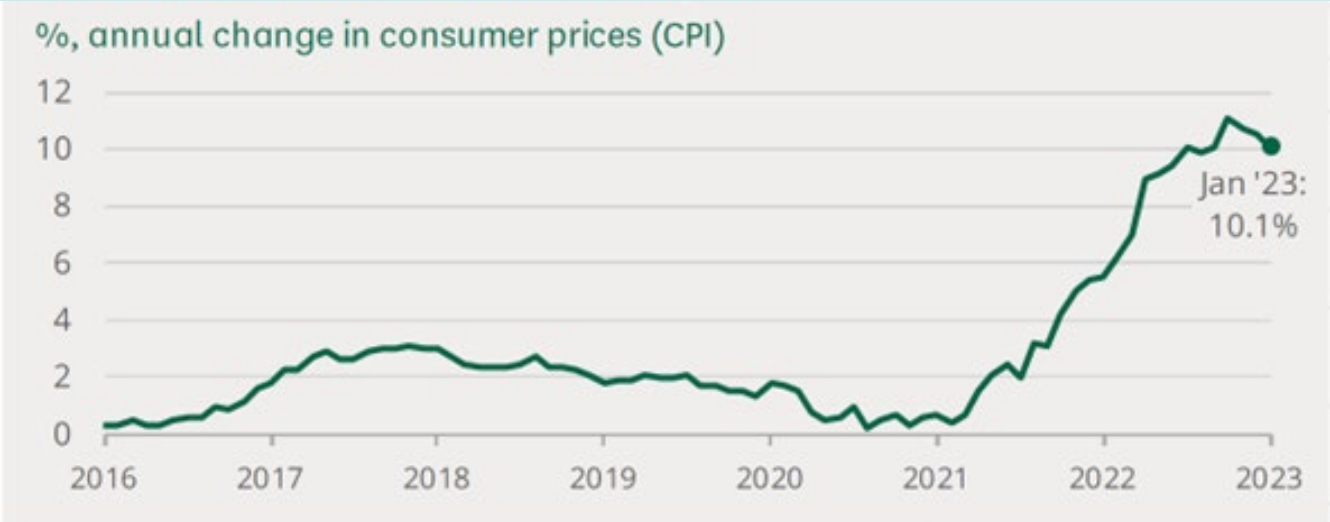
Very recent government intervention has seen inflation-linked benefits and tax credits rise by 10.1% from April 2023, in line with the Consumer Prices Index (CPI) rate of inflation in September 2022 (the following section explains increasing CPI and inflation within the current crisis)[61]. Whilst this progressive step is welcomed by disabled people organisations and charities, it is also regarded as inadequate in meeting the ongoing financial impact of the current crisis on disabled people experiencing poverty, particularly after a decade of austerity policy and cuts or freezes to many disability social security payments.

1.3 The 2021-23 cost-of-living crises

Since 2021, the cost of living within the UK has increased at a rate mirroring some of the highest ever on record[62]. The CPI is the most common measure of inflation[63]. The CPI or annual rate of inflation reached 11.1% in October 2022, representing a 41-year high, before reducing gradually in the following months to 10.1% in January 2023[64]. Costs of consumer goods including food have increased over this time period, driven by strong demand and supply chain blockages[65].

Increasing energy prices alongside a Brexit-related weakened pound[66] have been key drivers in these rises in inflation; from January 2022 to January 2023, domestic gas prices rocketed by 129% and domestic electricity prices also increased by 67%[64]. Gas prices increased to record highs after Russia launched its full-scale invasion of Ukraine and continued to soar during much of 2022 due to cuts in Russian gas supply[64]. Electricity prices tend to mirror gas prices and have followed a similar trend[67]. Figure 1 below depicts the sharp increase in annual percentage change in CPI, peaking at 11.1% in October 2022[64].

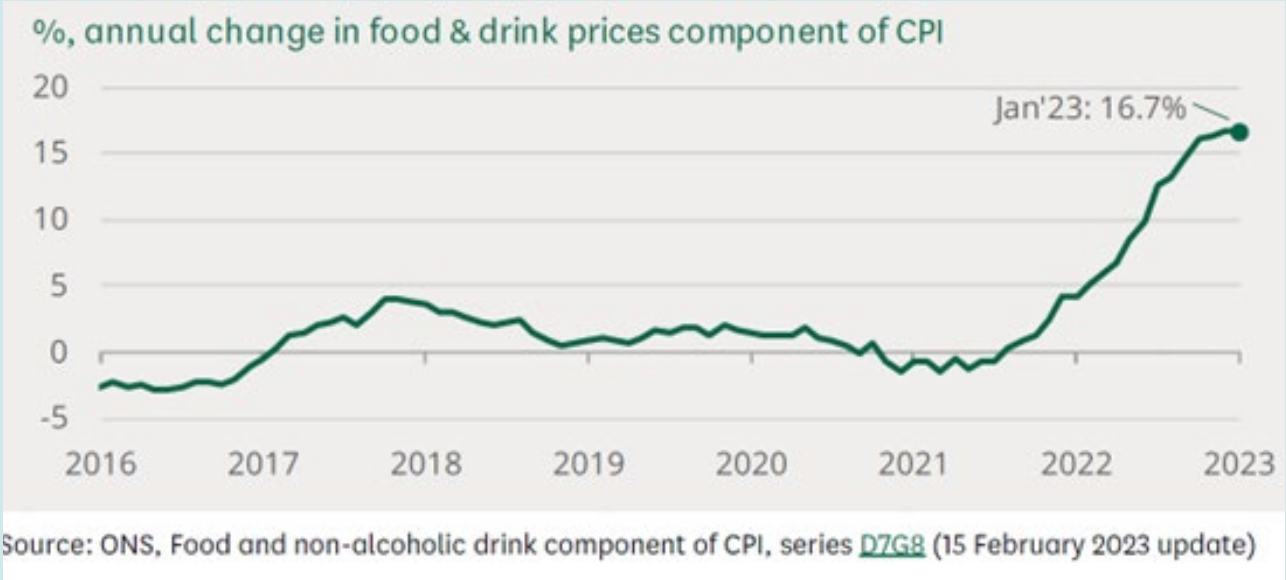
Figure 1: *Annual percentage change in consumer prices (CPI) 2016 -2023 (source: Office for National Statistics, 2023)*[60]



Source: ONS, CPI annual inflation rate, series D7G7 (15 February 2023 update)

According to the Office for National Statistics, 94% of adults in Great Britain reported an increase in their cost of living in January to February 2023[68]. The Office for Budget Responsibility expected real post-tax household income to fall by 4.3% in 2022-23, the biggest fall since comparable records began in 1956[69]. Low-income households spend a larger proportion than average on food, and so have been more affected by the unprecedented price increases[70]. The below chart supplied by the ONS details the annual percentage change in the price of food and non-alcoholic drinks, as a component of the overall CPI[64].

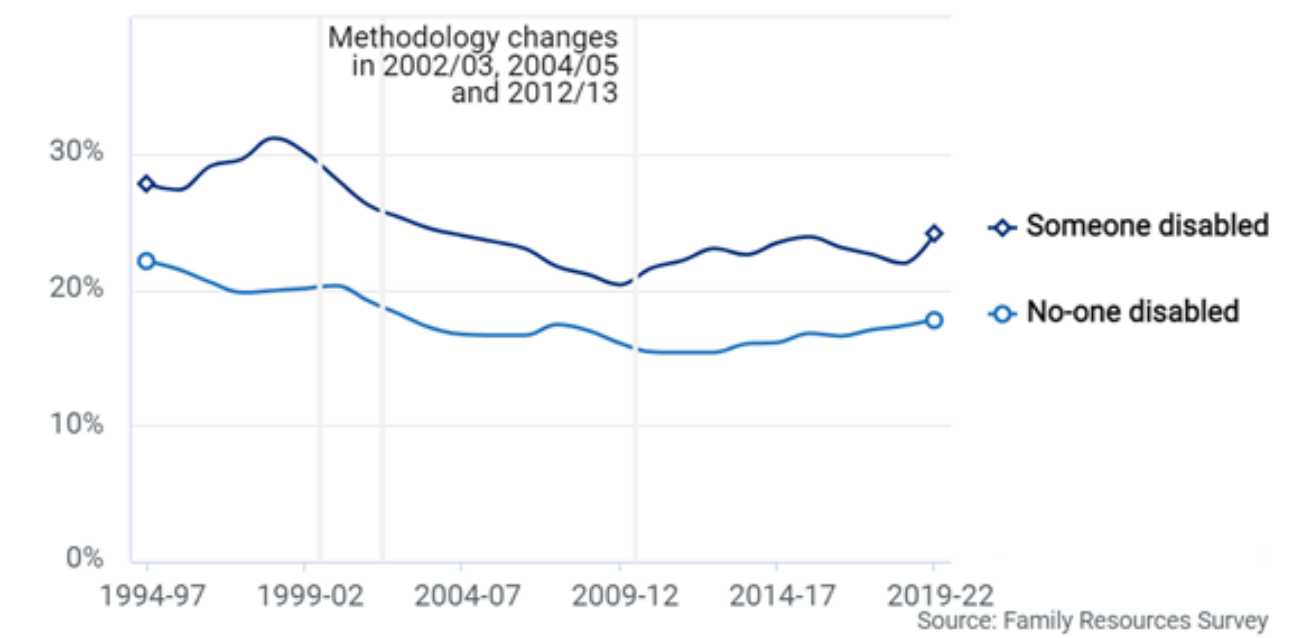
Figure 2: *Annual percentage change in food and non-alcoholic drinks prices (component of CPI) 2016 -2023 (source: Office for National Statistics, 2023)*[64]



Food and non-alcoholic drinks prices were 16.7% higher in January 2023 compared to the previous year. This is down very slightly from 16.8% in December 2022, which was the highest rate of increase in food prices since 1977 according to the ONS[64]. The figure in January 2023 was the first reduction in the food inflation rate after 17 consecutive months when the rate increased. During this time, foodbank charities reported an unmanageable increase in demand[71]. The Trussell Trust reported that in August 2022 they were providing almost twice the amount of emergency food parcels than was the case prior to the pandemic[72].

