



Glasgow City Council

Wellbeing, Empowerment, Community and Citizen Engagement  
City Policy Committee

Report by Director of Community Empowerment & Equalities

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**Aligning public health and local authority activity:  
the Public Health Oversight Board**

**Purpose of Report:** To provide an update on the Glasgow City Public Health Oversight Board and provide options for future positioning and scope of the Board.

**Recommendations:**

The Wellbeing, Empowerment, Community and Citizen Engagement City Policy Committee is asked to:

- i. Note report and progress of the Public Health Oversight Board, established to deliver the ambitions of improving population health through Local Authority decisions
- ii. Note the explicit and continuing need for such a forum
- iii. Note proposed frequency of meetings, to every two months whilst other key forums such as Social Recovery Taskforce are in existence
- iv. Request annual updates on the Public Health Oversight Board

Ward No(s):

Citywide:

Local member(s) advised: Yes  No  consulted: Yes  No

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### 1. Background

- 1.1. The Public Health Oversight Board (PHOB) was brought into being after the January 2019 Glasgow City Health Summit to lead action to reduce health inequalities in the city. The original Terms of reference for the PHOB can be found here (see also para 3.1):

<https://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=93084>

- 1.2. COVID-19 has significantly changed the landscape since the PHOB's inception with an increase in the number of forums where the themes and ways of working recommended by the Health Summit - to reduce inequalities in the city's health, can be discussed.
- 1.3. There is now an intention within Glasgow City Council (GCC) to review how existing structures can work together more effectively. It is noted that grey areas exist between the terms of reference of different groups (for example, the Social Recovery Taskforce (SRTF) and, Glasgow Economic Recovery Group) that can lead to the same papers and agenda items being seen across the different groups. There is also overlap of membership across the groups. This has led the Council to explore who has ownership of decision-making, where authority lies for each group's topic area and what is coming to meetings 'For Information' only.
- 1.4. Related decisions will ultimately be made by the appropriate body in the Council (the Strategic Partnership group). To support this process, the Co-Chair of the PHOB (Bernadette Monaghan), Partnership and Development Manager, Community Planning (Shaw Anderson) and Associate Director of Glasgow Centre for Population Health (Pete Seaman) have produced this discussion paper with recommendations for the future of the PHOB. This has involved engagement with key partners and stakeholders within the PHOB, NHSGGC and the City Council.

### 2. The Public Health Oversight Board

- 2.1. A city-wide Public Health Summit was held in January 2019 to deliver progress in addressing the underlying determinants of health inequality in the city. The objective of narrowing the gap in healthy life expectancy between the city's neighbourhoods and between the city and other places in Scotland remains a fundamental objective of the Public Health Strategy for Greater Glasgow and Clyde (*Turning the Tide Towards Prevention, 2018*). A key Theme within Glasgow City Council's Strategic Plan is for A Healthier City: That Glasgow continues to face challenges in addressing the impact of poverty, deprivation, inequality and the impact that it has on our citizens' health.
- 2.2. Recognising that many of the actions required to improve public health sit within the remit of local authorities, the Summit was designed to create the conditions to ensure Glasgow develops as a city where all citizens are

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enabled to enjoy good health. This would be achieved by making considerations of health central to a range of decision and policy areas currently within the remit of GCC and its ALEOs. Such areas of activity, as referenced in the Strategic Statement within the report from the Health Summit, include:

- Achieving place-based working, that is empowering for local people and supported by collective public service leadership, focused on building assets in neighbourhoods and orientating towards preventing ill-health and improving health and wellbeing.
- Establishing a culture of wellbeing where population wellbeing is a measured and prioritised outcome and all services and policies seek to maximise their contribution to that outcome in how they work and what they do.
- Use and develop responsibilities of GGC as an employer and procurer of services to contribute to inclusive and sustainable growth that is focussed jointly on health, social and economic outcomes.
- Implement a skills development programme across the city's public services to increase understanding of, and capability in, effective approaches to improving health and reducing health inequalities.
- Ensure that approaches are inclusive, empowering a respectful and are explicit about achieving greater equality of participation of outcomes.

