

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 20 MARCH 2024

NORTH EAST POPULATION HEALTH ALLIANCE

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 To note the progress made in establishing the North East Population Health Alliance (NEPHA), in particular the further development of the Strategic Partnership Agreement.**

2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

- 3.1 IJB Risk 1 - Sufficiency and affordability of resource –informing preventative action to balance responding to illness whilst enabling wellness.
- 3.2 IJB Risk 6 - Service/business alignment with current and future needs – informing transformational action to meet population needs.

4 Background

- 4.1 Aberdeenshire, Grampian and Scotland all continue to face significant population health challenges, with stalling healthy life expectancy and widening levels of inequality, exacerbated by COVID-19. There has been increased demand on health and care services linked with this.
- 4.2 Public sector leaders in the North East made a collective commitment to focus on population health in a bid to reverse these current trends. The North East Population Health Alliance was formed to facilitate public health learning across and within existing partnership arrangements to explore shared challenges, test evidence based solutions and implement what works at scale and pace through respective structures and systems.
- 4.3 A strategic partnership agreement was prepared in 2023 to formalise this collaboration, setting out the parameters of engagement between the nine North East partners (NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland) alongside Public Health Scotland.



5 Summary

5.1 Strategic Partnership Agreement

- 5.1.1 During the early phase of engagement North East and Public Health Scotland Leaders explored what added value could be realised. It was agreed that a forum to share and learn about key issues, to build knowledge, share insights and use collective capacity to improve population health outcomes would have value; with the aim of influencing and shaping practice within our local systems to create step change. A set of shared principles were developed and high level themes for exploration in year one were identified, as reported to the IJB in August 2023.
- 5.1.2 A draft PHS / NEPHA Strategic Partnership Agreement was developed and shared with all members in June 2023 and has since been tabled for scrutiny, feedback and sign-off through the governance structures of each organisation represented in the NEPHA.
- 5.1.3 This draft strategic agreement was considered by Aberdeenshire IJB in August 2023. The IJB requested that the agreement should clarify that a) NEPHA is a vehicle for collaboration on the population health agenda and b) clarify the relationship between NEPHA and the existing governance structures. Once all concerns raised were clarified, it was agreed that the sign off of the final draft version of the agreement would be delegated to the Chief Officer, in consultation with the Chair and Vice Chair.
- 5.1.4 Feedback received from all partners has since been incorporated into the document, with the modifications set out in an addendum (see appendix 1 and 2). This has taken account and clarified the points raised by the IJB in August. The amendments include clarification that the Alliance is not a governance group, but is a vehicle to develop a learning system to support collaboration on the population health agenda. Also a new paragraph has been added to clarify that the relationship between NEPHA and extant organisational governance structures are such that:
- Priorities for population health sit within the respective decisions captured in plans and strategies of the respective governance bodies (including each IJB);
 - NEPHA is a North East of Scotland network which the executives of the partner bodies can use to derive wider benefits by collaborating and learning when taking forward those priorities as established by each of the represented governance bodies; and
 - The work programme of NEPHA (and so too the Strategic Agreement with PHS) therefore has a direct link to the priorities of the partners, and progress on the work programme will be shared periodically with those governance bodies.
- 5.1.5 The revised agreement and addendum have been shared with respective officers to progress appropriately through their organisational governance procedures. Unless further changes are presented NEPHA members agreed at their meeting in February, that this will be adopted.



5.2 Key Areas of Focus to Date

- 5.2.1 Activity in this first year has focussed on developing a learning system to facilitate collective knowledge through shared data and evidence. The main developments include:

Learning Health System – Generating Data Together/ A Human Learning System

- 5.2.2 Building knowledge and evidence to inform collective action is central to NEPHA's aims. This requires an in-depth understanding of our communities and the needs of disadvantaged groups including how inequalities have emerged and anticipation of future trends. Whilst there is a range of ongoing work to improve data sharing, this could be better coordinated and resourced. Getting 'smarter' around data is fundamental to achieving improvements across the North East. A detailed 'atlas of health inequalities' drawing on the collective data assets of partners is being explored and developed. A North East Portal is underway and a prototype regional geographical reporting system using PowerBi has been built using Datazone and Intermediate datazone data for all 3 LA areas.
- 5.2.3 NEPHA is exploring the Human Learning System approach, which is similar to a learning health system, in that it involves working with stakeholders and uses continuous learning cycles. But there is a fundamentally different frame where the focus is on improving outcomes for people as opposed to services. In Nov 23 a workshop was hosted which resulted in mutual interest from Public Health Scotland, Healthcare Improvement Scotland and Alliance partners to test the use of this approach.