For a number of reasons, it is difficult to accurately quantify the exact economic impacts of the current cost-of-living crisis on the household finances of disabled people[73]. However, Figure 3 (overleaf) charts the proportion of households with and without a disabled person in relative poverty after housing costs in Scotland. Estimates from 2022 show a sharp increase in relative poverty among households with disabled people. The chart is based on data from the Family Resource Survey[74].

Figure 3: *Relative poverty rates higher where a household member is disabled: proportion of people in relative poverty after housing costs, Scotland (1994-2022)*[74]



Although this sharp recent increase in poverty rates among disabled people might be expected given the surge in living costs, many of which are already higher for disabled people, the Scottish Government report that *"it is not yet clear whether this is the beginning of a new trend, or if it is a volatile data point"*[74]. Figure 3 shows that in 2019-22, the poverty rate after housing costs for people in households with a disabled person was 24% (560,000 people each year). This compares with 18% (550,000 people) in a household without disabled household members[74].

Again, it must be kept in mind that many disabled people incur significant additional living costs[58, 75]. The poverty measures and rates used to populate Figure 3 do not consider this and thus are highly likely to underestimate the levels of relative poverty experienced by disabled people. Attempts to adjust for these extra costs of disability estimate that poverty rates for disabled people (29%) are almost twice that of non-disabled people (16%)[74].

At the time of writing, the latest ONS *Well-being: Public opinions and social trends* survey (5th to 16th of April 2023) reports that when UK adults are asked about the important issues facing the UK today, the most commonly reported issue continues to be the cost-of-living crisis (92%)[76]. Statistics from June 2022, where nearly 14,000 adults were questioned, allow comparison between disabled and non-disabled people[77]. The findings make clear the additional financial distress and insecurity the current crisis is causing disabled people:

- 42% of disabled adults are spending less on food and other essentials, compared with 31% of non-disabled people, because of the rise in the cost of living.

- Almost half of disabled people (48%) said they bought less food in the last fortnight, compared with 38% of non-disabled people.
- 13% of disabled people said it was already *"very difficult"* to pay their bills and 38% said it was *"somewhat difficult"*, compared with 6% and 29% of non-disabled bill-payers.
- 46% of disabled people are cutting back on non-essential journeys in their own vehicles, compared with 40% of non-disabled people; and 55% are using less fuel in their home, compared with 50% of non-disabled people.

1.4 Wider health trends: austerity and stalling life expectancy

The impacts of the current cost-of-living crisis (and indeed the pandemic) on disabled people must be considered against the backdrop of some worrying health trends observed since the early 2010s. Unprecedented changes to life expectancy and mortality rates have been observed across all parts of the UK, driven by austerity policies which have increased poverty rates[78]. At the country level, decades of previous continual improvement stalled around 2012, while among the more deprived populations in Scotland, England, Northern Ireland, and Wales mortality rates actually started to increase[1, 79, 80]. These changes predate the COVID-19 pandemic and the current cost-of-living crisis, but have been made worse by them[81-83].

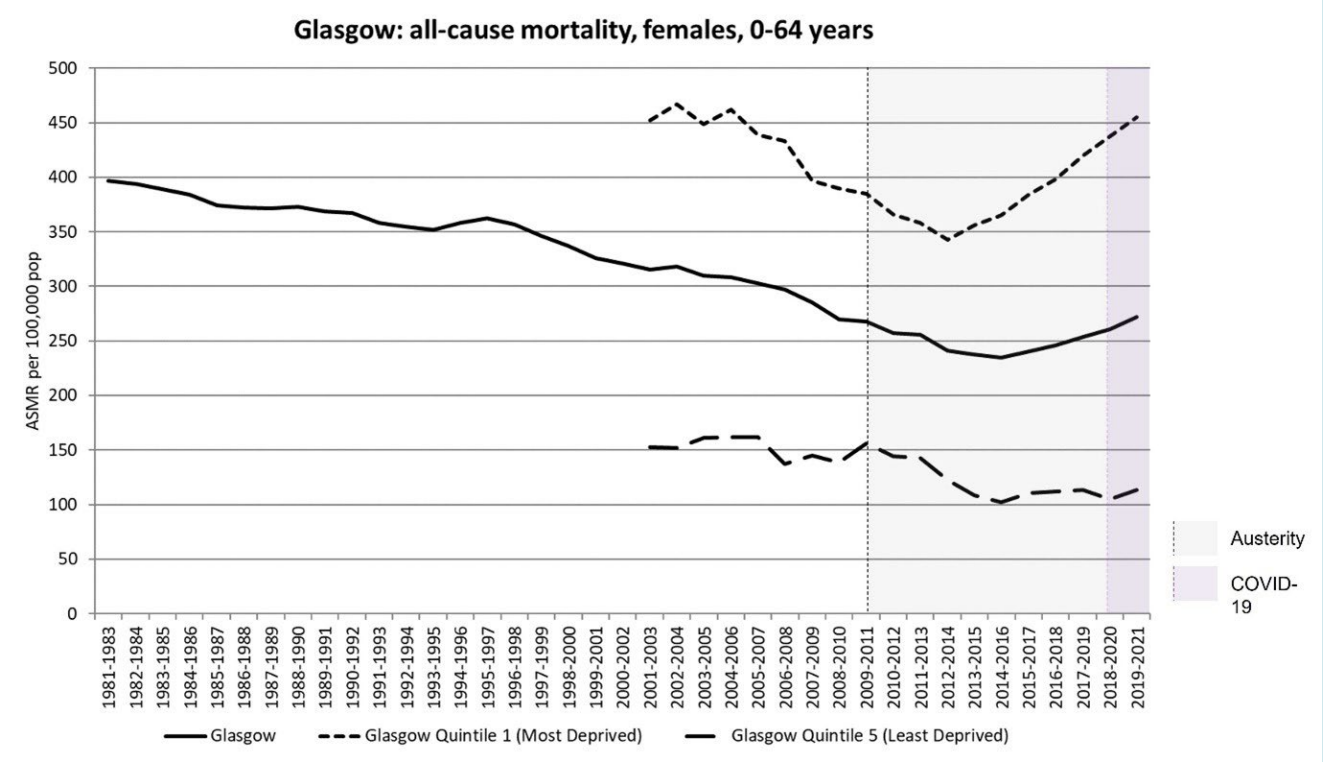
Changing mortality rates have been shown for both males and females, all age groups and for many different causes of death[84, 85]. In Scotland, changes in rates of early death ('premature mortality') have been particularly noteworthy, with dramatic reversals of previously improving trends[81]. Healthy life expectancy (a separate measure which estimates the average number of years that people live in good health) has also declined, particularly among more deprived populations[86].

A wealth of evidence, both international and from within the UK, has attributed these hugely concerning mortality changes to government austerity policies (broadly defined as cuts to public spending)[78]. International evidence has demonstrated the detrimental impact of austerity on mortality rates across multiple high-income countries[87].

In the UK, the particular 'dose' of austerity − first implemented in 2010 and measured principally as cuts to social security and public services − has been particularly severe, with targeted cuts of around £85 billion to overall public spending, including tens of billions of pounds to the social security budget[88, 89]. UK research has demonstrated how such measures impact on health via well understood causal pathways: these include increased poverty[90-92], loss of vital services[93-95], higher levels of stress and poor mental health among the most affected populations[96-98], increased death rates for different age groups[84, 85, 99] (including some implicated in changes to health and social care services[100]) and for different causes (including those related to addiction issues and services[94, 101, 102]), and ultimately adverse effects on overall mortality rates and life expectancy, especially among the poorer and more vulnerable sections of society, including disabled people[83-103].

To illustrate the above points, Figure 4 details the overall decline in all-cause mortality in females, aged 0-64 living in Glasgow (solid, middle line), from 1981 until the impacts of UK austerity policies result in an upward mortality trajectory around 2014 and beyond. The figure also illustrates the overall austerity-driven widening of health inequalities, as measured by all-cause mortality between the most deprived SIMD[104] quintile (upper, small dashed line) and least deprived quintile (lower, large dashed line) again since 2014. In particular, the top line demonstrates the sharp increase in deaths over this time period, resulting from austerity, among females living in Glasgow's most deprived SIMD quintile[81].

Figure 4: *All-cause mortality, Glasgow females, 0-64 years (1981 to 2021)[81]*



Source: Walsh D, McCartney G. Changing mortality rates in Scotland and the UK: an updated summary. GCPH: Glasgow; 2023

Austerity is known to have disproportionately affected disabled people[105]. In 2017, the UN Committee reported that disabled people's rights across the UK had regressed to the point of a 'human catastrophe', eroded through 'grave and systematic violations' originating from UK austerity policies[106]. Crucially, the UN established that since austerity, devolved settlements have not been adequately resourced to enable local authorities to meet their duties under the UN Convention on the Rights of Persons with Disabilities (2006) – in particular with regard to social care which, for many disabled people, is the fundamental enabler to accessing all other rights and independent living[106].

