



INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	North East Population Health Alliance: End of Year One Progress Report
Report Number	<i>HSCP.24.061</i>
Lead Officer	<i>Fiona Mitchelhill</i>
Report Author Details	<i>Name: Martin Murchie Job Title: Director, Health Determinants Research Collaboration Aberdeen Email Address: mmurchie@aberdeencity.gov.uk</i>
Consultation Checklist Completed	<i>Yes/No</i>
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Exempt	<i>Yes/No</i>
Appendices	A - Progress Made in Relation to the Strategic Partnership Agreement
Terms of Reference	<i>1c)</i>



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1. Purpose of the Report

- 1.1 To present a progress report after the first year of operation of the North East Population Health Alliance (NEPHA).

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
 - i. notes the report and provide comments and observations on the information contained in the report; and
 - ii. agrees to instruct the Chief Officer to provide a progress report to the IJB on the second year of the operation of the Strategic Partnership Agreement.

3. Strategic Plan Context

- 3.1 The report advises on progress made, through the NEPHA, on joint working arrangements designed to support the overall delivery of the Strategic Plan.

4. Summary of Key Information

- 4.1 Public sector leaders in the North East made a collective commitment to focus on population health in a bid to reverse current trends (stalling life expectancy and widening levels of inequality). The North East Population Health Alliance was formed to facilitate public health learning across existing partnership arrangements to explore shared challenges, test evidence based solutions and implement what works at scale and pace through respective structures and systems.
- 4.2 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, Police Scotland, Scottish Fire & Rescue Service, the 3 north east local authorities and the 3 north east Health & Social Care Partnerships alongside Public Health Scotland).
- 4.3 The IJB agreed at their meeting on 22nd August 2023 to be a signatory to the strategic partnership agreement and requested officers to provide an annual progress report on the strategic partnership agreement.



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- 4.4 The following high level themes were agreed for focus in this first year of operation:
- i. Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and implements what works at scale and pace.
 - ii. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to achieve the vision of thriving communities living fulfilled lives.
 - iii. Developing common data governance and system models to enable findable, accessible, interoperability and re-useable data to support research, policy development and operational delivery such as Persons At Risk Database (PARD) and local, use of common identifiers, including the community health index (CHI).
 - iv. Collaboration on the commissioning and conduct of research on the wider determinants of health across the north east and the application of knowledge to practice locally and nationally.
 - v. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.
 - vi. Child poverty, the drugs mission and the eradication of homelessness to appear in a detailed workplan given the commitment is established at a national and local level and therefore the Alliance can maximise the collaboration on the achievement of these commitments.

4.5 Assessment

- 4.5.1 Activity in this first year has focussed on developing a learning system to facilitate collective knowledge through shared data and evidence. Appendix A summarises the key areas of work progressed and how they align to the Strategic Partnership Agreement high level themes (SPA HLTs).
- 4.5.2 At their June 2024 meeting, NEPHA members reflected on the Strategic Partnership Agreement, Public Health Scotland's involvement in the Alliance to date and, more widely, NEPHA's progress in relation to joint learning and action for population health improvement. It was generally felt that the first 12 months had been a developmental year, the potential to deliver real value through the Alliance was acknowledged with it still to be fully realised. There was a sense that greater progress on the Strategic Partnership Agreement (SPA) priorities / themes was required, with prioritisation needed to deliver outcomes. It was agreed to support further reflection through a series of interviews within individual members.



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4.5.3 A series of individual conversations have been scheduled with NEPHA members to understand the expectations of working together and steps required to collectively deliver improvements. Further discussions are planned within the NEPHA on the insights gathered from these conversations.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from the recommendations of this report.

5.2. Financial

There are no direct financial implications arising from the recommendations of this report.

5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

5.5. Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report.

5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.



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5.8. **Sustainability**

There are no direct sustainability implications arising from the recommendations of this report.

5.9. **Other**

There are no other direct implications arising from the recommendations of this report.

6. **Management of Risk**

6.1. **Identified risks(s)**

There are no identified risks related to this report.