- 2.3. The Terms of Reference specify that the Public Health Oversight Board (PHOB) reports to the Glasgow City Planning Partnership (GCPP) Executive Group. The PHOB is jointly chaired by the Director of Public Health of NHS GGC and the Director of Community Empowerment and Equalities of GCC. The group includes representatives of the Community Planning Partnership (CPP) with strong connections to other groups given that specific actions will be taken forward through a range of routes. The group Chair(s) report to the CPP Executive at each of their meetings. A number of additional groups also report in to the PHOB that are listed in paras 4.2 and 4.3.
- 2.4. The PHOB's membership consists of Director of Community Empowerment (Glasgow City Council); Director of Public Health (NHS GGC); Chief Executive, Glasgow Life; Acting Associate Director of Glasgow Centre for Population Health; Executive Director of Finance, Glasgow City Council; and representation from Glasgow Council for Voluntary Services; Head of Health Improvement (Glasgow City HSCP), Director of the Health and Social Care Alliance; and representation from the Chief Executives of Office of GCC.
- 2.5. The scope of the PHOB was agreed to cover the ambitions of the summit with particular reference made to *'generating and capturing the progress on the participatory, connected and inclusive city components.'* It was expected that progress would be drawn from existing partnerships working

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on aspects of community infrastructure, transport and the economy. **The PHOB would focus on aspects where the ability to work in partnership on public health themes need processed, understood and developed.** The PHOB would also coordinate various other initiatives including the Partnership Pathfinder and development of a City Food Strategy to ensure integration and lack of duplication.

- 2.6. The pandemic has brought additional focus and energy to efforts to support public health objectives. This has seen the creation of key strategic forums to guide and inform renewal including the Social Recovery Taskforce (SRTF) and the Glasgow Economic Recovery Group. The SRTF was originally envisaged to exist until July 2021 to produce the new community action plan. However, given the unanticipated intensity of the second COVID-19 wave, it is now expected that the SRTF will exist longer than originally planned.

### 3. Remit

- 3.1. The Terms of Reference (ToR) also establish the remit for the PHOB, consisting of the following objectives:
- To drive and monitor progress in realising the shared ambition arising from the Public Health Summit and endorsed by Glasgow Community Planning Partnership.
  - To oversee and coordinate the development and implementation of a Pathfinder Partnership.
  - To enhance the collective impact of community planning partners on the health of citizens.
  - To continue to raise the understanding of health and well-being on the future success of Glasgow.
  - To share learning and evidence from within and beyond Glasgow to enhance the delivery of best practice interventions and approaches to health gain.
  - To advocate locally and nationally for action to strengthen the health outcomes of residents.
  - To challenge partners to consider the impact of decisions on the health and well-being of residents and take action to maximise health gain.
  - To describe a public health approach and how it can be applied to a range of health challenges in the city.
  - To provide periodic reports on public health progress to city leaders, including Glasgow City Council, the NHS Board and Glasgow City Partnership.