A number of the key changes to social security in the UK since 2010 have directly affected disabled individuals and their families[107]. Poverty rates for households with a disabled person (which were already much higher compared to the rest of the population) have thus increased

sharply in the last decade[74]. Disability is socially patterned – with people in socioeconomically deprived areas much more likely to report a condition or impairment than those living in more affluent areas[108] – and the impact of austerity policies is known to have been much more severe in poorer parts of the UK[109-110]. Such effects clearly compound existing health inequalities: while types of conditions and impairments (and indeed definitions) of disability vary considerably, many disabled people are already in poor health and at greater risk of adverse outcomes[111]. As one example, people with learning disabilities already have notably higher mortality rates than the general population[112].

2. Methods

This study has two key methods. First, a thematic analysis of two focus groups conducted with 17 disabled people in Glasgow in April and May 2023 which explored how participants felt the current cost-of-living crisis was impacting their lives, health, and wellbeing. Second, a scoping review of current evidence on the same topic was conducted. This considered emergent evidence and insights from a variety of sources, including recent grey literature publications and peer-reviewed journal publications. Below we outline each method with further detail in the technical annexes at the end of the report.

2.1 Focus groups

Two focus group discussions (n = 9, n = 8) were conducted, to explore participant's views on how the current cost-of-living crisis was impacting on their lives, health, and wellbeing. Focus groups were especially useful in this study as they can provide rich descriptions of emergent phenomena such as the impacts of the cost-of-living crisis and thereby enhance understanding of the lived experience of disabled people[113]. Often people with disabilities are systematically excluded from other forms of data collection, including population-based survey research[114]. Within disability research, focus groups are well regarded on account of their inclusiveness, open and transparent format, and flexibility of implementation[115].

2.2 Evidence scoping review

Whilst there is no agreed definition of a scoping review, the general purpose for conducting one is to identify and map available evidence in answer to an often-broad question or topic[116]. A scoping review was particularly suited to this study as there was a need for rapid learning and insights, the study required flexibility regarding the nature of evidence considered, and the study question was broad[117].

> *"In what ways do disabled people report that the 2021-23 cost-of-living crisis impacts on their lives, health, and wellbeing?"*

3. Findings

3.1 Focus groups findings

Eight themes emerged from the focus group discussions with disabled people, these include: poverty and financial insecurity; food poverty; extra costs (of disability); fuel poverty; mental health and wellbeing; physical health and condition management; coping and support, and; cost-of-living crisis mitigation responses. The themes are closely connected and convey the realities of the impacts of the current cost-of-living crisis on the lives, health, and wellbeing of participants. Also covered are some strategic points relating to policy responses designed to mitigate the crisis which the focus group participants raised during discussions.

Poverty and financial insecurity

An overarching theme which underpinned much of the specific discussions was that participants consistently described living in poverty and simply not having enough money to survive. It was repeatedly articulated within the focus groups that, as a result of the current cost-of-living crisis, poverty and financial insecurity had become worse. Participants were now unable to afford commodities essential in meeting their basic human needs such as food, heating, and warm water. This in turn, as described by several participants, led to making intolerable and undignified decisions concerning which aspects of their basic needs to sacrifice mostly on a temporary, but sometimes on an ongoing basis. The impacts of poverty of this nature are not just economic but impact adversely on all aspects of life.

> *In this cost-of-living crisis I feel the guillotine above my head all the time, I feel it so vividly. Things [finances] were always tight before, and even through COVID, but this is different, I can't get by, everything is so much more expensive, so much more, I have no room to move. It feels like you are condemned to a joyless life being disabled in this crisis."*
>
> Focus Group participant

> *Every day is a battle, every day, from the moment I wake up I am continuously faced with these awful decisions to make. It's freezing, I'll heat the flat for 15 minutes but it doesn't last, I'm hungry but I've nothing much there, nothing I want to eat, maybe it's just before a [benefits] payment. Can't really get out anywhere because of my [details of condition], nae money to do anything anyway."*
>
> Focus Group participant

Food poverty

The first specific theme that emerged within the focus group discussions related to food poverty; participants consistently reported that due to the current cost-of-living crisis, there had been frequent periods where they did not have enough money to eat properly. Participants described going hungry for, at times, prolonged periods as they simply could not afford to eat and on occasions only had one meal a day or had frequent snacks and no substantive meals at all over the course of a day.

> *I've lost two stone, but not in a good way or a healthy way. I've been hungry for, since all this began, it's just I don't have enough money to eat right, to pay my bills. I know I'm not eating right, there's no fruit or veg, there's no meat, none of that, just stodge, anything that can fill me up at least. It's incredibly hard."*
>
> Focus Group participant

Relatedly, participants were clear that during these times they were not meeting their nutritional requirements; nutritional foods being described as considerably more expensive than high satisfaction, calorie dense food, such as oven chips or bread. Some participants who were parents described regular occasions where they would feed their children with what food they could afford and sacrifice having food themselves.

> *There's been plenty of times over the past year or so when I've went hungry for days, often I'll just have one meal a day. I give what food we have to my kids, they're out learning, they need the food to grow and develop. I don't want them to worry about our situation, I just tell them I've eaten already."*
>
> Focus Group participant

Extra costs

Given their specific impairments, some participants are unable to cook themselves and rely on easily prepared 'ready meals'. Such pre-prepared, microwavable meals were described as already being expensive prior to the current crisis and one of the hidden costs of disability that is often overlooked or misunderstood. Participants noted that the price of ready meals substantially increased since the crisis began. Another issue raised by some visually-impaired participants was that only one supermarket had an effective app which enabled them to scan products with their phone and cooking instructions digitally read to them. This was a higher-end, comparatively expensive supermarket, which participants were forced to shop at for this reason. Again, this was described as another hidden cost of disability which was not recognised or understood.

Accessible equipment was described as a significant additional cost, which some participants spoke of as plunging them into further poverty.

You feel dependent upon other people, you are just existing and struggling to have a basic standard of living. Getting an accessible [talking] microwave costs £160. On Universal Credit you can't meet the costs to live independently."

Focus Group participant

A powered wheelchair costs £12,000 – it's like buying a car! Disabled people are coerced into having to buy expensive equipment where the prices are not controlled, and you have no choice of provider."

Focus Group participant

I need taxis cause the buses aren't great and I can't manage the walk or the standing − like going to my GP or the pharmacy to pick up prescription can be £20 for the round trip. I can't afford that, never mind socialising."

Focus Group participant

Another issue touched upon by several participants was how, due to the current crisis, increasing taxi costs meant that accessing supermarkets had become much more expensive. This was described as another hidden cost of disability expressed by wheelchair users. 'Black hack' taxis were described as the most expensive taxis, but had to be used as they were the only mode of transportation that was truly accessible, having ramps and the appropriate seatbelts etc.

I'm £10 to £12 before I even get to the shops, and then the same coming back, it's a lot, it's a big outgoing on top of the shopping which is through the roof [expensive]. Folk say to me order it in to your house – because of my [details of condition and impairment] I really struggle with iPads, I'm getting better but that's something that I struggle with and it's not as easy as that for me."

Focus Group participant

A hidden cost which many participants in the group described was around the charges applied to using social care services. The points made by the participants resonate closely with the findings of the Adult Social Care: independent review (2021) commissioned by the Scottish Government, which concluded that the charging for social care services and supports that had been assessed as needed, was extremely damaging to the income and financial security of many disabled people, as well as limiting their options and control over the support they require.

The impact of social care charges on people's ability to afford their care and to live their lives was evident in many comments made.

> *I have to give up my entire PIP (Personal Independence Payment) for my care. All my care component I have to give up. And I've already given up my mobility component to have a mobility vehicle. So all these extra costs that I've got for being disabled, that my PIP is meant to help with, I can't use it for. So there's then the choice of like, what do we do? So the fact that they say, oh, PIP's meant to pay for X-Y-Z but then how'd you pay for it if you're trying to pay for your social care, it doesn't really work out. And I've heard that the Council has approved a decision to increase charges to disabled people − it's so unfair."*
>
> Focus Group participant

> *It's a nightmare really. I wish I didn't have to have carers, but I don't have a choice. If I didn't need help to get showered and ready or to go to the toilet, I would never choose this life. And on top of it all I am paying social care charges which are so unfair. These really are a backdoor tax on human rights for disabled people and make vital support unaffordable. If the general public knew − there would surely be an outcry."*
>
> Focus Group participant

> *Even before COVID-19, in the height of austerity, Local Authorities were cutting costs resulting in processes like we had in Glasgow − equalisation, I think that's what they called it! This was where social care packages were cut and disabled people were told, this is equalising, "we'll give it to your neighbour down the road". While we leave you without the proper care you need."*
>
> Focus Group participant

Fuel poverty

Almost all focus group participants described experiencing fuel poverty over the past two years. The price of gas and electric was described as having become *"astronomical"* and *"completely unaffordable"*. This meant that participants have had to significantly reduce their energy usage to keep bills down. Most of the participants were clear that they have drastically reduced the use of their heating systems, meaning that for prolonged periods they have endured cold, uncomfortable conditions within their homes.

> *I have not had my heating on for almost two years, I cannot afford it, my bill had quadrupled for a month or two before I caught on, and it sent me into terrible debt – I'm actually still paying that off. It's just not an option for me, I just need to accept being cold, I put on loads of layers in the winter and sit with a quilt over me. I still shiver in the height of winter, it's awful. Just before Christmas I got an electric blanket which works out at 4p an hour, so if I'm freezing I will put that on at night until my carers get me into bed."*
>
> Focus Group participant

Many of the participants also described having to use much less electricity to keep their bills down. This was particularly concerning when charging or using essential electric assistive equipment such as powered wheelchairs, electric hoists and electric chairs. Participants also describe using their TV or radio much less; these items were described as having additional importance to the lives of disabled people, many of whom experience social isolation and loneliness and are confined to their homes unless they have support to leave the house.

