

**ADDENDUM 1
TO
STRATEGIC PARTNERSHIP AGREEMENT – PUBLIC HEALTH SCOTLAND AND
THE NORTH EAST POPULATION HEALTH ALLIANCE v1.5**

The purpose of this addendum is to modify v1.5 of the Strategic Partnership Agreement ‘the agreement’ between Public Health Scotland and The North East Population Health Alliance. This addendum and ‘the agreement’ when read together shall constitute one integrated document.

1. Amendments to the Strategic Partnership Agreement:

- a. Section ‘Terms of Agreement’ is amended and shall read in its entirety as follows:

“The strategic partnership agreement will be effective from the date of sign off by each organisation comprising the North East Population Health Alliance and will run for a period of 3 years and will be reviewed annually.”

- b. Section ‘The North East Population Health Alliance Context’ paragraph 3 is amended and shall read in its entirety as follows:

“The North East Population Health Alliance is not a governance group, as we have governance mechanisms embedded in our system already, but is a vehicle for ensuring collaboration on the population health agenda. Through this collaboration we can develop a learning system that explores our challenges, and tests solutions together.”

- c. A new paragraph 5 is added to section ‘The North East Population Health Alliance Context’ and shall read in its entirety as follows:

“Specifically, the relationship between NEPHA and extant organisational governance structures is 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.”

- d. Section ‘The North East population Health Alliance Context’ paragraph 6 is amended and shall read in its entirety as follows:

“Over the next three years the NEPHA will work with a growing and diverse membership from across different sectors, communities and

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determinants of health. Through bringing our collective knowledge together with data and evidence we want to shape and enable more powerful collective conversations and action to achieve our vision of thriving communities living fulfilled lives.”

- e. A new paragraph 3 is added to section ‘Value of collaboration’ and shall read in its entirety as follows:

“This collaboration represents a transformative approach to addressing population health challenges that distinguishes itself from previous efforts in several key ways:

- A commitment to a more holistic approach which can address health determinants more comprehensively by bringing together partners across the North East of Scotland.
- A shared commitment to ensuring communities are a true partner of the NEPHA and to build on each other’s best practice to ensure effective and continuous community engagement to tackle inequalities.
- Ability to leverage data analytics and research capabilities to gain deeper insights into the health needs and trends across the North East of Scotland. These evidence-based insights can inform decision making and tailor interventions across all organisations.
- A long-term focus on sustainability to foster local leadership and create lasting relationships to ensure improvements stand the test of time.
- Creating a supportive environment which fosters innovation and knowledge exchange where partners can share best practice, lessons learned and success stories, learning from our respective experiences and capabilities.
- Prioritising equity as a guiding principle to actively ensure everyone has the opportunity to achieve their best possible health, regardless of background, socioeconomic status, or other factors.
- Developing methods to measure the impact of the work of the North East Population Health Alliance on population health outcomes. These metrics will be tracked and communicated transparently, providing a basis for continuous improvement.”

- f. Section ‘Partnership governance’ paragraph 2 is amended and shall read in its entirety as follows:

“The NEPHA is open to members from different sectors, communities, and determinants of health, with the aim of promoting diversity and inclusivity.”

- g. Section ‘Monitoring, evaluation and impact measurement’ paragraph 4 is amended and shall read in its entirety as follows:

“A. The extent to which the key elements of a learning system have been implemented through the strategic partnership considering the following questions:

- Is this happening in the way we intended?

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- How do respective partners undertaking the work of the learning cycles account for that work?
 - How are we ensuring we are learning together?
 - To what extent is our work together aligned to our shared principles?
 - To what extent are human stories being used to bring meaning to data?”
- h. Section ‘Monitoring, evaluation and impact measurement’ paragraph 6 is amended and shall read in its entirety as follows:
- “B. The impact of the learning system on health and health inequalities:
- How have health outcomes changed across the north east?
 - How have health inequalities changed across the north east?
 - To what extent has this approach changed how we engage with communities?
 - To what extent have the prioritised actions agreed by the NEPHA been delivered and what has been the impact?”
- i. Appendix 1 ‘Proposed areas of joint work’ objective 1 is amended and shall read in its entirety as follows:
- “Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and shares learning and best practice of what works.”
- j. Appendix 1 ‘Proposed areas of joint work’ objective 3 is deleted in its entirety
- k. Appendix 1 ‘Proposed areas of joint work objective 5 is amended and shall read in its entirety as follows:
- “Child poverty, the Drugs Mission and the eradication of homelessness are key areas of focus because the commitment is established at a national and local level, and therefore we can maximise the tripartite collaboration on the achievement of these commitments.