

## APPENDIX 1

# 20230629 FINAL Chief Officer Report APPENDIX 1

**Public Health Scotland and the North East  
Population Health Alliance**

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## Purpose

This strategic partnership agreement is a commitment between the North East Population Health Alliance (NEPHA) and Public Health Scotland (PHS) to work together with the objective of developing a learning system to improve population health and reduce health inequalities across the North East of Scotland.

This agreement outlines our shared vision, the value of this partnership, how we will work together and some indicative areas we will work together on. As our partnership matures, our work together will inevitably change.

## Terms of agreement

The strategic partnership agreement will be effective from August 2023 and will run until August 2026 and will be reviewed annually.

## National strategic context

Scotland has a robust and comprehensive national public health strategy that aims to improve the health and well-being of its population. The national strategic context for public health in Scotland is set out in several key documents, including:

1. **Scotland's Public Health Priorities:** This document outlines Scotland's key public health priorities, including reducing health inequalities, improving mental health and well-being, and tackling the underlying causes of ill health such as poverty, obesity, and smoking.
2. **Public Health Outcomes Framework:** This framework sets out the key outcomes that Scotland aims to achieve through its public health policies and interventions. These outcomes include improvements in life expectancy, reductions in premature mortality, and improvements in health-related quality of life.
3. **Scotland's Health and Social Care Delivery Plan:** This plan outlines the actions that the Scottish government will take to deliver its health and social care priorities, including those related to public health.
4. **Scotland's Diet and Healthy Weight Delivery Plan:** This plan sets out the actions that Scotland will take to improve the diet and weight of its population, including promoting healthy eating and physical activity.

5. Mental Health Strategy: This strategy outlines Scotland's approach to improving mental health and well-being, including prevention, early intervention, and treatment.

The Care and Wellbeing Portfolio is the overall strategic reform policy and delivery framework within Health and Social Care. It brings oversight and coherence to the major health and care reform programmes designed to improve population health, address health inequalities and improve health and care system sustainability.

Scotland continues to face significant population health challenges: stalling (and in some groups falling) healthy life expectancy, and widening levels of inequality, exacerbated by COVID-19. In addition, the pandemic has further increased demand on health and care services. Improving health requires improved system sustainability and, even more critically, improved outcomes in the wider factors that create health – good early years; learning, jobs; income; and supportive communities.

The Portfolio provides an opportunity to take a systematic approach to planning and delivering care and wellbeing. Portfolio objectives focus on coherence, sustainability and improved outcomes both within health and care, and across government, with the overall goal of improving population health and reducing health inequalities.

Furthermore, the recent Health Foundation report 'Leave no one behind'<sup>i</sup> clearly highlights that despite undoubted policy ambition, effective implementation has fallen short with inequalities persisting and growing across Scotland. Most importantly, the report recognises that change requires practical, up and downstream collaboration and action across all parts of the delivery system and from the public. More than ever this emphasises the need for collective action.

## Public Health Scotland context

'A Scotland where everybody thrives' is the overarching ambition of Public Health Scotland's Strategic Plan 2022–2025, which focuses on increasing healthy life expectancy and reducing health inequalities.

The Strategic Plan sets out a clear commitment to collaborative working in recognition that no one organisation or profession can address Scotland's public health challenge. Public Health Scotland has a leadership role in, and contributes to, all of Scotland's public health priorities. Public Health Scotland will focus on three areas:

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<sup>i</sup> <https://www.health.org.uk/publications/leave-no-one-behind>

- Prevent disease
- Prolong health life
- Promote health & wellbeing

## The North East Population Health Alliance Context

We are fortunate to have strong partnerships across public agencies, private and third sectors and communities in the North East with many examples of good practice and innovation to address this complex agenda. However, compounded by the pandemic, some of the population health challenges we are grappling with are significant and in places worsening.

The [2022/23 DPH Annual Report](#) sets out four key threats to population health and action we can collectively take together to break the cycle of widening of health inequalities. The report recognises the strength of our partnerships in the North East and where we are already working well together to tackle these challenges. However, with health gains stalling and health inequalities widening across the North East greater action is required.

There is no single blueprint for a local population health approach. Learning and adapting from our experiences and that of others, leaders in the North East of Scotland are looking at how we can create a system of public health learning across and within our partnership arrangements to reverse current trends. We have called this the North East Population Health Alliance in recognition of our collective responsibility. The North East Population Health Alliance currently comprises nine 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.