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Appendix A Progress Made in Relation to the Strategic Partnership Agreement

Developing a Learning System and Test Solutions (aligned to SPA HLT 1)

NEPHA has been exploring the Human Learning Systems approach and how this may be used to improve outcomes for people. It challenges thinking about public service and is based on the belief that the role of public services is to support human flourishing rather than to improve performance for organisations. It embraces complexity and suggests ways to work effectively within it. Over the past year the NEPHA have combined theory-based presentations with practical experiments – a ‘learning while doing’ approach. Exploratory learning events have involved NEPHA members including colleagues from wider public and voluntary sector, facilitated by Public Health Scotland and Healthcare Improvement Scotland. With the focus on learning within organisations and partnerships, the NEPHA is also learning together with national agencies to sustain improvement at all levels of the system.

The main practical experiment underway is in substance use where reducing harm is complex and enduring, and has been a long-standing area of concern for the NEPHA. A workshop in Torry held in June 24 was attended by a range of stakeholders from across the system - all keen to share their experiences and learning about naloxone kit distribution and how uptake can be increased where it is low and harms are high. Facilitated by Public Health Scotland (PHS) and HIS, this was the first ‘learning cycles’ where many insights were shared. Planning is underway for the next cycles which will extend to people with lived and living experience of substance use harm. Updates and insights will be provided as this progresses.

Conversations are underway with a range of partners who are keen to utilise the learning from the human learning system approach for example in the areas of child poverty, family support services and schools. NEPHA will seek to support sharing the learning of adopting this approach with the support of national colleagues.

Community appointment days is a new approach to providing care that has been tested in other parts of the UK. With a focus on the individual, this human centred approach will experiment with different ways to improve health, care and wellbeing. The NEPHA aim to ‘experiment’ with this, beginning with musculoskeletal care, working with Moray Health and Social Care Partnership in September 24.



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Partners are beginning to look at human centred approaches for people who are delayed in hospital. The learning cycles are just evolving and it is very early days, but this is a good example of addressing a complex situation in partnership.

In summary, there is a lot happening in this space. Experiments, learning and improvement will all take time but the lessons and evidence from elsewhere is that impact can be significant.

North-East Health Inequalities Atlas (aligned to SPA HLT3)

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 developed. A North East Portal is underway and a prototype regional geographical reporting system using PowerBi was built using datazone and Intermediate datazone data for all 3 LA areas.

Prototype regional reporting of data and mapping at various geographic levels was demonstrated at the NEPHA in March 2024. Since then the reporting format has been expanded to capture and visualize the data released from the 2022 Census, again across the Region. Census data is being released in phases. The reporting currently includes Population; Age; Sex; Households; Ethnicity; Religion; Sexual Orientation; Trans History; and BSL use. National Records Scotland have scheduled further releases as follows:

- Housing, 22 August 2024
- Education, labour market and travel to work, September 2024
- Health, disability and unpaid care, September 2024

The data will allow us to create a solid foundation for a health inequality atlas for the North East region?.

Officers from each of the NE local authorities and NHS Grampian have met to establish a permanent local data analytics community and Terms of Reference for this group have been agreed. The development of a Health Inequalities Atlas is part of their planned work programme and further work will be undertaken to set out timelines for delivery.

Exploring Substance Use in the North East (aligned to SPA HLT 2,4,6)



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One of first areas of work NEPHA commissioned was focussed on stigma associated with substance use. 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. A 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.

A 'Charter of Rights' setting out the rights people can expect when accessing services in the North East of Scotland was the main recommendation for action. A regional short life working group led by Pam Miliken, involving the three ADPs has been progressing this.

In 23 March 2024 a 'Grampian Charter of Rights' Workshop was held with key representatives from each ADP, with people with lived experience, members of the NEPHA and the National Collaborative. Approximately 47 people attended the workshop, valuable time was spent in the morning discussing the importance of a Grampian Charter of Rights and listening to people with lived experience on their views on what was important to be included within the local charter. Two key questions were considered:

- 'What rights do you believe individuals struggling with substance use should have within our community?'
- 'Measures implemented to prevent discrimination against individuals with substance use in employment, house, healthcare etc?'

People articulated the need to be seen and heard, to see stigma disappear and to be treated as humans. Services should be located near to where people live and able to address multiple needs, across all aspects of life e.g. finding a safe place to live, to access food, gain employment, manage chronic conditions, kinship, address mental health and wellbeing or just taking the time to listen. Looking past the symptoms of substance use and better understand the cause(s) is important, as is trauma informed staff, not having to repeat the same story, knowing how and where to get help and recognising the struggle with both professional and self-stigma.



