



**Minutes of a Meeting of the Management Board
of the Glasgow Centre for Population Health
held on Thursday, 25 November 2004 at 10.00 am
in the GCPH, 6th Floor, 39 St Vincent Place, Glasgow**

PRESENT

Sir John Arbuthnott	..	Chairman, Greater Glasgow NHS Board (in the Chair)
Dr Harry Burns	..	Director of Public Health, Greater Glasgow NHS Board
Cllr Jim Coleman	..	Chair of Health and Community Safety Committee, Glasgow City Council
Mr Ian Manson		Depute Director of Development & Regeneration Services, Glasgow City Council
Prof Margaret Reid	..	Head of Division of Community Based Sciences, University of Glasgow
Dr Carol Tannahill	..	Project Manager, Glasgow Centre for Population Health

IN ATTENDANCE

Jennie Richardson	..	Office Manager/PA, Glasgow Centre for Population Health
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ACTION BY

27. APOLOGIES

Apologies for absence were noted from Prof Ian Greer, Deputy Dean of the Faculty of Medicine, University of Glasgow and Ms Pam Whittle, Director of Health Improvement, Scottish Executive Health Department.

Sir John noted the sad passing of Mr Rodger McConnell. His commitment and support for the Centre in the early stages of its development was recognised and greatly appreciated by all. Mr Ian Manson was welcomed to the group and confirmed he is happy to represent the Council until a new Director is appointed.

The new Dean of the Faculty of Medicine for the University, David Barlow will take up post in January 2005. Prof Greer, Prof Reid and Prof Coggins have offered to meet with him to update him on the Centre.

28. MINUTES OF LAST MEETING

The Minutes of the last meeting held on 4 August, 2004 were approved as a correct record.

29. MATTERS ARISING

- 29.1** In relation to Minute 19.1 – Dr Burns had a meeting scheduled with the Director of Job Centre Plus re the issue of employability but this was postponed and is currently being rearranged.

Dr Burns

Dr Burns also reported that work was being carried out to link datasets to explore health experiences of homeless young people moving into furnished accommodation.

- 29.2 In relation to minute 20 – iii) Dr Carol Craig and two staff are now based at the Centre. Their first big initiative is the Tipping Point Conference taking place on 2 December. The formal establishment of the Centre for Confidence and Wellbeing has taken longer than previously anticipated. Once Dr Craig has formally established this Centre and its remit, its relationship with the GCPH will be further clarified.

Dr Tannahill

- 29.3 In relation to Minute 24 – In principal the budget is now in place to support the Glasgow 2020 initiative with funding from a range of public and private sector organisations. A more detailed, costed, workplan for this project is not yet available but Gerry Hassan has assured Dr Tannahill it is on course to launch in February 2005. Dr Tannahill will continue to pursue this as a priority.

Dr Tannahill

30. **PROJECT MANAGER'S UPDATE**

A report from the Project Manager [GCPHMB/2004/16] had been circulated, updating members on progress to date. Dr Tannahill made specific reference to:

- i) **Premises** – IT connections are not yet operational, but everything else is in place and the offices are proving ideal. The network link to the City Chambers had been scheduled for the previous week but was postponed. It is anticipated the connection will now be made week beginning 29 November. Ian Mason assured the Board that the Council would continue to pursue this issue.
- ii) **Staffing** – The Communications Manager and Team Secretary have now commenced work with the Centre. Three of the Public Health Programme Manager posts have been filled and will commence in January. Three full-time core posts remain unfilled and may need to be re-advertised in the new year. Alternative means of filling posts (eg through attachments, and re-focusing of remits) are also being explored.
- iii) **Communications, awareness raising and involvement** – The Centre's first lecture and seminar led by Dr Anthony Grayling will take place at Glasgow University on 25 November. This will be recorded and a report produced. The seminar programme for the next three months has been confirmed and information widely disseminated.

Mr Manson

Dr Burns briefed the Board on his attendance at a 'Health Disparities' debate in Atlanta in September. The three major organisations involved were the Medical School, the Centre for Disease Control and the American Cancer Society. They are keen to link with the Centre's work on health inequalities and measurement of socioeconomic status. An international meeting building on these discussions will be organised for May 2005.

*Dr Burns
Dr Tannahill
Ms Richardson*

Sir John felt there were two important aspects of the Centre's communications which needed to be considered. First, the corporate badging of the Centre needed attention to ensure there are no cross wires given when the three partners are commenting on health inequalities. Secondly, there are a number of people who although not directly working for the Centre, are plugging into it. He suggested it

may be useful once a year to hold a facilitated forum where a wider group of people are kept informed of the Centre's development and progress and to provide them with an opportunity to ask questions. Discussion of this was carried forward to item 34.

- iv) **Budget** – A paper outlining the Centre's expenditure to date and planned for the remainder of the financial year was tabled. Expenditure had increased considerably since the last meeting, associated mainly with the establishment of the offices and the launch event, and as agreed in the Centre's Financial Plan there would be significant carry forward to next financial year. It was noted the 'Summary of Partners Contributions' paper should have the date 04/05 added.