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### 4. Update on activity

- 4.1. The PHOB has met on a monthly basis since September 2019 with a suspension for the first two months of the COVID-19 crisis (March and April 2020). The agendas have seen a broad range of activity related to public health brought to the group including the establishment of lines of reporting into the Oversight Board from key strategic activity within the city.
- 4.2. The PHOB acts as a key reporting structure for the following programmes of activity:
- Children's Neighbourhoods Scotland (CNS) Glasgow sites
  - The Gambling Related Harms group led by Public Health Scotland
  - The Glasgow City Food Plan
  - The developing multi-agency mental health partnership that has emerge from responsive action in relation to trauma and poor mental health during COVID-19 and its related strategy. Received sight of the report '*Responding to Mental Health Impacts of the COVID-19 Pandemic in Glasgow City*' which provides an overview of the COVID-19 impacts on mental wellbeing in the city, responses to date at time of writing and outlined key areas for further development and principles of working to protect population mental health in the city.
- 4.3. Other updates and agenda items have covered include Participatory Budgeting, periodic reports from the SRTF, Child Mental Health, Police Scotland's development of a public health approach and Children's Healthy Weight. An update on the impact of lockdown and easing of restrictions on travel and transport has also been received.
- 4.4. It can be reasonably argued that there are signs of progress in the city on a number of the elements of the Strategic Statement from the Health Summit (para 4). This is particularly the case in relation to place-based working and economic renewal activity. The latter led by principles of inclusive growth and understanding the Council's role as an anchor organisation in communities, therefore with a role in creating accessible opportunity for all. Ambitions to re-imagine the relationship between the local authority, communities and the voluntary sector have also come into focus in the work of the SRTF. There are also elements such as the gambling harms work, which although recognised as an important challenge to health and wellbeing and with important inequalities dimensions, is not reflected within the current remit.
- 4.5. The membership of the group has grown since its inception. No longer a specific Council / NHSGGC group partners in creation of health such as Police Scotland and Glasgow Life participate and use the PHOB as a source of intelligence and advice on the development of public health components of strategy. Both representatives of Glasgow Life and Police

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Scotland have expressed enthusiasm for the continuation of the forum to support such developments.

### **5. Positioning in relation to the Social Recovery Taskforce**

- 5.1. The establishment of the Social Recovery Taskforce (SRTF), one of five workstreams of recovery and renewal (others relate to economic renewal, enabling workforce, customer and community engagement and budgeting and finance) is a development against which the PHOB will need to respond. The SRTF remit is premised on the fact that COVID-19 and associated responses will have exacerbated the inequalities that exist and very few communities, including those most vulnerable to social and economic disruption. This premise is also a key contextual factor for the PHOB. Responses are intended to address and reduce inequality for Glasgow's citizens and communities. The SRTF remit also indicates significant overlap with the PHOB in that it provides leadership, direction and co-ordination of activity across Council areas of delivery to inform efforts to address the societal impact of the COVID-19 beyond the recovery phase, primarily through the revision of the Community Plan.
- 5.2. Twelve themes have been identified including Mental Health, Technology and Digital, Third Sector, BME communities, Food provision, Gender Based Violence, Child Poverty, Young People and transitions, and Property. Connections exist between the Mental Health theme and the PHOB and it is considered vital that the SRTF informs and shapes the work of the Economic Recovery Taskforce.
- 5.3. Membership is broader than the PHOB reflecting the breadth of its thematic areas of interest and role in assigning thematic work to appropriate existing GCPP structures which take responsibility for producing recommendations for action and reporting on progress to the Taskforce. It is Chaired by Glasgow City Council's City Convenor for Community Empowerment, Equalities and Human Rights and Co-Chaired by the City Treasurer. Membership is drawn from the Economic Taskforce, Housing, GCPH, Glasgow City HSCP, Third Sector, Emergency Services and Equalities groups' representatives.

### **6. Future direction for the Public Health Oversight Board**

- 6.1. The following points are designed to aid discussion of the future of the PHOB referring to its original ambitions and remit. Two key questions should lead this discussion:
  - I. Are the governance arrangements right to ensure the public health remit of the Council and partners are given sufficient priority and consideration in planning and decision making? If not, what form should these governance arrangements take?
  - II. The PHOB's continuing role within and beyond recovery from COVID-19 in bringing intelligence and acting as space for discussion and development of investments to address the underlying cause of

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health inequality and producing a city that enables improved and more equal health for its citizens.

