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The North East Alliance

DRAFT

Director of Public Health Annual Report 2022

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Contents

Introduction

The last few years have been challenging for us all, however, improvements in health were stalling almost a decade before the pandemic began. Life expectancy was no longer improving and premature mortality was increasing. The health gap between the most and least vulnerable in our communities had been widening. The COVID-19 pandemic exposed how the existing inequalities in our society are associated with an increased risk of becoming ill, meaning that some felt the impacts far more than others.

In this year's report, I reflect on the key threats to the health of the Grampian population. Whilst we are now moving forward from the pandemic, we are still experiencing the longer–term impacts and the world in which we live has changed with significant increases in the cost of living. The demand and need for health & social care is increasing. Infectious diseases continue to pose a significant risk to the health of our communities. The impacts of these challenges are intensified by the effects of climate change, which also impacts on our health and wellbeing. These factors are complex and overlap and are embedded in society, but they are also preventable.

The coming years are therefore critical for enabling our communities and organisations to adapt to the impact of the last decade, the longer-term consequences of the pandemic and current economic context. We are fortunate to have strong partnerships across public, private and third sectors and communities in the North East with many examples of good practice and innovation to address the complexities we face. As we move forward, the population health challenges we are grappling with are significant and, in places, worsening. We cannot simply not do more of the same.

I am delighted to have the commitment and support of the public sector leaders in the North East to act together as a population health system to reduce the inequalities that determine poor health, and help create a healthier, fairer and safer place to live. Together we can seize the opportunities for collaborating with and through our partners, the third sector organisations we work with, and with our communities to secure a healthy, fair and safe future for people living in Grampian.

I look forward to working with you to listen and learn together, as we co-produce the actions that will respond to the challenges set out on this report. When we work together, we can create the building blocks for a healthy, fair and safe environment that will make a real difference to the lives of everyone living in Grampian.

Susan Webb
Director of Public Health,
NHS Grampian

Health in Grampian

Almost a decade before the pandemic began, health gains were stalling. Life expectancy was no longer improving and premature mortality was increasing. The health gap between the most and least vulnerable in our communities was widening.

Life Expectancy

Life expectancy fell in 2019-2021. Most of that drop was a direct impact of increased mortality due to COVID-19, although drug related deaths also increased and the improvements in cardiovascular death seen over the last 2 decades stalled. (Fig 1)

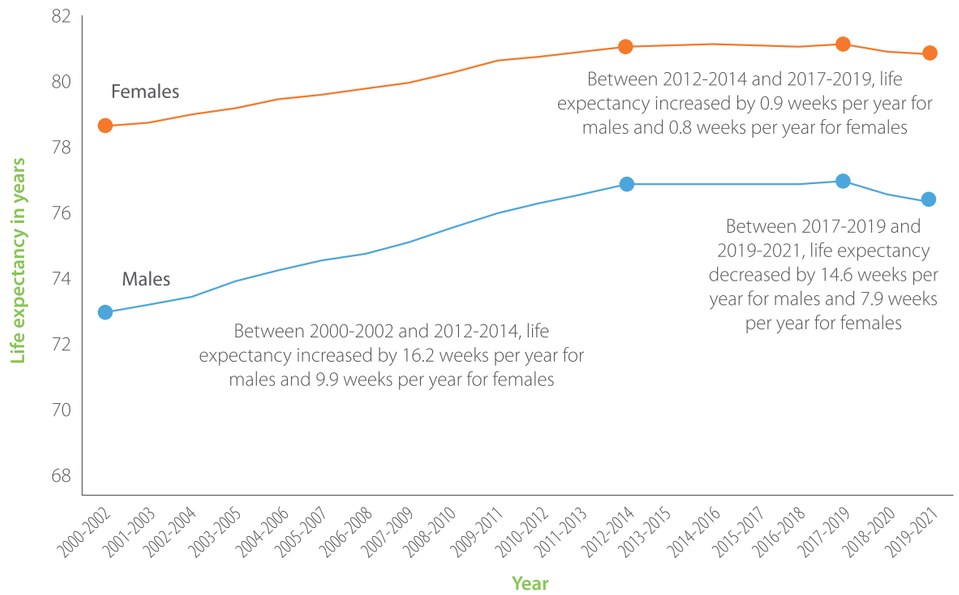


Figure 1 Life expectancy in Scotland has been stalling since 2012-2014 and reduced in 2019-2021[1]

The important trends in life expectancy started long before the pandemic. For the most part of the 20th century, life expectancy increased year on year (with the exception of the impact of the world wars). That steady increase in life expectancy continued across the UK, and Scotland, until 2010. Since 2008-2010, the improvement in life expectancy started to slow and, from 2012-2014 until 2017-2019, any improvement in life expectancy stalled. The same pattern is true for Grampian and the three local authorities: Aberdeen City, Aberdeenshire and Moray.