The North East Population Health Alliance is not intended to be a governance group, as we have governance mechanisms embedded in our system already, but a forum for ensuring that we develop a learning system that explores our challenges together, tests solutions, and 'what works' is implemented at scale and at pace. Over the next three years we plan to work with a growing and diverse membership from across different sectors, communities and 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.

## Vision

The vision of the North East Population Health Alliance has been established through discussions with the North East Population Health Alliance membership. The vision is to have flourishing communities, living fulfilled lives. The North East Population Health Alliance has a joint commitment that: together we will share collective responsibility for the durability of the North East. We will develop and refine this as our membership grows.

## Value of collaboration

The aim of this collaboration is to share expertise and collaborate where there is added value to do so for the benefit of the people of the North East of Scotland. The NEPHA and PHS will work collaboratively to ensure that any outputs from the NEPHA are disseminated widely, to promote learning and sharing. We will collaborate to share and learn about key issues to build our knowledge, share insights and use our collective capacity to improve population health outcomes.

PHS will support the NEPHA by working with the health and care system in the North East of Scotland, the north east local authorities and other partners to collectively provide expertise, data, and evidence, as well as facilitating access to relevant networks and partners.

## Partnership governance

The NEPHA is not intended to be a governance group in itself, but a forum for ensuring that a learning system is developed and implemented. The governance mechanisms already embedded within and across the system will continue to operate as they do.

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

The NEPHA will lead the development of the learning system, and will be responsible for ensuring that the NEPHA meets its objectives.

The partnership between the NEPHA and PHS will be underpinned by a set of shared principles:

<p><b>I will... use my position</b></p> <ul style="list-style-type: none"> <li>Use my position, power and influence for North East wide objectives</li> <li>Use my networks for wider gains, constantly looking for opportunities to improve</li> <li>Proactively involve the community in finding solutions</li> </ul>	<p><b>I will... work with the North East family</b></p> <ul style="list-style-type: none"> <li>To promote a system mindset and to relentlessly focus on health inequalities at all levels</li> <li>Shift system conversations to focus on maximising wellbeing</li> <li>To better use and share data and allocate resources to support our ambitions</li> </ul>
<p><b>I will... help my organisation to</b></p> <ul style="list-style-type: none"> <li>Define success as outcomes for collective health goals, not solely organisational success and minimising unintended consequences</li> <li>Being clear on priorities, and using knowledge and data more consistently to support better outcomes, experience and value</li> <li>Work more with communities through equality, diversity and inclusion</li> </ul>	<p><b>I will... help sustain efforts over time</b></p> <ul style="list-style-type: none"> <li>By seeing ourselves as a family focused on being a healthier region, celebrating success and promoting local practice, support scale-up and sharing</li> <li>By helping create a collaborative system that rewards contribution to shared objectives not just organisational ones</li> <li>Helping flow to where it is most needed with communities, speaking up about equality, diversity and inclusion</li> </ul>

The NEPHA and PHS will maintain the confidentiality of any information shared between them in accordance with relevant laws and regulations. The NEPHA and PHS may agree to share information with third parties, but only with the prior consent of the other party.

This agreement does not constitute a legally binding agreement between the NEPHA and PHS, but rather a statement of intent to collaborate.

The NEPHA and PHS will operate for a period of three years, at which point it will be evaluated.