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Jacqui Stevenson from the National Collaborative also presented the proposed National Charter of Rights, welcoming feedback from workshop attendees as part of the national engagement on the proposed National Charter.

On 11 June 2024 a further meeting was hosted to progress next steps for the Grampian Charter of Rights. A survey was developed to engage those who attended the workshop in March to drill down further into what must be included within a Grampian Charter of Rights. Responses to the survey have now been received from those with lived experience and service providers.

During the Grampian Charter of Rights development phase, the National Benchmarking Report on the Implementation of the Medication Assisted Treatment (MAT) Standards was published (18 July 2024). MAT refers to the use of medication alongside psychological and social support in the treatment of people who are experiencing issues with their drug use. These new MAT Standards came into force in April 2022.

It is envisaged that the National Charter of Rights will be embedded within the MAT Standards and form part of the annual performance reporting. This proposal will add some authority to the National Charter of Rights. Therefore, a decision is required as to how a Grampian Charter of Rights aligns with the National Charter of Rights and provides additional qualitative evidence from a local perspective.

In September 24, the proposed Grampian Charter of Rights will be presented for discussion and shared with those with lived experience to agree and sign-off. Once there is agreement on the Grampian Charter of Rights these will be presented to the NEPHA (North East Population Health Alliance) in December 2024 for further endorsement.

Place and Wellbeing (aligned to SPA HLT 2,4,6)

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 November 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



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also to hear the challenges and possibilities for change from a grassroots perspective.

The symposiums have increased networking, helped build relationships and inspire action. One of the developments from the symposiums has been the North East Place and Wellbeing Network. It is an informal network that meets every quarter with approximately 70 members registered from across the North East. The Network has focussed on two key priorities - Social Prescribing and connection to nature/greenspace, particularly focusing on children and young people.

Social prescribing is a means of enabling health professionals to refer people to a range of non-clinical services, such as physical activity, social interactions, volunteering, cookery and healthy eating classes, etc. Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors.

Social prescribing has the potential to change the way the health service interacts with our communities, de-medicalising issues which are social, economic, environmental and cultural. To shift power out of the clinic and into the community. There are currently different models of Social Prescribing across Grampian. The Place and Wellbeing Network has been investigating the possibility of a consistent approach to Social Prescribing which could apply across the whole of the North East. This seeks to take Social Prescribing beyond primary care to incorporate secondary care and other areas of the health system. There is a wealth of activity and experience to learn from and build upon, identifying aspects which could be applied universally.

A paper compiled by a Network working group to fully understand the current national and local landscape around social prescribing was shared widely across colleagues and partners in the North East as well as national stakeholders. The feedback acknowledged and confirmed that there were many variations of both formal and informal social prescribing taking place. The Network is now proposing to focus on four universal themes:

- Support with Information Governance Solutions
- Campaign for changes at national level for a Single Directory of Services
- Development of a North East Social Prescribing Awareness Campaign
- Evaluation and Research on different approaches of Social Prescribing

The Network is also looking at ways for young people to engage and connect with nature and greenspace. A literature review was carried out to pull together evidence around the benefits for children and younger people accessing nature



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and green space. There is a large and growing body of evidence that suggests that more time spent in nature and a richer connection with nature as a child have significant benefits for health and wellbeing of both people and planet. The evidence highlights there is a “Teenage Dip” in nature connection. Younger children demonstrate high connection with nature, but this drops in the teenage years.

The Network action group agreed to gain an understanding and map current service provision / activities in the North East for young people to connect with nature. The Place and Wellbeing Network is planning to support and raise the profile of existing projects as opposed to developing something new.

There are currently no future plans to deliver another symposium due to financial constraints. However, the North East Place and Wellbeing Network is currently exploring becoming a constituted body and the development of a digital platform for partners to network and share information about ‘Place’ pieces of work.

Working Together for Health Improvement - Cost of Living (aligned to SPA HLT 2,4,5,6)

In 2023 the Alliance agreed to utilise the Director of Public Health Annual Report as a framework to engage with partners to identify the areas where we can work together to improve population health, reduce health inequalities and further develop and strengthen our population health system. A joint planning steering group was established with cross-system representation to ensure this engagement work met the requirements of all partners and built on what was already in place. It was agreed to focus specifically on the rising cost of living threat to identify what is working well (to enable us to share learning), identify any gaps in our response and the opportunities to work together for greater action.