Ms Richardson

There was brief discussion of the additional funding sources the Centre's tobacco study is now attracting. Funding has now been confirmed from the NHS Board's Tobacco Planning and Implementation Group and funding of £50K is proposed by the Council for research to support implementation of the ban on smoking in public places. Ian Manson confirmed that this proposal is on the agenda of the next Health Improvement Forum meeting on 1 December with a recommendation it is approved.

31. SCIENTIFIC MEETING AND EXTERNAL ADVISORY GROUP

- 31.1 A paper from the Project Manager [GCPHMB/2004/17] had been circulated providing an update on the Scientific Meeting and EAG. Both meetings had proved to be very successful with a lot of positive feedback received.

Three important issues emerged following the Scientific Meeting as follows:

- i. There was a great feeling of excitement regarding the Centre's research agenda. However, the Centre needs to be equally well linked to policy and practice and Dr Tannahill suggested bringing an update paper on this back to the next meeting. This was agreed.
- ii. Mechanisms need to be put in place to ensure coherence and cross-fertilisation across the Centre's programmes so that findings accumulate not just within but across programmes of work. It was agreed an update on this will also be brought back to the next meeting.
- iii. There was a lot of interest from people attending the launch and from others as to how they could get involved in the work of the Centre. Discussion of this was carried forward to item 34.

Dr Tannahill

Dr Tannahill

There was some discussion about providing a specification of the Centre's targets and planned outcomes. Existing targets for the NHS and other partnerships were recognised as an important starting-point. It was agreed the outcomes would need to be carefully worded due to the nature of much of the Centre's work i.e. innovative and developmental. Essentially there are two dimensions to the Centre's work – adding value to existing work and providing fresh thinking/new insights. Existing frameworks would not address this second part of the Centre's remit. It was agreed to hold an away day to discuss appropriate outcomes and targets for the Centre. An initial outline paper would be produced in advance, for the next Management Board meeting.

*Executive
Management Team*

The Centre's role in relation to Community Health Partnership development was also considered. The opportunity to support the councillors involved in CHPs was noted as was the potential to pilot new approaches/projects within CHPs. It was agreed that more intensive work with one or two CHPs would be the right way forward, with that experience being translated into wider local and national learning. A plan for the Centre's work with CHPs will be developed by the programme manager who takes up post in January.

- 31.2** The note of the second EAG meeting which was held on 28 October had been circulated. The processes and timescales for funding decisions (see item 34) had been a particular focus of the discussions. There was also a strong feeling that key projects should have expert reference groups, and that attention needed to be paid to managing expectations of the Centre. Overall the EAG was happy with progress and with the quality of work to date.

DECIDED:

- i) Dr Tannahill to bring back an update paper to the next Board meeting on points i and ii above raised at the Scientific Meeting.
- ii) A paper outlining the Centre's existing and possible targets will be produced prior to an 'away day' to consider these issues in more detail.

Dr Tannahill

*Executive
Management Team*

32. NEXT PHASE OF PRIORITIES

A paper [GCPHMB/2004/18] had been circulated from the Project Manager setting out the Centre's priorities for the next year.

- 32.1 Observatory function** - The observatory function team is now established, led by Prof Phil Hanlon. Its first step is to produce a report by the end of this financial year on how health is created in west central Scotland. There is an issue regarding the necessary staff to support the team as the qualitative research and information manager posts remain unfilled. A PhD studentship is currently being advertised to focus on the comparison work with other UK cities. The question of whether there is an agreed project plan for this group was raised. Dr Tannahill informed the Board that the team was developing their plan and although there is as yet no set project plan or outcomes, notes are produced from all meetings with actions agreed and updates produced. It was noted that a workplan should be developed now that the team is established and its direction has been agreed. As a lot of the group's work is emergent in response to the analyses being undertaken it would be important to allow for flexibility within the plan.

*Dr Tannahill and
observatory function
team*

- 32.2 Biological and psychological responses** - Dr Burns spoke briefly about the proposed biological model/responses work. Essentially there is a large volume of literature which suggests that social and environmental conditions cause disease through biological response mechanisms (immune, inflammatory and endocrine stress responses). A 1000 person study is planned which would involve taking blood and saliva samples and some psychological testing in order to establish the patterning of the variables of interest in Glasgow. There are still some ethical and data protection issues to be considered. As it is important to ensure the most appropriate scientific measures and methodologies are being built into the project, the EAG were very insistent on an expert reference group being established and it is hoped this will meet early next year. A major feature of the work relates to the psychological impact of social conditions. As one of the key experts in this is based in New York this will certainly involve some international experts.

- 32.3 Housing and Health** - The research team to steer this area of work is now established. The project protocol is in the final stages of development and is a 5 year programme.