Disabled participants who can drive and have adapted cars also described using their vehicle significantly less as a result of the increased cost of petrol and diesel. Three participants reported not being able to attend hospital or physiotherapy appointments due to being unable to afford car fuel. One participant described how the inability to afford fuel severely impacted on their social connectedness.

> *My car is my independence, it's my lifeline to the outside world, without it I am housebound, basically. I've had a good few times recently where I cannot use the car, it's had no petrol in it and I've been you know, like 10 days before I get my PIP [personal independence payment] – so it's just sat there and I've been just sitting there as well, doing basically nothing, no social interaction, nothing."*
>
> Focus Group participant

Mental health and wellbeing

The impacts of the current crisis on health and wellbeing were described as completely corrosive. The daily hardship and decisions concerning which essential items to sacrifice were described as extremely stressful and directly caused long-term anxiety symptoms. Participants demonstrated resilience and dignity as they described the mental health impacts of the crisis. They explained in their own words the ways in which they continuously contemplated their finances. Other stress and anxiety symptoms reported included upset stomach, chest-tightness, and panic attacks.

> *The frequency of my panic attacks has really gone up the last year in particular and I can say for sure it is down to this crisis and the fact I am really struggling. I do have [mental health condition] so the panic attacks are not new to me, but they have increased and they are worse now. Every time I get a letter through the door, I panic, because I think it's a bill that I know I cannot afford to pay and it will just send me over the edge and I will be homeless. Sometimes I just cannot look at the letter on my doormat, let alone open it. I just start to shut down and [gesture of wrapping up body and head in blankets] shut myself down, stay in bed, I cannot face it, the letter could sit there for days, a week, until I have strength [to open it]."*
>
> Focus Group participant

Closely related to the stress and anxiety reported were depressive symptoms and long periods of low mood. This was frequently reported alongside the lack of control participants felt they had over their lives in financial terms, or in general, and the ways in which their financial hardship had limited their daily activities.

> *Some days, some weeks even, it's too much, I just become so flat, so down, particularly if it's cold I just stay in bed – what have I got to look forward to?"*
>
> Focus Group participant

> *It's depressing, no other word for it. Depressing, so then if I'm at the GPs, alongside my [health condition] I'm saying to him, I'm also depressed, and then it's well you can't get anti-depressants on all the medication you are on, here's a leaflet."*
>
> Focus Group participant

> *I feel that as a disabled person I have no choice over basic things, no sense of control. I was anxious before COVID but that has spiralled and some days I just can't function. I don't feel safe and feel in a heightened state of anxiety most of the time, now worrying about how I can make ends meet day to day."*
>
> Focus Group participant

Physical impacts and condition management

Participants clearly articulated a range of mechanisms through which the current crisis and the resultant financial hardship they face has impacted on their physical health and the management of their conditions. Unheated, cold properties were described as worsening existing conditions and pain management.

> *I have a chronic pain condition, I am constantly in pain, I can assure you being cold and shivery, waking up cold in the night, it makes the pain much worse, I have had to take [medication details] for 'flare ups' more or less all the time at the coldest points over the winter there, but there's a trade-off there, where I'm groggy and slow all day, not really able to do much."*
>
> Focus Group participant

Another participant reported not being able to collect their prescriptions from the pharmacy for several days because they did not have fuel in their car and had no money left to get a taxi to collect them. This meant that the management of their condition was compromised for a short period. Relatedly, some participants described how the surging costs of gas and electricity has been a clear consideration in the daily management of their conditions.

> *I've had an [condition] attack because my flat is colder because of the higher cost and have genuinely been thinking I hope to god I can get through this with my inhalers because I don't want to plug in my nebuliser when I've just seen my smart meter sitting on £6.50 because I've been charging my wheelchair and hoist all night."*
>
> Focus Group participant

Participants were also clear that not having enough money to eat regular, healthy, balanced and nutritious meals had compromised their health in general, their energy levels and the management of their conditions. Similarly, going hungry was described as causing a range of problems in terms of the management of conditions, pain management and taking medication.

> *I've to take my medication with a meal, three times a day. There has been days when I can only afford one half-decent meal. So when I'm taking my pills without a meal I feel pretty bad, my stomach isn't right and I'm worried about the long term impacts that's having on me."*
>
> Focus Group participant

Another theme which was consistently highlighted was how the stress and anxiety of the current cost-of-living crisis worsened the physical symptoms of their condition. One participant described how stress and being unable to relax *"really cranks up the physical pain"*, and that their doctor always advises them to avoid stress in all aspects of life, as far as is possible.

Coping and support

Peer support

A compelling and recurring theme that emerged directly from participant discussions, and indirectly in terms of the observed interactions between participants, was the pivotal importance of peer support in coping with the current crisis and the day-to-day challenges of being disabled.

> *Without meeting all my pals and the other disabled folk I've met over the years through GDA, I don't think I'd be here today. I'm serious, I'm not sure I'd be here at all, that's how much it means to me, that's the impact it has had on me and still does have on me, the support of folk in the same boat as me, just even to chat, it's… it's magic."*
>
> Focus Group participant

In particular, the peer support networks established through GDA were described as vitally important in combatting social isolation, loneliness, and to overcome digital exclusion. The GDA network and culture engenders strong emotional support among its disabled members. The discussion and interactions between the participants exemplify this point – participants were warm, respectful, kind, patient, encouraging and demonstrated clear emotional intelligence when discussing each other's challenges relating to the current crisis and beyond.

> *My girlfriend knows when I've been to a GDA event, she has actually told me that she can see a clear difference in me, after I have been to an event I am upbeat, animated, full of fun. I've been socialising with other disabled people that understand the difficulties I face everyday being [impairment details], they get it, no judgement, just support, banter, being listened to, something to eat, cup of tea. You know… it's not much, but it's massive to me, irreplaceable, to us I think [verbal agreement from the group]."*
>
> Focus Group participant

Another important aspect of peer support which was apparent in a range of discussions was the practical ways in which the participants supported each other. When reflecting on the cost-of-living crisis, participants shared helpful advice, resources and tips as to how and where money could be saved within household expenses, and any support that they might be able to access within their community or other specialist disability charities or support services.

Disabled people organisations

A point that was continuously made was how much the participants valued the unique support and contributions of specialist disabled people organisations, such as GDA. As described, GDA plays a crucial role of facilitating a range of peer support opportunities that the participants so clearly value in their lives, especially at this time. Participants also described the welfare rights and income maximisation aspects of GDA's services, where GDA members can make sure they are accessing all of their welfare entitlements. Similarly, the services and skills GDA have in advocating for and supporting members when dealing with other services and organisations such as Social Care were deemed to be vitally important and hugely valued.

> *GDA fill so many of the gaps in the system for me, I have been able to access the money and services that I have been entitled to, being [details of impairment] and that has been life changing, and I am so grateful for their support. Also to have the support in speaking to services and someone to speak up for me when I need it."*
>
> Focus Group participant

> *I can't afford to go for a coffee with friends, also going for a coffee is hard for me [due to impairment]. I can't afford to socialise, GDA is my social life. GDA gets me out my flat and mixing with my pals, sharing my worries, decompressing a bit, and while you're there they [GDA staff] will be like 'have you heard about this grant or that payment, we think you are eligible and we can help you apply' if you don't ask you don't get and if you're entitled then take it."*
>
> Focus Group participant

> *I think through the pandemic most folk got a glimpse of social isolation, that's me all the time, that's what my life can be like all the time, unless I really steel myself and say 'no, come on, you can do this' − but GDA is always there, there's always something in the diary and something to get along to."*
>
> Focus Group participant

> *The thing about it is that they [GDA] tell us about our rights. Things we'd never have known cause that's just how life is for disabled people. But they say 'haud on a minute. It doesn't have to be that way and disabled people have rights.' And then they help us fight to get the right − whether it's benefits, social care or services or better policies like accessible transport, accessible housing or whatever."*
>
> Focus Group participant

> *I think the thing for me is, yous [GDA] have done so much for us, what can we do for you?"*
>
> Focus Group participant

Cost-of-living crisis mitigation responses

Another important theme emerging from the focus group discussions related to the policy responses that were likely to mitigate some of the adverse impacts of the current crisis on disabled people. This began with a clear articulation that the level of welfare support was falling so far behind inflation that the situation was simply unsustainable.

> *At a bare minimum we must ensure that disability welfare payments match the inflation rate. If payments remain the same, god forbid they are actually cut, but if they stay the same then you are losing money in real terms year on year, the situation just gets worse and worse, I'm dreading we've not seen the worst of this crisis yet."*
>
> Focus Group participant

Participants welcomed the UK government cost-of-living support package over 2022 and 2023, which included a range of one-off payments for eligible households. However, there was recognition that this was not enough to address the extreme underlying poverty and financial insecurity encountered by many disabled people. Importantly, participants described such one-off or *"emergency"* payments as unreliable. Instead, what was needed was a sustained and substantial increase to levels of disability welfare payments including Child, Adult and

Pension Age Disability Payments which would enable disabled people and disabled families to effectively plan their finances over the long-term, rather than the current situation which was described as *"living from hand to mouth".*

One participant spoke about the wider impacts of the current crisis on health services and the knock-on economic impacts of raising welfare payments.