## Monitoring, evaluation and impact measurement

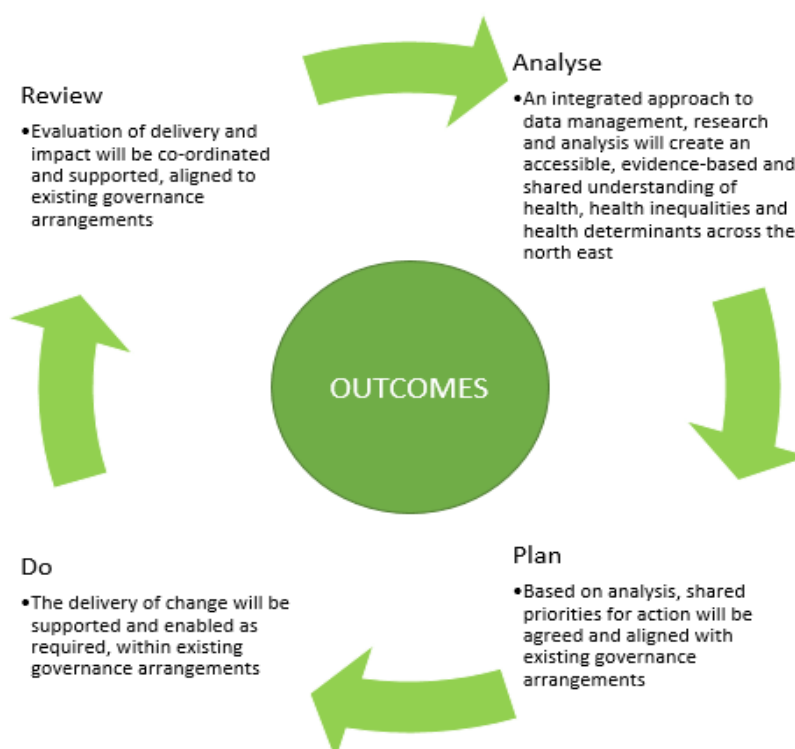
The shared objective of this MoU is to improve population health and reduce health inequalities across the North East of Scotland.

To do so will require the NEPHA and PHS to collectively create the conditions to build relationships, create, acquire and transfer knowledge, and co-design experiments/ explorations/ modifying behaviour/ changing system to reflect new knowledge and insights through shared research and evaluation.

This requires a focus on data capture / understanding the system to generate knowledge, aid decision making and turn knowledge into action to achieve better outcomes. Monitoring and evaluation, therefore, will focus on:

- 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?
  - 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?

At the heart of learning as a management strategy is enacting a process of understanding and experimenting with complex systems to try and get those systems to produce a different pattern of results (or outcomes)<sup>ii</sup>. We will use learning cycles to collectively plan and organise this work, and form collective knowledge through research and evaluation which will feed into these learning cycles.



<sup>ii</sup> <https://www.centreforpublicimpact.org/assets/pdfs/hls-practical-guide.pdf>

- 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 have the prioritised actions agreed by the NEPHA been delivered and what has been the impact?

## Resources

Proposed areas of joint work are described in appendix 1.

Fulfilment of the strategic partnership agreement will be dependent on the commitment of dedicated resource from both the NEPHA and PHS. This involves:

1. General principle of sharing knowledge, skills and expertise in order to enable the collective contribution against the agreed joint areas of work
2. Dedicated time from the NEPHA and PHS membership and identified staff to contribute and engage in regular Alliance meetings.
3. Establishment of a core team to develop the partnership and enable the achievement of the collective contribution against the identified joint areas of working
4. Further internal exploration of data held across the NEPHA partners and PHS is required in order to determine what and how data can be shared and utilised.
5. Capacity from NEPHA partners and PHS including data, evidence, research, evaluation, communications and marketing functions to be identified as part of a more detailed planning of joint actions. (This may include secondment opportunities across partner organisations to support skills development, knowledge sharing and transfer, and deployment of specialist skills for the purposes of achieving shared objectives.)



## Appendix 1

### Proposed areas of joint work

This agreement will facilitate the establishment of a forum for the NEPHA and PHS to collaborate and share knowledge to improve population health and reduce health inequalities across the North East of Scotland. Following assessment of need and understanding of activity across the system the NEPHA and PHS will agree shared priorities. The following high-level themes will be explored in year one with a view to developing more detailed objectives:

1. 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.
2. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to achieve the vision of thriving communities living fulfilled lives.
3. Developing common data governance and system models to enable findable, accessible, interoperability and reusable data to support research, policy development and operational delivery such as the Persons at Risk Database (PARC) and local use of common identifiers, including CHI.
4. 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.
5. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.
6. Child poverty, the Drugs Mission and the eradication of homelessness will appear in detailed workplan 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.

## Strategic partnership agreement August 2023

We agree and accept this strategic partnership agreement between:

Public Health Scotland, **<add address>**

and: The North East Population Health Alliance (comprising 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)

### Public Health Scotland

Name:	
Position:	
Signature:	
Date:	

### **<insert NEPHA partner organisation name>**

Name:	
Position:	
Signature:	
Date:	