Scotland has the lowest life expectancy of Western Europe and, over the last decade, the gap has widened with other European countries. The gap in life expectancy between the most and least vulnerable in Scotland has also widened. For males in 2019-2021 there were 13.7 years difference between the most and least vulnerable. For females the difference was 10.5 years. The gap between the richest and poorest is widening. In Grampian, the gap is less marked but still evident (8.3 years for men and 6.1 years for women) and is widening.

Healthy Life Expectancy

The amount of time people spend in good health has been decreasing. Healthy life expectancy is the average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health. In Scotland this has fallen over the last decade. Healthy life expectancy has fallen and stagnated in the last decade in Grampian. The same pattern is seen for each of the local authorities. On average, in Grampian a man might expect to spend 14.3 years in poor health and a woman 17.3 years. (Fig 2)

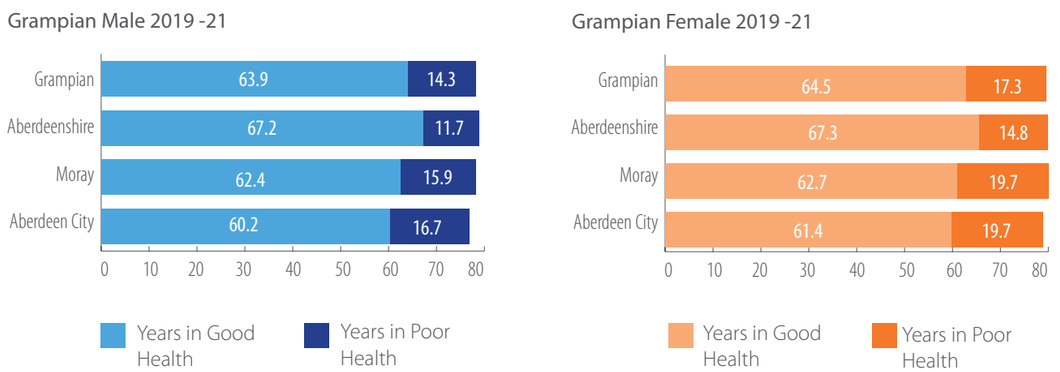


Figure 2 Healthy life expectancy for Grampian and by Local Authority 2019-2021

Mortality

The fall in life expectancy is because of excess deaths. Between 2000 and 2012, progress was being made in preventing deaths from cancer and cardiovascular disease, alcohol related deaths, and suicide. In line with these improvements, absolute inequalities in mortality outcomes were generally reducing. However, in the decade since we have seen a stagnation and, in some cases, a worsening of outcomes and inequalities. For example, among men aged 15-44 years, drug related deaths and suicides predominate as the leading cause of death, and both have risen over the last decade. Even infant mortality, which is traditionally very low in Scotland, has risen in the most deprived communities since 2012-14. [2]

In Grampian, mortality in those under the age of 65 years (premature mortality) was falling until 2012-15, but since then has been rising. (Fig 3) The gains in mortality have stagnated for people over 65 years of age.