> *There are many costs to this [cost-of-living crisis] which I've not seen in the news or heard people speaking about. What price are the NHS paying for this? I have definitely seen my GP much more, because of stuff we've spoken about, being cold, being stressed mainly for me and how that impacts my [condition]. So, the crisis will be costing the NHS millions.*
>
> *If the disability payments are raised, we would also be spending more within the economy. It's this [false] idea that if we get more money, we'd be squirreling it away – No! we'd be spending more on the basic things we actually need, food, clothes, energy and so on, assistive things. The money doesn't go down a black hole, it goes back into the economy and everyone benefits."*
>
> Focus Group participant

Three participants described the lack of policy profile or priority disabled people have had in recent years, particularly since the pandemic and the subsequent political instability within Westminster and recently in Scotland. There was a sense that consideration of disabled people within policy responses is at best an afterthought, if indeed it is considered at all.

> *It's not that we have been deprioritised − we have never been a priority and policies prove that. We're the only group not to receive an uplift during COVID and at the same time we suffered cuts to our social care and other vital services. Disabled people are being systematically dehumanised by a lack of action and a lack of prioritisation."*
>
> Focus Group participant

Participants describe how the policy responses for disabled people are considered with less detail and nuance compared with the policy for the non-disabled population. The focus on child poverty in Scotland was recognised as just and correct, but often this focus was felt to be to the detriment of policy considerations relating to disabled people. Indeed, participants recognised the intersectionality of characteristics, given that poverty rates are higher among children who have a disabled parent or guardian than those who do not.

> *I just feel at times we are invisible, an inconvenience to the powers that be, also it can be inconsistent – our engagement with politicians and any sort of say in policy development. Not like here [GDA] – they are always trying to give us a voice in these types of places [policy decision making spheres].”*
>
> Focus Group participant

> *I get the focus on child poverty, 100% − I support it, kids need the best chance in life, absolutely, but that’s too simple an approach, disability requires priority as well, poverty and disability are linked, and we know that, what have we been speaking about today?”*
>
> Focus Group participant

3.2 Evidence scoping review findings

Our scoping review considered the content of 18 publications in detail. The greatest insights and inclusion of the direct experience of disabled people were to be found in grey literature publications including reports, briefings, and blogs; primarily, those of disability charities among others. A range of surveys and qualitative studies were undertaken by the charities involved and these were insightful regarding the impacts of the emergent crisis. We note however, a lack of methodological transparency across some of these publications, particularly in relation to the recruitment of disabled participants, data recording, analysis methods and the connection of key emergent themes to subsequent discussion points and recommendations. However, it must be kept in mind that these are organisations mainly seeking to provide support and service delivery and are not research institutions.

There are several recent high-profile grey literature publications relating to the cost-of-living crisis, poverty and public health which mention the vulnerability of disabled people within the crisis but do not explicate this to any degree, nor are the direct views of disabled people incorporated[118, 119]. Thus, they have not been considered in this evidence scoping review. Disappointingly, we note that there is no mention of disabled people within *The Cost-of-Living Crisis is a Health Crisis: A Call to Action from the Faculty of Public Health in Scotland (2022)*[120].

We have found there to be a lack of peer-reviewed, primary research publications which specifically engage disabled people in the examination of the impacts of the current cost-of-living crisis on their lives, health, and wellbeing. Given that the current crisis is a relatively new phenomenon, it may be that at the time of writing it is too soon to assess the evidence base. There were however several relevant publications within appropriate peer-reviewed health, public health, sociology and related journals. In this report we summarise ten of these. These publications did not directly capture the lived experience of disabled people, however they are worthy of mention as they contain reasonable insights from a range of perspectives and across different disciplines.

Of note was that there were no studies relating to the current cost-of-living crisis within the disability journals listed within the methodology section. We believe this is because our study topic was too broad in nature to be covered within these journals. Specifically, the terms *"disabled people"* or *"disability"* could be described as homogenous umbrella terms, whereas the disability journals tended to cover clinical studies relating to treatments, interventions and therapies for specific defined conditions and impairments.

Grey literature publications

We begin by summarising the content of eight grey literature publications which directly researched the views of disabled people as to the impacts of the current crisis on their lives, health, and wellbeing.

Glasgow Disability Alliance has published a range of outputs over the years, most recently they published an event report relating to the current crisis[121]. Whilst these outputs were not research, they do highlight the realities of poverty and insecurity experienced by many disabled people. In October 2022, a GDA organised event with over 50 disabled people discussed the impacts of the current cost-of-living crisis and what support would mitigate the impacts in the short and long term[122].

Overarching themes were fuel and food poverty – participants reported simply not having enough money to eat a healthy diet and to maintain warm, comfortable homes. A lack of policy priority afforded to disabled people was also described – the current benefits system provides inadequate resource to meet basic needs, especially given the extra costs of disability and surging inflation rates. These collective factors and simply not having any kind of financial safety net were considered hugely corrosive to mental health and the management of conditions and impairments.

Health and Social Care Alliance Scotland published a report in October 2022 entitled: *Disabled People, Unpaid Carers and the Cost of Living Crisis: Impacts, Responses and Long Term Solutions*[123]. This details discussions which took place at a related event where disabled people had the opportunity to share their experience of the crisis with the support of Disability Equality Scotland. Several disabled participants were clear that they could not afford to heat their property, meaning that their home was too cold − which adversely affected their conditions, due to, for example, having difficulty regulating their body temperature, or by worsening chronic pain. The inability to afford a healthy diet was also a clear theme, participants described cutting down on food as a common experience.

Participants also spoke about the parallel impact the cost of living was having on the delivery of care. For example, staff retention challenges, caused by care staff moving on to better paid and less precarious jobs due to financial pressure from the crisis, resulting in long gaps and uncertainty between carers. Instances where disabled people were *"put to bed at 4pm"* or left sitting in a chair all day were due to carer shortages. Some suggestions for additional forms of emergency support were highlighted through the discussion. The possibility of directly supplying people with blankets and gloves to keep them warm, and LED lights to save on energy bills, was raised by one participant. It was also highlighted that allowing 'warm banks' to become the norm in the same way foodbanks have, represents a failure of governments to ensure the availability and affordability of basic necessities for all citizens.

Disability Horizons (DH) magazine is an online disability publication that aims to give disabled people a voice. In September 2022, DH published its latest piece on the current cost-of-living crisis, which interviewed eight disabled people concerning the impacts on their lives[124]. Again, fuel and food poverty alongside the devastating mental health impacts of the current crisis were key themes discussed. Another clear theme was how the crisis has compromised participants' chronic health conditions through a variety of mechanisms. Again, cold properties and eating filling but less nutritious food were cited as very challenging for a range of health conditions.

Some participants reported missing hospital appointments as they simply could not afford taxis or fuel for their car, which was their only means of attending the appointments. The crisis has also led to significantly reduced social interactions and increased loneliness, as some participants could not afford the travel costs or any low-cost activities. The crisis has brought the extra costs disabled people face into sharp focus. Participants described the exorbitant rise in running or charging essential electric support devices such as hoists, beds, breathing equipment, powered wheelchairs and monitors as completely unmanageable after the recent rise in electricity prices. This has meant that the participants used this vital equipment much less, which in some cases directly compromised quality of life and chronic condition management.

Diversity and Ability (D&A) is a social enterprise organisation which campaigns for and supports disabled people. In January 2023, D&A, in consultation with disabled people, published a booklet entitled *How is the cost of living impacting disabled people and what can we do about it?*[125]. The booklet included the perspectives of disabled people and outlined the adverse impacts of food poverty and fuel poverty within the current crisis. Practical advice around how to mitigate fuel and food poverty were offered alongside a range of related useful resources. However, D&A also highlighted that within their networks, the potential for disabled people to be vulnerable to cost-of-living related crimes of fraud or 'scams' had been reported. Fraudsters had appeared to have targeted disabled people and used tactics of offering false discounts on prepayment electricity meters and fabricated offers of energy bill refunds. Indeed it has been reported for some time that disabled people may be more susceptible to fraudulent crime[126].

A 2023 blog entitled *For disabled people, the cost of living crisis is nothing new* authored by the charity Greenpeace interviewed disabled representatives from Disabled People Against Cuts (DPAC), a disabled people's movement against austerity policies[127]. The blog highlights the realities of food and fuel poverty experienced by disabled people and the adverse impacts to mental and physical health. In addition, the blog makes the point that disabled people are not represented within the current UK government, nor within political debate in Westminster. Considering the size of the disabled population in the UK, DPAC consider this to be an alarming democratic deficit faced by disabled people. To this end, the blog alludes to institutional discrimination against disabled people within government and its central institutions.

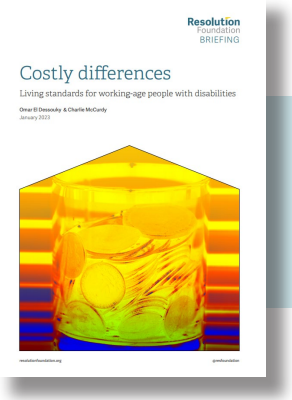
The disability charity Scope published a report entitled *Cost of living: the impact for disabled people* in late 2022[128]. The report is methodologically clear and brings together a range of reliable evidence sources and existing Scope publications and data to formulate a range of recommendations designed to mitigate the impacts of the current crisis.

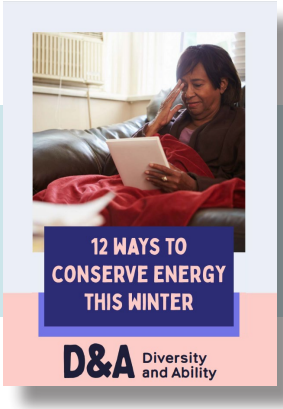
The report also outlines survey results regarding the physical and mental health impacts of the current crisis. Some selected statistics include: 71% of disabled people who need to use more heating because of their long-term condition or impairment were concerned that they will not be able to heat their home this winter; 40% said that going without heating would cause them to be uncomfortable or in pain; 31% said it would severely affect their health. In terms of mental health and wellbeing, 52% said that increasing costs were negatively affecting their mental health; 46% said it was also negatively affecting their family's mental health; 26% said increasing costs were causing arguments in the home. The mental health impacts of the crisis were reported as worse for parents and carers, with 88% saying the cost of living was affecting their family's emotional wellbeing.