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 approximately 100 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 at a workshop in October 23. Five areas for improvement emerged, and a public health system leadership deep dive was held in June 24 to explore these areas with a specific focus on data and sharing good practice, next steps are outlined below:

Focus Required	Activity Being Taken
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Develop opportunities to share good practice	Child Poverty Community of Practice – currently exploring further opportunities to share practice in conjunction with outputs from recent child poverty deep dive at Public Health System Leadership Group.
Maximise Anchor Institution collaborations to address issues such as physical space, volunteering	Aberdeen City Council has led the establishment of the NE Anchors Group which has met 3 times. Representatives from partner organisations have been working on respective community wealth building and anchor plans and the NE Anchor group will use these plans and the output of the cost of living work to identify areas for collaboration. The use of physical space is also included as an action within NHS Grampian's anchor strategic plan and will be progressed through the land and assets pillar.
Data sharing	A PHSLG workshop is scheduled in Sept focussing on developing a pan Grampian approach to Joint Strategic Needs Assessments, this will include data sharing with input on the NE Health Inequalities Atlas
Support population health needs assessments to enable targeted local activities	As above
Support evaluation of local programmes	An evaluation strategy is in early stages of development, this will direct how public health resources/ expertise support evaluation for population health across the local system. Having a shared evaluation framework will support consistency and build evaluation into practice through L&D
<p>A purpose of this focussed engagement over the past 18 months was to understand how as partners we can work together to improve population health and strengthen our population health system. This has provided good insight. Working in partnership now to improve these identified areas will continue to support and reinforce cross system working.</p>	
<p><u>Wider Public Health Workforce Development</u> (aligned to SPA HLT 1,2)</p>	



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Organisations within the public, private and voluntary sector 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.

The overall scope of the proposed module was agreed with senior officers from Aberdeen City Council – the agreed pilot local authority. An initial workshop was organised and delivered with 20 council senior managers and executive directors in May 2024. An immediate, informal evaluation of this first session indicated that it was welcomed by those attending and a keenness for moving to the next sessions noted. A formal timetable for these and a formal evaluation of the module are currently being developed. Support for the overall approach has been agreed with the Health Determinants Research Collaboration Aberdeen, who are being approached to undertake the formal evaluation. It is anticipated that learning from this will feed into both the ongoing work of the Health Determinants Research Collaboration Aberdeen and will facilitate adoption of the module by other LAs in Grampian.

Whole System Approach to Healthy Weight and Active Living (aligned to SPA HLT 2,4)

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. In October 2023 the North East Population Health Alliance endorsed a Grampian wide whole systems approach to promoting healthy weight and active living, building on the approach being taken in Aberdeenshire. Public health capacity is supporting this shared approach.

Following NEPHA endorsement, a series of discussions were undertaken with senior executives in Aberdeen City Council and Moray Council to discuss and agree a way forward. A gap analysis using the [University of Edinburgh Local Levers for diet and Healthy Weight](#) as a framework was completed for all 3 Community Planning Partnership areas to support these conversations.

In July 2024 Aberdeen City Council Education and Children's Committee agreed that the 6 stage whole systems model will be adopted to guide the approach in Aberdeen City to tackle the rise of children and expectant mothers who are not of a healthy weight (highlighted in the Children's Service Annual report). The Children's Service Board will champion this, with the City Council acting as



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organisation lead for child obesity and weight management. An initial stakeholder event is scheduled in Sept to complete stage 2 of the WSA. ACHSP will drive work from an adult perspective.

In Moray, full engagement with the Council's senior executives has not been possible with the very recent appointment of the new Chief Executive and HSCP Chief Officer. The Public Health Consultant aligned to Moray is leading on this engagement. In February 24, Moray Community Planning Partnership endorsed a proposal led by the Leisure Services to progress a WSA for physical activity, with PHS support. A series of 3 PHS led workshops have been facilitated to date with stakeholders to implement the [PHS framework](#). The ambition is to broaden this to include focus on obesity as agreed at the Community Planning Partnership Board.