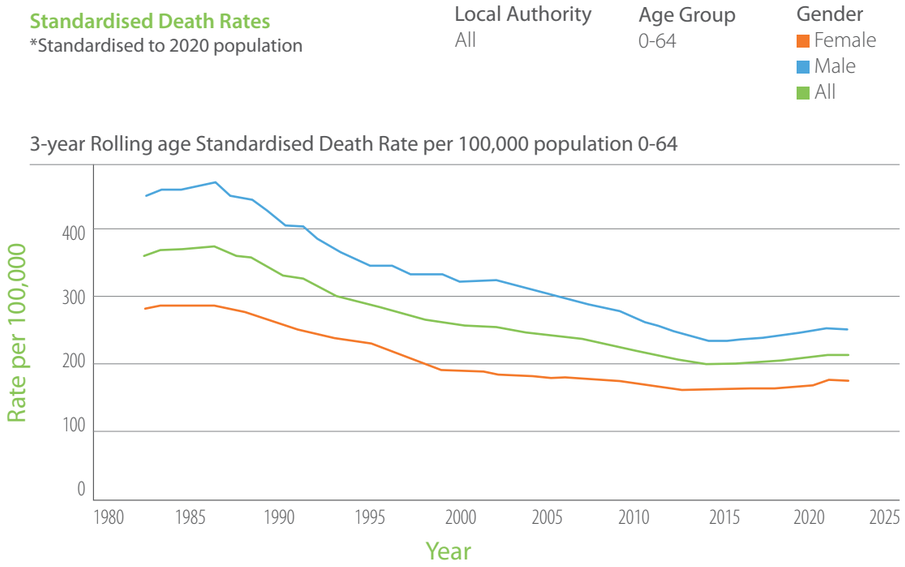


Figure 3 Premature mortality (under 65yrs) for Grampian. Three year rolling age standardised death rates per 100,000 population (male, female and overall) had been falling but have risen since 2015

Health inequalities in Grampian

The health gap between the most and least vulnerable in our communities already existed prior to the pandemic. The health inequalities gap, for many conditions has been widening over the last decade.[2] We see this inequality in almost all areas including coronary heart disease, respiratory diseases such as asthma and chronic obstructive pulmonary disease, cancer and mental health and it is widening in some areas such as alcohol specific and drug related deaths. There are also widening inequalities in health risk factors such as smoking during pregnancy, maternal obesity and uptake of HPV vaccination among girls.

The Long Arm of the Pandemic

COVID-19 continues to disrupt our lives through its effects on the economy, education, social networks as well as health and social care. We are starting to see the longer-term impacts of the pandemic manifest as worsening health and widening health inequalities in our communities. When we work together we can stop the disruption to child development, education, employment, mental health, communities and connectedness, and care.

In February 2020, the first Grampian resident tested positive for SARS-CoV-19, the virus that causes COVID-19. Since then, we have worked together through multiple waves of COVID-19. Just like everywhere else in Scotland, more people living in the poorest communities in Grampian were admitted to hospital with COVID-19 (Fig 4).

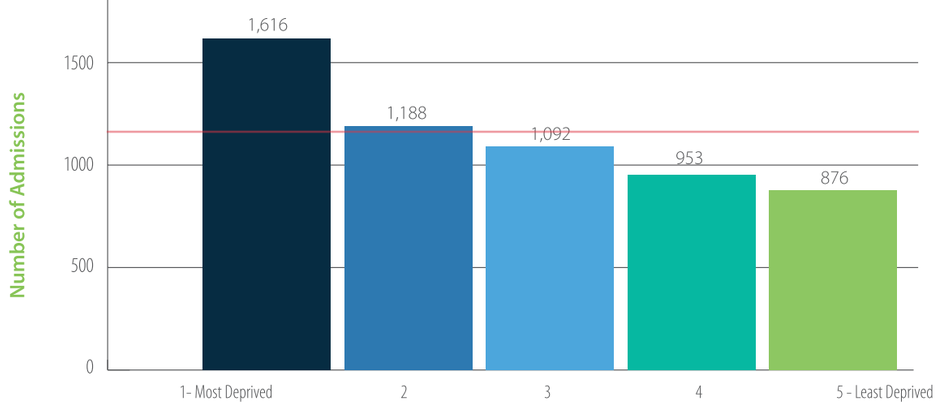


Figure 4

Through the delivery of a very successful vaccination programme, COVID-19 is no longer the severe threat to life that it once was, barring the occurrence of a severe mutation. (Box 1) However, when the virus is circulating at high levels in the community it continues to disrupt, whether that is peoples' plans for holidays, missed days at school and work or patient care. For some, the acute infection remains a serious illness and for others, living with long COVID is challenging.[3] (Box 2)

Box 1

Protecting the Public's Health – importance of the COVID-19 Vaccination Programme

The emergence of SARS-CoV-2 was followed by the rapid development, licensure and roll-out of several COVID-19 vaccines from late 2020 onwards, initially targeting select groups including those at higher risk of severe disease, in particular older adults. This programme was challenging to deliver, not just locally but globally. Unlocking of large parts of our community were dependent on the success of the programme, none more so than some of our most vulnerable and protected citizens. Across Grampian, to date, there has been 1,582,362 COVID-19 doses delivered of which 376,250 doses were administered in 2022. We delivered a successful spring and autumn winter booster campaign in 2022 with our overall uptake for the autumn winter campaign in Grampian being 73.6% which was above Scotland average.