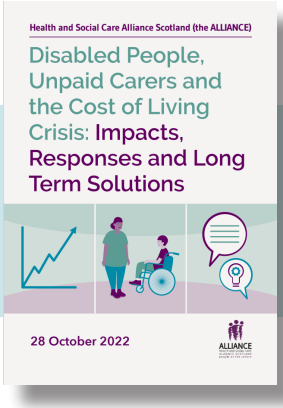
In late 2022, the disability charity Sense surveyed over a thousand families that care for disabled people regarding the impacts of the current crisis on their lives[129]. Over half (51%) of participants stated that they were in debt, and more than a third (35%) reported skipping meals to save money. Three-in-five (61%) of families said they were unable to afford to keep their home adequately warm. Furthermore, two-thirds (68%) of families admitted to being unsure how they would cope over the winter − it will be little surprise that many were not looking forward to Christmas. Over a third (38%) said they would not buy Christmas presents, and a fifth (22%) said they would cancel celebrations all together.

The Resolution Foundation published a briefing in January 2023 entitled *Costly differences: Living standards for working-age people with disabilities*[130]. The briefing covers results from a survey of just under 8,000 working-age adults, over 2,000 of whom reported a long-term illness or disability, to offer insight into their experience of the current crisis. The briefing highlights the food and fuel poverty driven by the crisis. It also highlights that an important driver of lower incomes among the disabled working-age population is the relatively low employment rate: 54% of disabled adults work, compared to 82% of non-disabled adults. The raw income gap between the disabled and non-disabled working-age populations (£8,447) is more than twice the gaps observed comparing disabled and non-disabled populations who are in work (where the gap is £2,920) or out-of-work (the gap is £3,550, excluding disability benefits).

The eight publications described here have provided timely, important and accessible insights. We have categorised them as grey literature as they were never intended for peer-review and thus lack methodological clarity and transparency. Importantly, however, the publications have incorporated the direct views and reflections of disabled people as to how the crisis is impacting on their lives. These insights are vital, given the frequent exclusion of disabled people from a range of research methods and approaches[131], and the well-evidenced lack of understanding (often termed 'the disability perception gap') non-disabled people, including policymakers, have in relation to the challenges of being disabled[132].







Peer-reviewed publications

Despite the lack of research specific to the topic of disability and the cost-of-living crisis, there were ten relevant publications within peer-reviewed journals, primarily relating to health, public health, and sociology. These publications did not directly capture the lived experience of disabled people, but are worthy of mention. These studies could generally be characterised as broad cost-of-living papers, editorial or opinion pieces or letters, which at the least make mention of how disabled people (among other population sub-groups or protected characteristic groups) are particularly vulnerable to this crisis as a result of pre-existing social, health, and economic factors[133-136].

Broadbent et al 2023 published an influential paper which was the first to articulate key mechanisms (including impacts to health behaviours, material, psychosocial, and public policy responses) through which the current cost-of-living crisis is likely to impact on population health[3]. This was also the first study to use statistical modelling to quantify the scale of the impacts. The modelling illustrates how policy approaches can substantially protect health and wellbeing and avoid exacerbating health inequalities. The paper concludes that targeting specific support at vulnerable households is likely to protect health most effectively. The paper mentions just one aspect of the impacts to disabled people in relation to the adverse impacts of fuel poverty upon physical health and condition management. Similarly, Neal and Webster's 2022 editorial piece recognises the *"vicious cycles of poverty, hunger and health inequalities"* created by the crisis, meaning that no one dimension of the crisis can be fixed in isolation. Again, the paper makes passing comment on the vulnerability of disabled people within the crisis[62].

Some of the more nuanced and relevant themes emerging from these sources are summarised here. An alarming point emerging in England from a survey of patients with lung conditions, including many classified as disabled, was that some patients with disabilities were cutting down on medications to save prescription fees and using essential medical devices less to save on electricity bills[137]. Whilst not directly relevant to Scotland, where prescribed medication is free, this finding was also found in other European countries and with different conditions and disabilities[138]. Relatedly, the recovery of cancer patients, many of whom are receiving treatment and are regarded as disabled, has also been hampered by the crisis, in terms of compromising nutrition, warmth, and hygiene in order that patients can save money[139]. The mental health impacts of the crisis were highlighted by one paper, which also makes the point that these impacts are especially concerning for disabled people and amid austerity[140].

In general, these peer-reviewed publications attempted to describe and quantify the nature and scale of the current crisis and to relate likely adverse impacts to existing vulnerabilities of disabled people. None of the publications reviewed included primary research, though often they included recommendations for further research which directly involve disabled people in providing lived experience insights.

Important themes and statistics relating to disability which pre-date the current cost-of-living crisis were used as a means of contextualising the vulnerability of disabled people amid the current crisis.

The themes described were touched upon in the introduction section of this report and are well established across wider UK disability literature, they included:

- pre-existing high levels of poverty and hardship
- the additional costs of being disabled and difficulty in estimating them (including relating to challenges inherent in poverty estimates among disabled people)
- at the time of writing: disability social security payments not keeping pace with inflation
- the higher prevalence of existing mental health disorders among disabled people (including aspects of social isolation and loneliness)
- reduced access to health and other services and difficulties accessing and navigating the welfare system (including relating to digital exclusion)
- the exclusion of disabled people from economic participation, especially employment
- the exclusion of disabled people from participation − generally

Previous GCPH publications have urged public health to keep pace with contemporary socioeconomic circumstances, particularly relating to vulnerable groups[141, 142]. The lack of peer-reviewed publications which specifically examine the impacts of the current crisis on disabled people, and which gather and systemise the views of disabled people, needs to be addressed. Nonetheless, the key messages from these relevant peer-reviewed publications were that the current crisis will worsen existing hardship and poverty endured by disabled people and thus will be damaging to both mental and physical health. Particular attention was paid to the likely impacts of food and fuel poverty on disability conditions and impairments and patient management thereof.

4. Discussion

The UK has been experiencing a series of interwoven crises in recent years. Public service provision has been eroded by over a decade of austerity policies, with cuts to social security benefits, and social and healthcare service delivery[143]. Life expectancy improvement has stalled across the UK and for some groups has reversed[81]. Death rates attributable to COVID-19 were higher in the UK compared to many similar countries[144]. The pandemic has also weakened the economy, and the aftermath of COVID-19 has been a contributory factor in driving up inflation[145]. At present, the UK is in the grips of a cost-of-living crisis, driven largely by a dependence on Russian gas supply which has surged in price since the Ukrainian conflict escalated in early 2022[146]. The economic impacts of the conflict were further compounded by the adverse impact of Brexit, and the September 2022 'mini budget' and the associated fall in the value of the pound[147]. This vulnerability within the UK is based on economic policy which remains dependent on fossil fuels[148], under-investment in sustainable energy sources[149], and fails to sufficiently regulate the energy market overall[3]. Coupled with supply chain disruption, particularly for food, it feels like the 'perfect storm', for the UK[8].

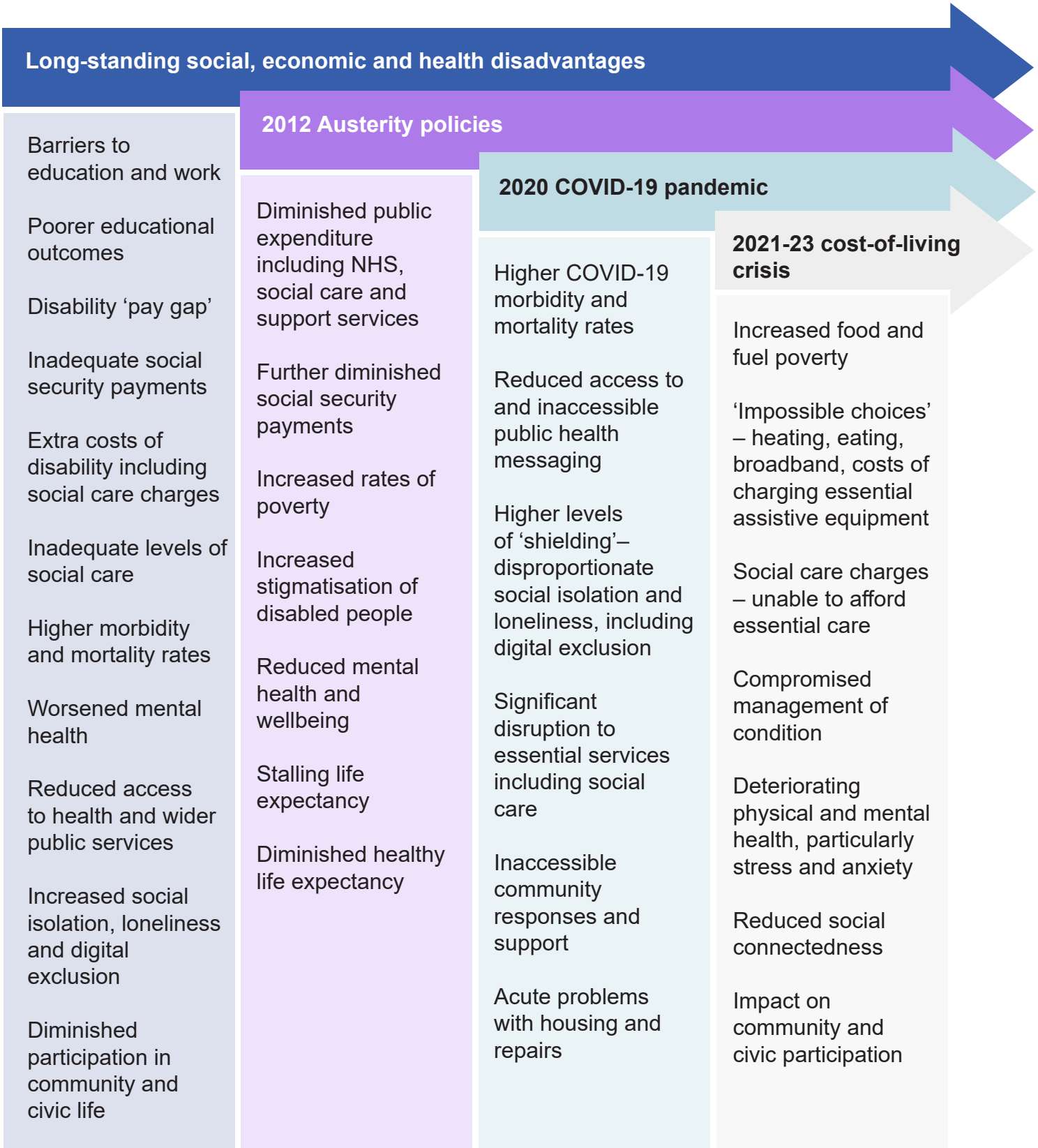
Within any crisis, it is important to recognise that it affects some groups more than others. It is also essential to focus on the risks ahead and to move beyond consideration of the economic impacts towards assessing risks to population health. The public health community and its researchers and leaders have a role in gathering evidence, influencing governments, and prompting policymakers to plan and implement appropriate policies to protect communities and their health from the cost-of-living crisis and a further widening of inequalities.