### 7. Discussion so far

- 7.1. Conversations within the PHOB and key decision -makers have raised the following issues to be addressed in any consideration of the group's future development:
- 7.2. There remains a need and appetite for a mechanism within the Council capable of guiding decisions so that they take account of health impacts and for Public Health colleagues to know if recommendations they make are practical and deliverable. However, there could be other mechanisms which deliver this. Suggestions include a senior group or routine meetings between the Director of Public Health and Director of Community Empowerment. Key to success of this would be the visibility of the mechanism within the wider Council and the formalisation of its role within decision making. It has also been highlighted that the Council used to employ designated health policy staff which formed a key part of the infrastructure and mechanism for ensuring health influenced decision-making.
- 7.3. The current moment, with the attention of NHS colleagues on COVID-19 responses and those of Council and partners on COVID-19 recovery, creates a need for the purpose of the PHOB to be restated. Revisiting the original Terms of reference to take account of both the changed and future context may be required. Key within the PHOB's remit is support of *'the connected, participatory and inclusive city components' of public health and 'providing focus on aspects where the ability to work in partnership on public health themes need processed, understood and developed.'* The connected, participatory, and inclusive dimensions may well be currently addressed through other groups such as the Social and Economic Recovery groups. Indeed, a successful outcome of the PHOB's role is to see the taking up of approaches and concerns across a range of city strategic partnerships. This could be established as an indication of impact.
- 7.4. Partner and ALEOS to city wide activities (e.g. Glasgow Life) that are reported and presented are able to use the PHOB as a space for wider picture discussions relevant to their public health role so that future opportunities can be identified early. This can ensure planning and implementation of partner/ ALEO services are well integrated to city priorities and help to direct service change where needed.
- 7.5. To renew focus on the development of partnerships on new public health themes could enable to PHOB to remain vital and provide push into further areas where public health approaches have yet to be adopted or are in the early stages of development. Two potential examples already include the gambling harms work and continuing support for Police Scotland's understanding and delivery of a contribution to improving health. Other

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such areas should be identified, avoiding duplication of other city activity being developed by the city's recovery infrastructure.

- 7.6. *The PHOB's role a reporting structure for key programmes and innovation in the city.* A number of programmes (CNS, city-wide food plan, gambling harms and cross-partner mental health activity) have reporting relationships to the PHOB. Although some additional work may be required to show how these activities cohere into a strategy for reducing health inequalities rather than a collection of stand-alone pieces of work may be required. Having the line of communication between innovative activity in the city and GCC, HSCP and NHSGGC provides an important means of learning and scaling principles of working.
- 7.7. *Establishing a position in the post COVID-19 settlement.* The temporary nature of the Social and Economic Recovery groups is important to recognise in the PHOB's forward planning. Given the overlap in membership between the SRTF and the PHOB, some current ambitions within the SRTF could be taken-on by the PHOB in future. It has been highlighted that now might not be the best time to make a decision given the visibility of post-COVID recovery groups.
- 7.8. *That now might not be the right time to make a decision?* In such a time that the SRTF exists, it has been suggested that suspending the PHOB until such a time a formalised, post-COVID mechanism can be brought into place may be appropriate.

## 8. Conclusion and recommendations

- 8.1. There is an explicit need for the PHOB to continue in light of the continuing priority to ensure a public health focus to decisions made by the Council given the projected and continuing impact of COVID-19 and *pre-existing health inequalities* on the health of the city (indeed modelling of the mortality impact of COVID-19 against the continuing impact of social and economic inequality has indicated the latter's greater scale of contribution in the long term<sup>1</sup>). This is consistent with the Healthier City Theme within the Coty's Strategic Plan.
- 8.2. Although recovery task groups in the city provide much needed attention on the causes of underlying vulnerability and offer key sites for the development of action, a longer-term focus on tackling health inequalities across city partners and services will remain necessary post pandemic. For this reason, a continuing space is required where the public health and inequalities aspects of partners' activity can be developed. There is additionally appetite for such a forum where the public health implications of strategic development can be developed and understood beyond Council and NHS GGC colleagues. For example, Glasgow Life and Police Scotland

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<sup>1</sup> McCartney G, Leyland A, Walsh D, Dundas R. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? *medRxiv*. 2020

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have indicated the vital role of the forum to date in informing the development of their services to contribute positively to public health.