Aberdeenshire CPP adopted the whole system model in 2021. In April 2024 the CPP Board requested a review using recent data and emerging evidence. The purpose was to prioritise actions that will have the greatest impact, recognising the challenges of partners' capacity. The 'Local Levers' gap analysis is informing this review. An initial stakeholder workshop was hosted in June 24, with a second workshop scheduled for August 24 focussed on integrating HEAL action and Local Place Plans.

As part of the WSA to healthy weight, a strong argument can be made for increased provision of weight management services in Grampian, in particular with enhanced specialist services that can be delivered digitally. Following a recently submitted expression of interest to NHS Grampian Charity Public Health have been invited to prepare a funding application in two parts; the first to enhance existing weight management support services and reduce inequalities through the provision of new digital evidence based interventions designed and targeted at the most socio-economically deprived communities. The second part of the submission, based on the experience of Aberdeenshire's health improvement team, proposes that Public Health support is provided to CPPs to develop, project manage and implement their Healthy Eating, Active Living delivery plans using the Whole Systems Approach.

It is planned that a Grampian 'healthy eating active living' symposium will be hosted by March 25 bringing stakeholders together across the region with representation from the three CPPs to facilitate shared learning and promote good practice.

Data Driven Community Action – Winter Falls and Ice Crew Gritting
(aligned to SPA HLT 3)



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An analysis of Emergency Department presentations at ARI and DGH was undertaken for the winter period in 2023. Maps were prepared by Public Health to show the geographical postcode of residence of those who had presented due to a fall.

A test of change was taken forward in Aberdeen City engaging the communities of Hilton, Stockethill, Cults and Bielside, as these areas had the highest incidences. Through engagement with community councils, and in collaboration with the Aberdeen City roads department, volunteer 'Winter resilience rapid response task forces', which later became known as 'Ice Crews' were deployed. The hospital data informed where street gritting was targeted by these volunteer 'ice crews'. Delivery of the equipment needed was coordinated through Public Health and the Roads Department. The Community Councils did their own advertising across their communities and sourced high-visibility vests for the crews and one liaised with their local primary school to help name their group and the gritters.

The crews used hand gritters and salt bags provided by the council to grit the pavements where the highest number of falls were seen the previous winter (according to where people lived, not necessarily where the fall occurred). These areas include a lot of sheltered housing as well as community venues used by vulnerable members of the community. Gritting took place on many occasions during the winter and anecdotal evidence shows the affected communities were appreciative and it helped to build a level of community resilience and spirit.

An evaluation to assess the impact on A&E attendances and more widely on community resilience is currently being undertaken. The evaluation findings will be concluded by early September 24, to inform volunteer ice crew activity in Aberdeen City for Winter 24. Some of the community councils are planning activity for the winter and identifying where to access funding to ensure this project continues. This has led to a CPP objective to roll the project out to other communities in the City.

The findings will be shared with all three Community Planning Partnerships/ local authorities to consider extension of this approach across Grampian to build on local elected member interest.

NE Co-ordinated Approach

Throughout the year NEPHA has discussed opportunities to take a co-ordinated approach across the North –East to achieve added value and shared learning in relation to specific population health plans and approaches. Examples of this include:



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Joint Health Protection Plan:

The Grampian Joint Health Protection Plan 2024-26 was considered by NEPHA in May 24. Whilst acknowledging that partners have individual responsibilities for the delivery and governance of specific actions / services to protect the health of the population, NEPHA concluded that there is further scope and added value for North East organisations to collectively contribute. One specific area identified was public communications and messaging.

Putting People First

Following a presentation on NHSG's developing approach 'Putting People First' -shaping a new relationship with the public in June 24, NEPHA acknowledged the value in North-East partners developing a whole-system approach to listening to and involving people. Partners were keen to optimise connectivity with existing networks and approaches e.g. place based approaches and there is interest in provision of holistic community appointment days. There was agreement that capturing the shared learning was important to future activity.

National Population Health Framework and Marmot Places

Public Health Scotland has provided NEPHA with a series of updates across the year on the developing national population health framework and the partnership with the Institute of Health Equity to progress Marmot Places in Scotland, both key national drivers to tackle health inequalities. The partners agreed that mapping relevant local policies to assess if local responses are sufficient will be considered once the draft national framework is published. NEPHA committed to developing a strong response to the draft national framework to ensure the north east perspective is fully considered.