Quality research takes times, however the lack of peer-reviewed public health publications examining the impacts of the current crisis on vulnerable groups including disabled people is concerning. It raises questions as to the effectiveness of public health in keeping pace with contemporary socioeconomic circumstances and the realities of modern life for many in the UK. Relatedly the omission of any consideration of disabled people within *The Cost-of-Living Crisis is a Health Crisis: A Call to Action from the Faculty of Public Health in Scotland* is of note and speaks to the cycle of exclusion disabled people face within policy development and research prioritisation[120]. By contrast, credit is due to the charities who have authored important grey literature publications, which we have described in our scoping review (Section 3.2). These publications and their associated press releases, campaigns and lobbying have been timely and impactful – the 2023-24 uprating of a range of welfare support in line with inflation is testament to what can be achieved through a rapid mobilisation around an emerging crisis.

The adverse impacts of the cost-of-living crisis on disabled people are hugely concerning, demanding immediate and disability-prioritised policy and practice responses. However, as Figure 5 depicts, a focus on mitigating the impacts of the crisis must also consider the wider historical context of vulnerability experienced by disabled people, specifically the disproportionate impacts of austerity[150] and the COVID-19 pandemic[151-152]. As Figure 5 shows, the current crisis is the latest in an extremely turbulent period affecting population health

overall, with specific impacts and considerable burden on disabled people, which can be considered as a repetition of historic vulnerability of disabled people during times of crisis[153].

Figure 5: *Disabled people in UK - historical disadvantage and vulnerability, amid current 2021-23 cost-of-living crisis*



Inaccessible and inadequate housing and transport Daily stigma and discrimination		Diminished access to testing and treatments Increase in stigma and discrimination Increased physical and environmental barriers Worsened physical and mental health Increased levels of poverty Extra costs of disability – heating and electricity during lockdowns	De-prioritisation of disabled people

In human terms, the 2021-23 cost-of-living crisis represents an unprecedented financial shock to many households who were already struggling to get by[154]. Many disabled people were already living in poverty and excluded from society before the current crisis[155], which has only made their circumstances worse and in many cases, as our focus group evidence attests, their quality of life intolerable, undignified, and unacceptable.

Arguably, the current crisis has gained such profile and recognition because it is far-reaching; many non-disabled people and households are now being dragged into poverty[119].

As inflation rates are projected to decrease throughout the remainder of 2023[i], it may be that the heightened narrative surrounding the cost-of-living crisis recedes from mainstream media[156]. However, the daily struggle endured by many disabled people will continue, unless urgent and sustained action is taken.

The current crisis is the latest in an era of profound political, economic, climate, and public health uncertainty. The links between income and physical and mental health are long-established and understood, and act through several mechanisms[3, 157]. Having enough money is essential to health, as it buys health-sustaining commodities, such as nutritional food, warm clothing, safe and heated housing. Money also buys health-sustaining opportunities, for example allowing people to maximise their participation in society through social, recreational, and educational activities[158].

[i] Lowering inflation rates do not reflect a reduction in the prices of essential commodities such as food, clothing and fuel; prices remain high, instead reducing inflation means that the rate at which prices are increasing has dropped. https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costofliving/latestinsights

The participants in this study have articulated clearly that the current crisis has left many of them unable to afford basic essentials. This has resulted in corrosive impacts to mental health, wellbeing, social connectedness, and participation in society overall; in particular, the elevated levels of stress and anxiety reported by the participants is hugely concerning. Indeed, a longitudinal study published in December 2022 shows that the risk of severe mental distress doubles for those with no prior mental ill health, when living in an unheated home, and the risk triples for those previously on the borderline of severe mental distress[159]. Money is not just a means to acquire material needs for a healthy life; it alleviates stress, especially among those who otherwise have precarious lives, particularly disabled people[160, 161].

The poor living conditions the current crisis creates impacted on participants' physical health – compromising the management of their conditions or impairments and worsening symptoms of their conditions, including pain. These findings are consistent with the limited evidence we describe. These adverse impacts described by the participants are almost certain to lead to increased cost, demand and pressure on already stretched NHS budgets and caseloads, particularly within primary care and at a time when NHS staff 'burnout' is at an all-time high[135, 162, 163].

Given the urgency of the current crisis, we have deliberately focussed on the short-term impacts on the lives, health, and wellbeing of disabled people. The impact of exposure to extreme stressors described by the focus group participants in this crisis may have far reaching consequences across the life course of this population[3]. Targeting support to households with disabled people will be an effective step in protecting health, among other approaches. So too would policy integration, or 'health in all policies' or 'super policies', which simultaneously pursue key priorities such as economic development and climate adaptation, alongside the reduction of inequalities and population improvements to health[164].

5. Recommendations

This report demonstrates the consequences of policies which do not protect the most vulnerable from the potential harms of the cost-of-living crisis – damage to the lives, health, and wellbeing of disabled people.

Our focus groups and evidence scoping review demonstrate that many disabled people simply cannot afford to live a healthy life, which adversely impacts mental and physical health and severely compromises condition management. To avoid this, we have the following recommendations.

5.1 Policy recommendations for UK Government

- Adequate social security provision is essential in supporting the health and wellbeing of disabled people; a further increase to the 2023 benefits uprating is vital to achieve this. Such support must be cognisant of individual circumstances and of the hidden costs of disability.
- The purpose of disability benefits in the UK needs to be redefined with core objectives of reducing poverty and supporting independent living.
- A recognition that health for everyone, including disabled people, is a basic human right in the UK, therefore Government must thoroughly consider the population health impacts of all policy developments, and prioritise cross-sector action on the wider determinants of health (Health in All Policies approach[165]).
- A Social Energy Tariff − the government must work with energy providers to legislate for a discounted gas and electricity tariff for disabled customers, in particular those that need to use more energy due to their condition or impairment, or use of electric assistive equipment.

5.2 Policy recommendations for Scottish Government

- Increase disability equality competence and capacity across Scottish Government i.e., knowledge, understanding and confidence around disabled people's inequalities and the sources of the problem, so that the correct analysis leads to more effective policies and actions.
- Ensure that Government is equipped as a learning organisation with the means and data necessary to assess whether policies, actions and investment are improving the lives of disabled people, and to make appropriate corrections.
- Existing social security provision must be maximised − a concerted national campaign is required to support an increase in the uptake of financial support through accessible disability welfare rights programmes.
- Abolish social care charges which contribute to the 'extra costs' of disability and the high levels of poverty among disabled people; this is a Scottish Government manifesto commitment, which is yet to be actioned.
- The reduction of poverty among disabled people must become a devolved and local government priority; create a Poverty Reduction Plan for Disabled People in Scotland and Glasgow, co-designed with disabled people and disabled people organisations.
- Maximize Scotland and Glasgow's contribution to reducing the disability employment and pay gaps; promoting accessible, flexible, meaningful, and equally paid employment for disabled people who are able to work.
- A national review of barriers to participation in higher and further education faced by disabled people would provide recommendations which may address educational inequalities evidenced among disabled groups. Connecting this review and related actions with entry level/ lifelong learning would open opportunities for disabled people and create pathways to fulfilling potential.
- Tackle the non-financial barriers causing poverty, such as access to food, digital exclusion, and social isolation − ensure services are disability accessible and holistic in meeting individual needs.
- A renewed focus and immediate commitment to longer-term action on home insulation and energy efficiency within households where a disabled person lives; this can mitigate impacts of the current cost-of-living crisis whilst reducing carbon emissions.

5.3 Practice recommendations for citywide services within Glasgow

- Develop a citywide strategy to support capacity building and improve disability competence within crisis mitigation services such as foodbanks and debt advice: this will enable increased access for disabled people.
- Strengthen mechanisms to embed lived experience of disabled people across Community Planning Area Partnerships and city wide: work alongside and invest in GDA and other disabled people organisations' networks and community empowerment approaches.