Cllr Coleman spoke about the fact that Glasgow is experiencing a big decrease in demand for rented accommodation and an increase in demand for home ownership. Demand appears often to be coming from within the same community. It was agreed it would be interesting to assess the health impact of moving from rented accommodation into home ownership and how people move from one to the other. As many of the people who are moving to home ownership are still on low incomes this is likely to bring its stresses. Does their health improve because they have more control i.e. they own their house, etc. while still living in the same community? The key is to get as good a baseline position as possible including owner-occupiers and a means of following-up those moving from one type of tenure to another. Glasgow City Council has the strategic housing responsibility for the city and it was agreed it would be useful to include someone from the Council on the Steering Group for this project. Ian Manson will investigate who a suitable person would be and pass on the contact details. Study design issues to be considered by the housing and health research team.

Mr Manson

Dr Tannahill

- 32.4 Developmental work** – With regard to the Centre’s interests in employment and employability, there was some discussion of the Council’s Full Employment Initiative. Steve Inch at DRS is the contact for this initiative and Dr Burns will contact him to pursue linking this with the Job Centre Plus initiative re incapacity benefit claimants. Links with the university were also mentioned, and it was suggested it would be useful to hold a half day event to hear presentations and some case studies from the Council.

Dr Burns

In relation to the Centre’s other priority areas for development, Pauline Craig will pursue the Community Health Partnerships area and Russell Jones, healthy urban planning.

- 32.5 Publications** - Although the proposal not to produce a formal annual report was agreed, Sir John felt it would be useful to organise a type of AGM event. It was suggested producing some sort of interactive resource and to include some video interviews. It was agreed more thought is needed on this before any decisions are made.

*Executive
Management Team*

33. PROCESS FOR FUNDING DECISIONS

A paper [GCPHMB/2004/19] was submitted from the Project Manager providing an update on the Centre’s current research funding procedure and suggesting some amendments. The proposed approach involved setting fixed dates (up to three per annum) when funding decisions are made. Applicants would submit written proposals, which would go to external scientific referees, and would be invited to present their proposal to a group comprising members of the Executive Management Team (EMT), the Chair of the Management Board, and representatives from the External Advisory Group. This approach was agreed, subject to the following.

The Board made the following suggestions:

- There should be a ceiling on the amount of funding the Centre would use in this way. A ceiling of £150K per annum for non-commissioned bids was agreed.
- All funding applicants should be strongly advised to contact Dr Tannahill in the first instance before making a formal submission.
- There should be a system whereby exceptional projects are considered through a different route, involving the External Advisory Group.

In addition:

- Small grants of up to £5K would be decided by the Project Manager and one other EMT member.
- Decisions on part-time attachments should remain as a separate process, and agreed by the EMT.
- The non research-orientated dimensions of the Centre's work would be progressed by the programme managers and EMT, and subject to the NHS Board's standard financial governance processes.

The Board should receive a paper from time to time updating them on grants/commissioned projects with a clear project plan for each. Although some of the projects will be more developmental it was felt there is a greater need for project plans for this 'looser' type of project.

DECIDED:

1. The Board agreed with the proposed approach set out in the paper with the above suggestions incorporated into that. Dr Tannahill to set this out in a paper that will be made widely available.

Dr Tannahill

34. OPTIONS FOR WIDER COLABORATIONS

Dr Tannahill gave a presentation to the Board (slides attached) setting out some options for further collaborations and partnerships, for the Board's consideration. She highlighted that a number of individuals and organisations have been requesting greater involvement with the Centre, and asking about the mechanisms for achieving this.

Dr Tannahill outlined four options. The first related to broadening out the core partnership, which would involve having more members on the EMT and Management Board. The second option was to establish an affiliate scheme or network, with all affiliates making some contribution to the Centre, but having a looser involvement than the core partners. For example, an annual affiliate event could be held and the advice of affiliates sought on issues. The other options are to establish networks or steering groups linked to each of the programmes or to seek wider involvement in specific projects.

Dr Tannahill suggested sending out a questionnaire or consultation paper on this issue to all those that attended the Scientific Meeting if a decision was not reached by the Board.

Following discussion it was decided not to broaden the current partnership or to establish an affiliate scheme but to involve other organisations and individuals at a project level as and when required. The priority now was to focus on the delivery of projects and to make the necessary links on a project by project basis. Networks or steering groups to support programme managers were also supported. It was agreed that the Centre's strategic and operational management needs to be tight, and that wider involvement would raise issues of manageability and potential loss of momentum and focus.

DECIDED:

1. The Board agreed there should be no expansion of the partners at this stage and that wider involvement should be on a project-by-project basis.
2. Dr Tannahill to produce a paper describing the Centre's areas of work and outlining ways in which people and organisations can get involved.

Dr Tannahill

35. AOB

There was no AOB discussed.

36. DATE OF NEXT MEETING

It was agreed the next meeting would be arranged for the end of February next year.

Ms Richardson