- 8.3. Given COVID-19 response and recovery activity has interrupted but not diminished the need for broad cross-city collaboration and intelligence sharing to reduce health inequality, it is proposed that post pandemic 'reset' of the PHOB is initiated. This should include the following:
- That **a review and refresh of the Terms of Reference (ToR) and Strategic Ambitions of the group is conducted** taking account of the time-limited nature of the recovery task groups. This review and refresh should be underway ahead of the social and economic recovery groups concluding their activity. The refreshed strategic ambitions should take account and stock of the post-pandemic context with reference to areas of continuing action required and concerns still to be addressed. For example, themes of mental health, older people and addictions may be brought to forefront of the groups' ambitions.
  - As part of this reflection and review process, the **wider membership of the group should be revisited** to ensure it effectively supports and reflects the range of stakeholders relevant to the revised strategic ambitions and themes of activity.
  - The value at the core of the PHOB remains the relationship between Glasgow City Council and NHSGGC as a space to build-on the common purpose of both organisations to narrow the gap in health inequality. As a space where relevant information can be received and discussed and future agendas developed collaboratively. **A process for ensuring the presence of both core city partners should be included within the refreshed ToR. This can include the incorporation of senior representatives of the Directorate of Public Health to deputise for the Director when required.**
  - The appropriate governance infrastructure around the PHOB, in terms of where it reports, the forms of response expected to its guidance from the Council partner and its visibility as resource in translating knowledge into policy and decision -making, has been raised. The spirit of recommendations made here is in the group's role in maintaining the key relationship and common purpose between the Director of Community Empowerment and Equalities (GCC) and the Directorate of Public Health and as a space to support the identification of public health concerns and the development of new approaches between the wider group of partners. Within this understanding however, **a recommendation is made that the PHOB provides an annual update or position statement to the Wellbeing, Empowerment,**

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### **Community and Citizen Engagement City Policy Committee on areas of progress.**

- The current focus on COVID-19 response and renewal has created additional commitments in terms of strategic forums. This is understood a temporary situation (in terms of the SRTF, until the refresh of the Community Plan is completed). Given the pressure on diaries and commitments to respond to a range of emergent pandemic related priorities across all levels of seniority, it is proposed that **the PHOB reduces its current schedule of monthly meetings to six per year** with significant agenda time given to the process of post pandemic 'reset' to ensure the cross-city forum is best positioned to ensure it supports the shared commitment to address health inequalities as post-pandemic recovery continues.

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9. Policy and Resource Implications

**Resource Implications:**

*Financial:* None

*Legal:* None

*Personnel:* None

*Procurement:* None

**Council Strategic Plan:** Specify which theme(s) and outcome(s) the proposal supports

Resilient and Empowered Neighbourhoods and A well Governed City that Listens and Responds  
Priorities 74, 95.  
Support service redesign that will result in Glasgow becoming a healthier, empowered city, with early intervention and prevention approaches at the heart of what we do.  
Priority 38.

**Equality Impacts:**

*Does the proposal support the Council's Equality Outcomes 2017-22* Yes

*What are the potential equality impacts as a result of this report?* None

**Sustainability Impacts:**

*Environmental:* Not Applicable

*Social:* Not Applicable

*Economic:* Not Applicable

**Privacy and Data Protection impacts:** Not Applicable

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### 10. Recommendations

10.1. The Wellbeing, Empowerment, Community and Citizen Engagement City Policy Committee is asked to:

- i. Note report and progress of the Public Health Oversight Board, established to deliver the ambitions of improving population health through Local Authority decisions
- ii. Note the explicit and continuing need for such a forum
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