

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>6 April 2023</b>
<b>Item Number:</b>	<b>7</b>
<b>Title:</b>	<b>Director of Public Health Annual Report 2022 – Delivering Change, Improving Lives</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Susan Webb, Director of Public Health</b>
<b>Report Authors:</b>	<b>Corri Black, Consultant in Public Health Shantini Paranjothy, Deputy Director of Public Health</b>

## 1 Purpose

The Board is asked to

1. endorse the Director of Public Health Annual Report 2022;
2. agree that it will be used as the framework for co-producing the priorities for partnership working with partners and communities to
  - (a) identify areas for joint work in order to improve health and reduce health inequalities and
  - (b) further develop and strengthen our population health system; and
3. note that reports updating on progress of the work detailed in recommendation 2 above to co-produce priorities for partnership working will be provided to the Population Health Committee during 2023 on dates to be agreed with the Chair of that Committee, with the agreed priorities to be reported to the Board no later than the April 2024 Board meeting

**This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of the Director of Public Health Annual Report (the DPH Report) is to provide an assessment of the current health status of the population in Grampian. In this year's report we reflect on the trends in population health in Grampian, consider the social, economic and environmental factors influencing these and the implications for our future health.

The draft report is attached as Appendix 1 to this paper. This is the first draft of the report which Corporate Communications colleagues have formatted to make it more reader-friendly and accessible, with clearer graphs and illustrations. The final version of the reformatted report will be available for the public to access on the NHS Grampian website following the Board meeting – production timescales for the re-formatting did not accommodate the final version being available for the Board pack of papers.

## **2.2 Background**

The report highlights that our health gains were stalling a decade before the pandemic. It also describes how the implications of the pandemic stretch beyond the acute risks and control measures to mitigate the consequences of severe infection. As COVID 19 continues to disrupt our lives, through its effects on the economy, education and social networks as well as health and care, the report describes how we are starting to see the longer term impacts of the pandemic manifest as worsening health and widening health inequalities in our communities.

The report used the frame of the King's Fund Four Pillars of population health to describe the context within which initiatives to improve population health are implemented. These four pillars are

- (a) the wider determinants of health,
- (b) health behaviours and lifestyles,
- (c) integrated health and care system, and
- (d) places and communities we live in.

Many different organisations provide services affecting these social, economic and environmental factors that influence our population's health and wellbeing. Real impact can be achieved by focusing on where the four pillars of health determinants overlap; these are the situations where organisations with remits to improve the lives of the populations they serve can create sustainable change by working together.

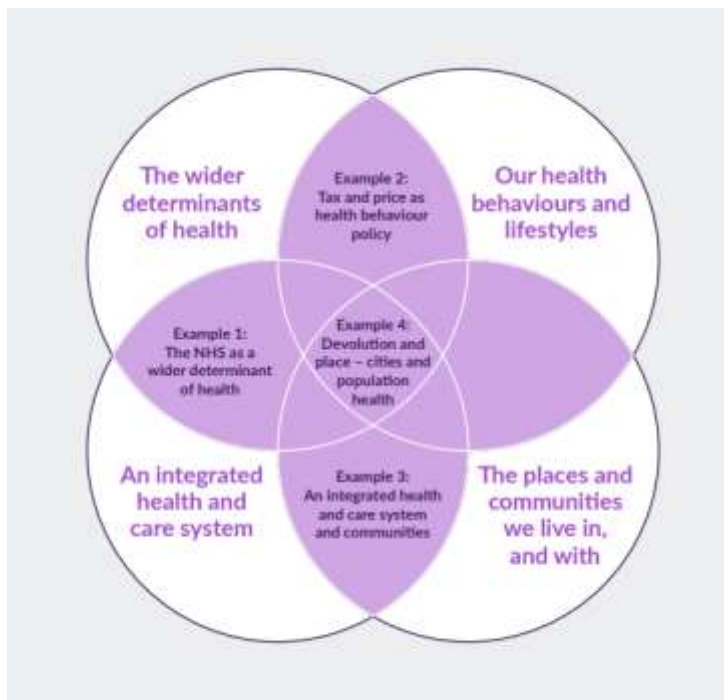


Fig 1 A population health system recognises and maximises the activity in the overlaps between **the four pillars that determine health**. Kings Fund. A vision for population health: Towards a healthier future

### 2.3 Assessment

The report considers the key threats that will influence our health and wellbeing:

- the higher cost of living,
- increase in need and demand for healthcare,
- infectious diseases and
- climate change.