Exploring Substance Misuse in the North East

- 5.2.4 One of first areas of work NEPHA commissioned was focussed on stigma associated with substance misuse. Two multi-agency regional workshops were hosted. The first was a stakeholder's workshop exploring substance use using the Kings Fund 'four pillar' approach. Addressing stigma was identified as the focus for future activity. The second workshop in June 2023 concentrated on capturing the lessons and truths of the lived experiences of those affected by substance use – in particular their experiences of specialist services as well as the health and social care environment as a whole and including wider determinants of health and wellbeing.
- 5.2.5 A 'Charter of Rights' setting out the rights people can expect when accessing services in the North East of Scotland has been the main recommendation for action. A regional short life working group led by Pam Miliken, involving the three ADPs is progressing this with the production of the draft rights charter due by July 2024.

Place and Wellbeing

- 5.2.6 A strong sense of 'place' is a foundation for health and wellbeing, in particular supporting deprived communities. This has been recognised in each of the 3 Grampian Community Planning Local Outcome Improvement

Plans. To build further on this sense of 'place to improve health' NEPHA sponsored activity in the form of two symposiums to build strategic understanding across the North East, to share ideas and best practice. The second event held in Nov 23, with 100 participants from third sector organisations, local authorities, NHS, academia and Public Health Scotland, focussed on nature-based activities to improve health and the environment. Participants valued having the visible presence of local and national leaders not just as demonstration of support, but also to hear the challenges and possibilities for change from a grassroots perspective. Activity to strengthen social prescribing and green health pathways at the community level and to influence regional and national activities / policies is now being taken forward by network members.

Cost of Living

- 5.2.7 The Director of Public Health (DPH) Annual report 2022 highlighted the rising cost of living as a key threat to population health. Sponsored by NEPHA, partners across the North East have shared their experience on what is working well, identified the gaps in local response and considered opportunities to work together for greater action / impact.
- 5.2.8 A policy and practice briefing was developed by the Aberdeen Health Determinants Research Collaborative providing the evidence base. This was used to guide a series of workshops in summer 2023 with representatives from a wide range of organisations including health, education, third sector, academic, sport & leisure and social care. The outputs were then considered by North East community planning partners in Nov 23 who identified areas for continued focus. These include using Anchor Institution collaborations to address issues such as physical space and volunteering, data sharing and supporting evaluation of local programmes.

Wider Public Health Workforce Development

- 5.2.9 Organisations within the wider public health system have a long-standing commitment to public health. Ensuring that Senior Managers within these organisations are supported and have the right tools to recognise the wider scope for, and delivery of, public health should support improved population health outcomes. NEPHA has sponsored the development and testing of a training module for senior managers to provide a broad understanding of population / public health within the context of local authority and wider functions.

Whole System Approach to Healthy Weight and Active Living

- 5.2.10 The obesity pandemic has taken years to develop but its death toll is way higher than recent infectious disease pandemics including COVID 19. It causes 23% of all deaths in Scotland. More than smoking.
- 5.2.11 Local authorities, Health & Social Care Partnerships and Community Planning Partnerships are in a uniquely influential position to work with their communities and local partners to tackle obesity. The North East Population Health



Alliance has endorsed a Grampian wide whole systems approach to promoting healthy weight and active living, building on and replicating the approach being taken in Aberdeenshire. Public health capacity is supporting this shared approach.

6 Equalities, Staffing and Financial Implications

- 6.1 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.
- 6.2 An Integrated Impact Assessment is not required because this is a progress update on the establishment of the North East Population Health Alliance, in particular the strategic partnership agreement. . Where required Integrated Impact Assessments are undertaken for individual projects.
- 6.3 Financial and staffing outcomes and measurements will be determined on an individual project basis and scrutiny will be provided through the agreed governance structure.

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Appendices

Appendix 1: Strategic Partnership Agreement - Public Health Scotland and the North East Population Health Alliance

Appendix 2: Addendum 1.