By 2021, it was estimated that 86% of deaths in Scotland among the over-60s were averted by vaccines. COVID-19 vaccination remains the most effective way to protect ourselves, because the vaccines help

- reduce the risk of getting seriously ill or dying from COVID-19
- reduce the risk of catching or spreading COVID-19
- protect against COVID-19 variants

The logistical challenge of delivering such a big programme at scale meant that the system had to be agile, responding to the needs of the community, including addressing issues of rurality, reaching transient, mobile and harder to reach populations, ensuring that those unable to travel to large vaccine centres were able to have doses delivered close to, or at home. All of the lessons learned are being applied to reduce the inequalities in the uptake of routine vaccines.

Box 2

Long COVID

Long COVID is defined as symptoms continuing for more than four weeks after the first suspected COVID-19 infection that were not explained by something else. The ONS estimates that 2 million people living in private households in the UK (3.5% of the population) were experiencing self- reported long COVID in July 2022. Long COVID is most commonly reported by those aged 35-69 years, females, people living in more deprived areas, those working in social care, and those with other activity limiting health conditions or disabilities. An estimated 1 in 10 people reporting long COVID go on to sick leave.

That would equate to up to 20,000 people in Grampian with 2000 on sick leave

[ONS Nov 2022 Survey]

As the direct harms from infection with COVID-19 ease, it is the indirect harms of the pandemic on health that we are observing impact our communities today. (Fig 5)

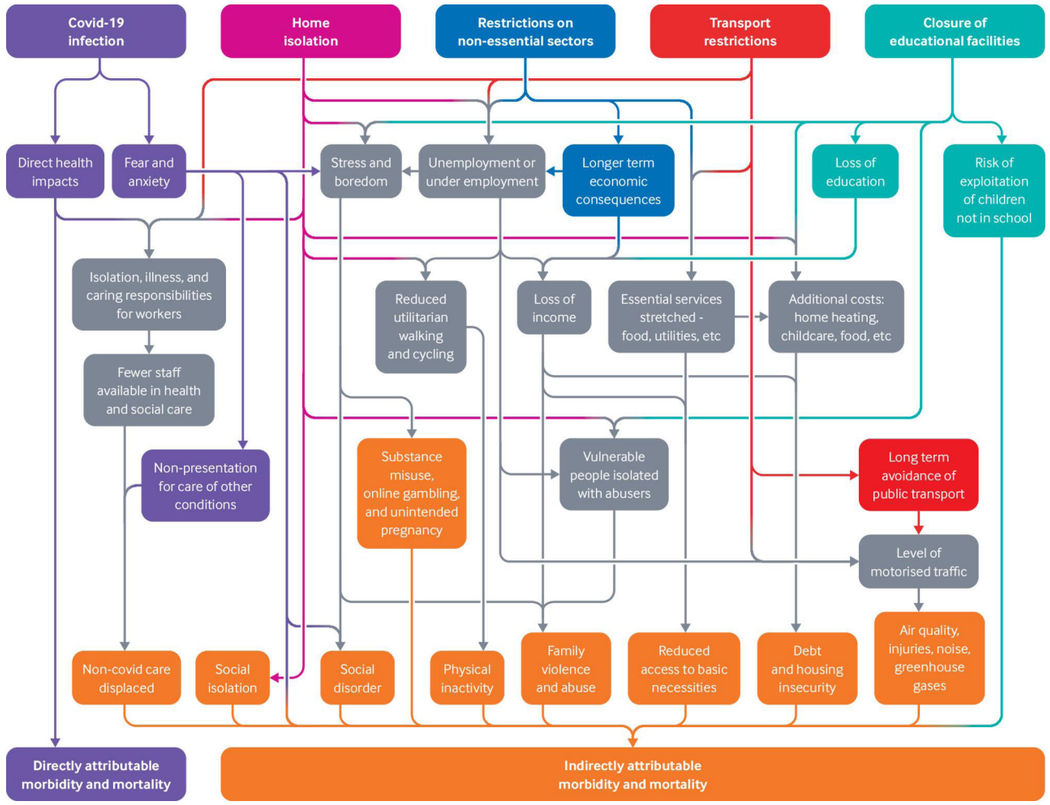


Figure 5 The direct and indirect harms of COVID-19 pandemic on health and wellbeing