5.4 Recommendations for further research

- Research to further illuminate the hidden costs of disability are needed at a Scottish and Glasgow City level. This would involve extensive collaboration between researchers, disabled people organisations and disabled people.
- Specific impact modelling of the health impacts of the current crisis on disabled people should be developed utilising existing methods and datasets such as the Family Resources Survey. This would support the understanding of current and future predicted population health impacts of the current crisis.

6. Conclusion

An often-used quote attributed to Mahatma Ghandhi is *"the true measure of any society can be found in how it treats its most vulnerable members".* As a result of the current cost-of-living crisis we are witnessing a social and human catastrophe, the dire impacts of which may be felt for decades to come. The disabled people who contributed to this rapid study spoke with dignity and demonstrated resilience within living circumstances which are completely unacceptable.

For disabled people living in Glasgow to have unheated homes, to go hungry, and to have severely restricted opportunities to socialise and participate in their community paints a bleak picture of our society in 2023. Moreso, living like this is a direct violation of the human rights of disabled people. These conditions are a direct result of policy choices, primarily a decade of austerity policy, the impacts of which have been worsened by the pandemic and the current cost-of-living crisis. In terms of local and national government, disabled people must be considered a policy priority. As this report makes painfully clear, urgent action is essential.

7. What this study adds

This study adds clarity, insight and the voice of disabled people on an emergent and urgent public health issue. This publication is timely and important, given the current lack of independent research examining this matter.

There are no other publications available which offer an overview of current evidence concerning the impacts of the current cost-of-living crisis on disabled people, supplemented with qualitative insights from disabled people. Indeed, we cannot find another scoping review on the topic, and so the scoping review findings presented offer a unique overview (albeit emphasising the paucity of peer-reviewed publications) of a developing and valuable evidence base.

This study also offers the methodological transparency which has been lacking in grey literature publications on this topic. The recommendations we present are based on the evidence presented from the evidence review and the lived experience of disabled people, alongside insights from a well-established and expert disabled people organisation (GDA). Relatedly, the study narrative overall benefits from bringing together the skills of public health researchers with disability professionals; for example, in contextualising the impacts of austerity policy on health outcomes and specifically disabled people.

8. Limitations of this study

This report details a serious and urgent public health issue. To ensure the report is timely and useful, the study was time constrained and thus the participation of disabled people was limited to two focus groups comprised of 17 disabled people. This cannot be considered as representative of all disabled people. Had more time and resource been available, a larger sample would have been possible, alongside a more active and sustained contribution of disabled participants to the overall research design and implementation process. This may have yielded greater insight and would certainly have supported increased reciprocal skills development between the public health researcher and the participants involved.

Deriving key focus group themes directly from participant responses without a prior conceptual framework enables an authentic representation of the discussion to the reader. However, it does mean that some important issues may not have been covered. For example, the discussion did not touch upon impacts due to unhealthy coping mechanisms such as alcohol consumption, smoking habits, gambling or drug misuse[166]. The intersectionality of disability with other factors such as lone parenthood, ethnicity, or sexual or gender minority status did not emerge in the discussion either and is thus not discussed within this paper.

The scoping review was also limited by time, meaning that it is possible that some relevant studies have been overlooked. Initially the search terms used were limiting and somewhat homogenous, meaning that the impacts of the cost-of-living crisis were not considered on specific disabilities or impairments. However, while searching individual disabilities journals, and developing an understanding of the types of studies in which specific clinical terms are used in, it became clear that they were unlikely to be subject to the examination of the cost of living. Thus, on balance, it is felt that the search strategy adopted was reasonable within the constraints described. As has been described, almost all the grey literature reviewed lacked methodological transparency, meaning that the quality of the study designs could not be properly assessed. The ‘relevant’ peer-reviewed publications we discuss deployed no primary methods in their limited consideration of the impacts to disabled populations.

Technical annex A: Focus groups methodology

Focus groups are an established method for accessing personal experiences and for facilitating more in-depth understandings of participants' views[167]. In particular, it has been suggested that focus groups are effective in encouraging participation from disempowered, excluded patient populations[168]. Although they may take many forms, the method essentially entails engaging a small group of participants in a group discussion, focussed around a particular set of issues[169].

Two focus group discussions (n = 9, n = 8) were conducted, in order to explore the views of disabled people as to how the current cost-of-living crisis had impacted on their lives, health, and wellbeing. Participants were of a wide age range and were male, female, and transgender; those with chronic conditions, sensory-impaired, intellectually impaired and wheelchair users with mobility issues were all represented. With small numbers of participants and in the interests of confidentiality, we refrain from providing more detail as to the profile of participants. Transportation costs, snacks, lunch, teas and coffees were provided to support participants in attending the focus groups. The focus groups took approximately two hours each, this was adequate time in enabling detailed consideration of the topics involved.

The focus group schedule was developed initially by the GCPH and then refined by GDA in order to support ease of comprehension and discussion among participants. The following questions were used as discussion prompts during the focus groups, with support from GDA support staff:

- What are your biggest worries about the cost-of-living crisis right now?
- How does the cost-of-living crisis impact on your daily life?
- Do you think things have gotten worse since the pandemic? (give examples)
- Has the cost-of-living crisis impacted on your mental health and wellbeing?
- Has the cost-of-living crisis impacted on your physical health?
- What has helped you cope?
- Have you been able to access any cost-of-living supports from the UK or Scottish Governments?
- Do you think your care has been affected by the cost-of-living crisis?
- What needs to be done to support you better in your daily life?

Focus group discussions were carried out in a private room within GDA offices. This space was familiar to the participants, all of whom were GDA members. The purpose of the focus groups and how the discussion data would be used was outlined. Anonymity and confidentiality were assured at the outset and participants were encouraged to be frank and honest with their contributions. All participants verbally agreed to take part in the study. Extensive notes were taken, including participant quotes during the meetings, and a fuller account was written immediately after each focus group was concluded. Particular attention was paid to ensuring verbatim notetaking of participant quotes which drew widespread agreement within the group discussions or appeared to summarise discussions well. On occasion, this meant asking participants to slow down or repeat particular parts of what they had said, but in general the hand-written note taking did not slow down the natural flow of the discussions.

Hand-written notes were preferred in this instance to digital recording of the focus groups in order to support honest discussions and reduce any anxieties amongst the participants around sharing and exchanging views, which at times included personal reflections on sensitive matters relating to their lives and impairments. Although difficult topics were covered during the focus groups, discussions were positive and light, frequently peppered with humour as well as supportive and reassuring exchanges between the participants and with GDA support staff. All participants present contributed to discussions and there was consensus that participants valued the opportunity of being heard and in discussing and reflecting on these important issues.

Focus group data, namely the in-depth notes and quotes which were written up, were then analysed using thematic analysis[170]. Thematic analysis involves coding respondents' talk into categories that summarise and systemise the content of the data[171]. In this instance, categories were derived entirely from the participants' feedback rather than any prior theoretical framework. The advantage of this approach in this context is that the analysis provides an authentic summary of participants' views and experiences, and an overview of the range and diversity of the ideas presented[172]. Participant quotes are presented anonymously under the relevant theme and serve to illustrate and illuminate the points being made[173]. Some details within the quotes have been omitted in the interests of participant confidentiality and the sensitive handling of personal reflections[173]. The quality of the analysis was supported through the close collaboration of the authors throughout the process.

Technical annex B: Scoping review methodology

Scoping reviews are used to determine the scope or coverage of a body of literature on a given topic, and provide a clear indication of the volume of literature and studies available as well as an overview (broad or detailed) of its focus and key finding themes[174]. Scoping reviews are particularly appropriate for examining emerging evidence whilst it remains unclear what further specific questions can be addressed by a more precise and in-depth systematic review[175]. Scoping reviews can be concise, yet flexible; often including forms of evidence such as expert opinions and grey literature[176]. In particular, scoping reviews enable a useful overview of the types of evidence that can inform practice and policy in the field and the way the research has been conducted[177, 178]. Importantly, scoping reviews do not attempt the rich synthesis, nor the critical appraisal of evidence that a systematic review would[116].

Arskey and O'Malley are considered as the seminal authors in developing a framework or process for conducting evidence scoping reviews[179]. Thereafter, Levac, Colquhoun and O'Brien further clarified and extended this original framework to incorporate the following five key characteristics[180, 181]:

1. to identify the types of available evidence in a given field
2. to clarify key concepts/definitions in the literature
3. to examine how research is conducted on a certain topic or field
4. to identify key characteristics or factors related to key concepts
5. to identify and analyse knowledge gaps

We have thus adopted the above framework as central aims underpinning our scoping review. The review is limited to UK studies and perspectives published since the crisis began in 2021. Key search terms included combinations of *"(current, 2021-23) cost of living crisis", "price rises", "price increases", "inflation", "disability", "disabled people", "impacts to", "poverty", "poverty levels", "destitution", "quality of life", "health", "wellbeing", "mental health", "health inequalities"*. Both Google and Google Scholar searches were conducted in the first instance to form a preliminary understanding of this emergent evidence base, and to identify and refine initial search term combinations. Thereafter the following peer-reviewed journals were individually searched; *Disability & Society, Disability Studies Quarterly, Disability and Rehabilitation, Journal of Disability Policy Studies, Journal of Intellectual & Developmental Disability, Journal of Learning Disabilities, Journal of Literary and Cultural Disability Studies, Learning Disability Practice, Learning Disability Quarterly, Review of Disability Studies.* This helped to further identify appropriate evidence sources and to refine our search strategy.

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