Each of these brings its own pathway of consequences. Whilst our response to mitigate the consequences needs to be targeted to the specific threat, the subsequent harms to health and long term impacts coalesce to form a common path. This means that each of these threats has implications for mental health and wellbeing, children’s health and development, physical health particularly cardiovascular and respiratory diseases, frailty and complex multi-morbidity, infectious disease and community wellbeing. Each impact leads to worsening health and wellbeing of our community and widens the inequalities. Uninterrupted, there is a spiralling cycle that worsens health and wellbeing, widens inequalities in our community and reduces economic vitality.

There is good evidence that investment in prevention is cost-effective and impact is most apparent when changes are implemented at scale. It can take time for benefits to be fully realised and demand on services continues to grow to meet people’s immediate needs, many of which are preventable. Breaking this cycle is fundamental to improving population health while reducing health inequalities.

We are fortunate to have strong partnerships across public agencies, private and third sectors and communities in the North East of Scotland with many examples of good practice and innovation to address this complex agenda. During the pandemic we

collectively focussed on protecting health. We shifted how we work together with communities and partners across organisations at a pace and scale with innovation, driven by our common goal of keeping people safe and supporting physical and mental wellbeing. As we move forward from the pandemic, some of the population health challenges we are grappling with are significant and, in places, worsening. We cannot simply not do more of the same.

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, with support of the Director of Public Health, 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 Alliance in recognition of our collective responsibility.

The 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 and 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 more powerful collective conversations and action to deliver our vision of thriving communities living fulfilled lives.

The DPH Report discusses each threat and uses the four pillars of population health to frame the opportunities to take action with our partners and communities to secure a healthy and prosperous future for people living in Grampian. It makes the case for needing to mitigate the impacts of the higher costs of living, renewing our focus on prevention, reducing the risks of infection in our communities and addressing the impacts of climate change.

With the support of the North East Alliance, the plan is to use the DPH Report and the four pillars of population health as a framework for engaging with our partners and communities, to discuss each threat and co-produce actions, learning together with our communities and across public, private and third sector. By using a four pillars approach and focusing on where the four pillars intersect, we can add value through partnership working.

### **2.3.1 Quality/ Patient Care**

Through joint working on care-pathways that incorporate proactive and preventative healthcare approaches, we anticipate a positive impact on the quality of our services and patient care in the longer term.

### **2.3.2 Workforce**

Through engagement with our workforce we hope to identify enablers to support them to redress the balance of enabling wellness and responding to illness as set out in the Plan for the Future.

### **2.3.3 Financial**

The principle (highlighted below) in the Medium Term Financial Framework (noting that it is on the Board agenda today for approval) will support the implementation of the co-designed action plan resulting from engagement with partners:

‘Supporting and recognising the value that preventative activities and services bring to peoples’ lives, we will protect preventative spend and over the medium term seek to increase spend on preventative activities.’

### **2.3.4 Risk Assessment/Management**

Projections from the Scottish Burden of Disease programme indicate that while the Scottish population is set to decline over the next 20 years, the annual disease burden is forecast to increase 21% between 2019 and 2043. The largest increases are forecast to be in those age 65 years and above. The largest absolute increases in burden are forecast to be driven by cardiovascular diseases; cancers; neurological disorders; chronic respiratory diseases; diabetes and kidney diseases; and common infectious diseases. These projections make a compelling case for the population health approach set out in our report – if we do not take action, we will have an increased burden and unsustainable pressure on our health and care system.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because this report provides an assessment of the current situation, including current health inequalities.

### **2.3.6 Other impacts**

None

### **2.3.7 Communication, involvement, engagement and consultation**

The content of this report has been discussed with the North East Alliance on 23 February 2023, at Public Health system meetings and a Population Health Committee Development Session on 28 February 2023

### **2.3.8 Route to the Meeting**

The draft DPH Report was considered at the NHS Grampian Board Seminar on 2 March 2023 where the principles outlined in the Report were supported.

## **2.4 Recommendations**

The Board is asked to

1. endorse the Director of Public Health Annual Report 2022;
2. agree that it will be used as the framework for co-producing the priorities for partnership working with partners and communities to
  - (a) identify areas for joint work in order to improve health and reduce health inequalities and
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3. note that reports updating on progress of the work detailed in recommendation 2 above to co-produce priorities for partnership working will be provided to the Population Health Committee during 2023 on dates to be agreed with the Chair of that Committee, with the agreed priorities to be reported to the Board no later than the April 2024 Board meeting

## **3 List of appendices**

The following appendix is included with this report:

- Appendix 1 – NHS Grampian Director of Public Health Annual Report 2022 (draft version)