Consequences for children and young people

Children and young people had their lives severely disrupted. The number of children reported to have developmental concerns at their 27-30 month assessment has almost tripled in Grampian. (Fig 6) Health Visitors report that this is particularly in relation to speech and language delay. From Scottish data, we know that children in the most deprived communities are the most severely impacted. (Fig 7) If not resolved, these concerns may have implications for children's school readiness, which in turn affects academic attainment and future job opportunities. Child developmental concern is a signal for the disruption to early development in far more children. Similar signals are evident in school absences, educational attainment, changes in physical activity and mental wellbeing in children.[2] The early years of life are critical to future child development and are the building blocks for long health, good educational attainment, economic productivity and strong communities.[6] Ensuring an equal society that enables children to flourish is core to Scottish Government policy.[7]

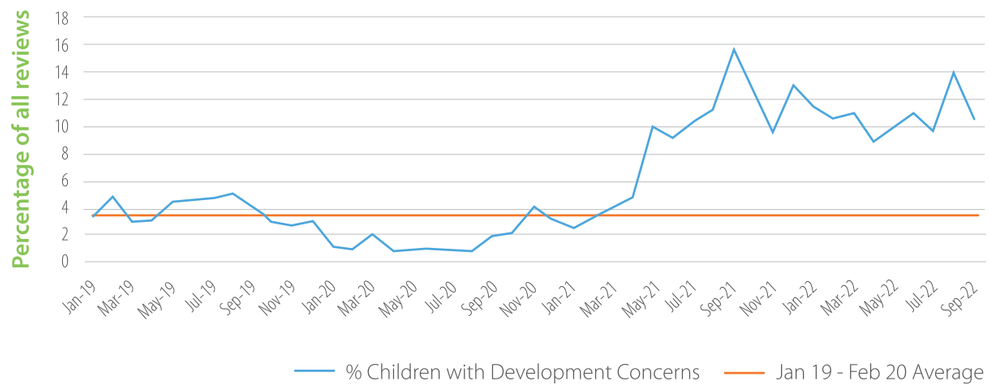


Figure 6 Proportion of all child development assessment at 27-30mths in Grampian where a developmental concern has been raised (Jan 2019 to Sept 2022)

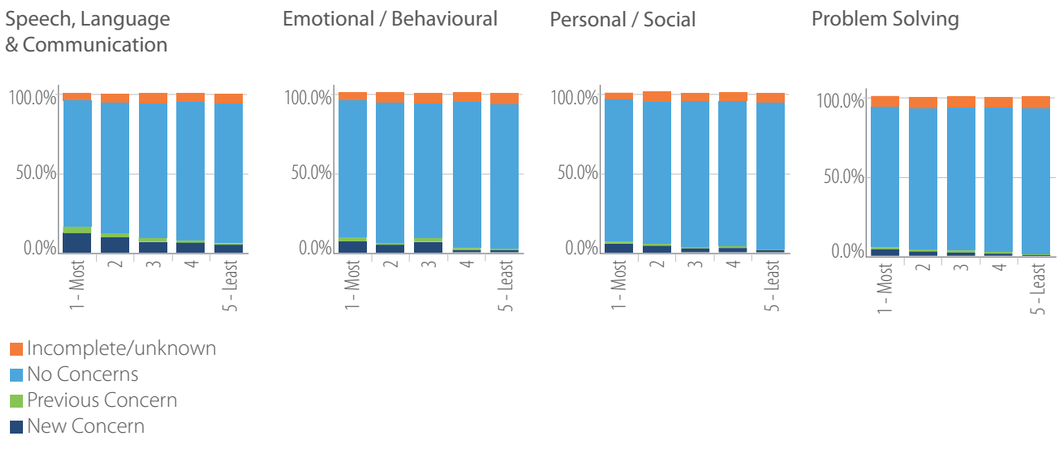


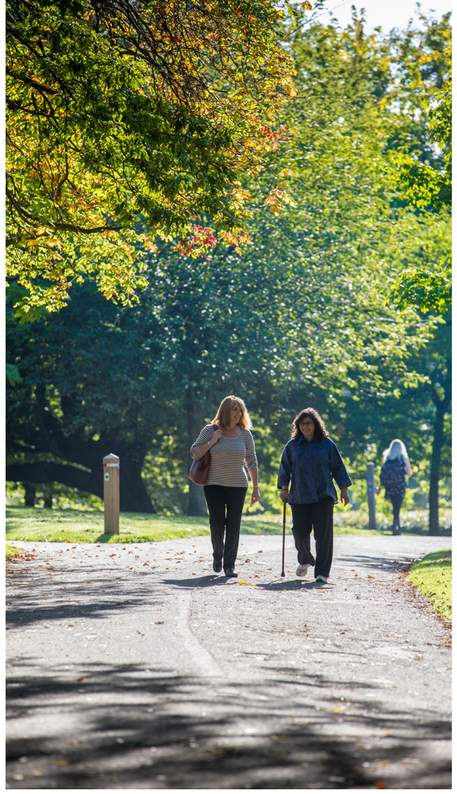
Figure 7 Proportion of child development assessments at 27-30mths with a developmental concern by type of concern and SIMD quintile of deprivation (Scotland data 2020/2021 27-30mth child development review)[8]

Consequences for the working age population

During the acute phase of the pandemic, a large rise in unemployment was avoided; government support through the furlough scheme, along with business resilience, helped mitigate this. However, workforces have lost staff, driven through worsened health of our population directly impacting workforce, in taking on caring roles or because of a change in the 'need' to work. The number of people considered 'economically active' has not recovered to pre-pandemic levels, with an additional loss across the UK of around half a million people to the workforce, particularly in the 50-64 year age group. [9]

Consequences for communities, culture and belonging

Local, community and mutual aid groups were critical in the response to the pandemic. Where there was a strong sense of belonging and community, community support networks and community led local physical and digital infrastructure enabled local communities to respond better. [10] The pandemic generated creativity in the way people supported one another and a new generation of first-time volunteers. However, these features of community resilience where not evenly distributed across all communities. The indirect harms are still emerging with impacts on loneliness and isolation for the elderly, connectedness within communities and economic resilience.



Building a healthier future: the case for change

The story of the last decade, with worsening trends in health and widening inequalities, is not inevitable.

Taking a long lens, our health had improved throughout the last 100 years, but we stand now at a turning point and we need to consider the key threats to our health and wellbeing.

The world in which we live has changed and we have to consider the implications of this and the threats they pose to our health and wellbeing, now and in the future. These are the:

- higher cost of living
- increase in need and demand for health, social care and community support services
- infectious diseases
- climate change

Higher cost of living

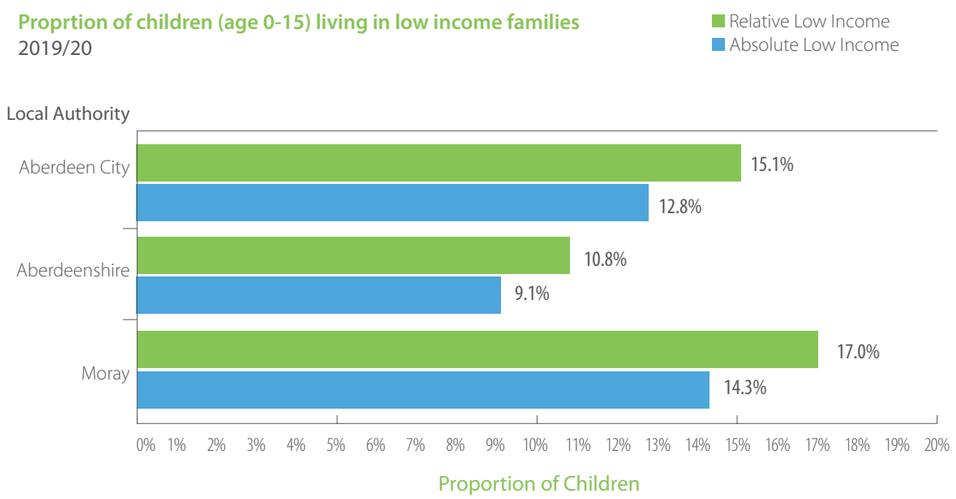
We knew coming through the pandemic and EU Exit would create economic shocks both across our nation and globally. Other factors impacting economic stability were perhaps less obvious on our horizon 12 months ago. Economic instability has resulted in a 'perfect storm' of harm for many people in our communities bringing:

- increased housing costs
- increased fuel costs
- increased food costs
- increased costs of most goods and services that we use on a daily basis.

This is against a backdrop of a benefits system, pensions and wages that are not keeping up with the cost of living, and at a time, post pandemic, when personal, community and organisational resilience is lowered. As a result, the established patterns of poverty in our community are changing with:

- deepening financial pressure on those already experiencing poverty
- increasing the number of families in poverty
- placing even more households into financial stress
- increasing the number of people experiencing ill health as a direct result of cold homes
- worsening mental health across a wide range of the community
- increasing numbers of deaths attributable to poverty (Box 3)

In Grampian, 1 in 8 children are living in poverty. Department of Works and Pensions data shows that in 2020/2021, the risk of the pandemic to escalate child poverty had been mitigated, but the higher cost of living will have caused further financial strain for families in 2022/2023. (Fig 8)



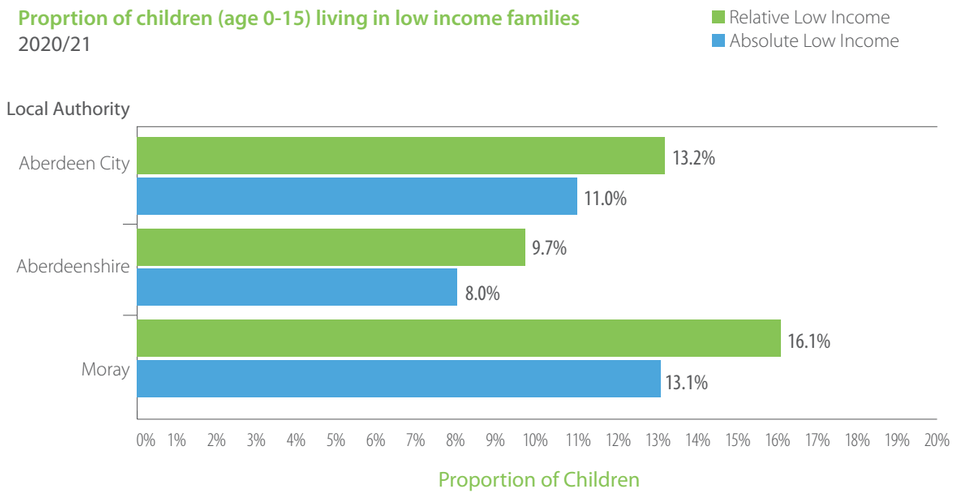


Figure 8 Proportion of children living in low income families 2020/21 and 2019/20 by Local Authority area

One in three low-income families are being forced to reduce food for their children. [11] Families that were managing previously, but who had their savings reduced in the pandemic, find themselves in a spiral of costs that tip them in to debt. The fear of spiralling costs makes even more people take different choices from their normal, for example, turning down the heating and leaving them more vulnerable to cold than they realise. Debt, despair, loneliness and isolation can also lead to an increase in risk taking behaviours such as alcohol and substance misuse.

All sectors have been hit by high inflation and the rising costs, whilst demand for services is increasing. The voluntary sector saw significant reduction in income from fund raising during the pandemic and are further challenged by rising bills, economic pressure on volunteers and reduced fund-raising opportunities. In addition to organisations that provide obvious direct support for people suffering financial difficulty, there are a number of other third sector groups who provide low cost recreational, educational and social activities in their communities (both communities of place and of people). Many of these organisations are also experiencing cost pressures and an uncertain future.

The higher cost of living is a public health emergency that, whilst very different from the COVID-19 pandemic in terms of the direct harms, has the potential to result in similar harms such as an increase in excess deaths, increased levels of ill health, poorer levels of children's development and increase demand for health, social and welfare services.

(Fig 9)

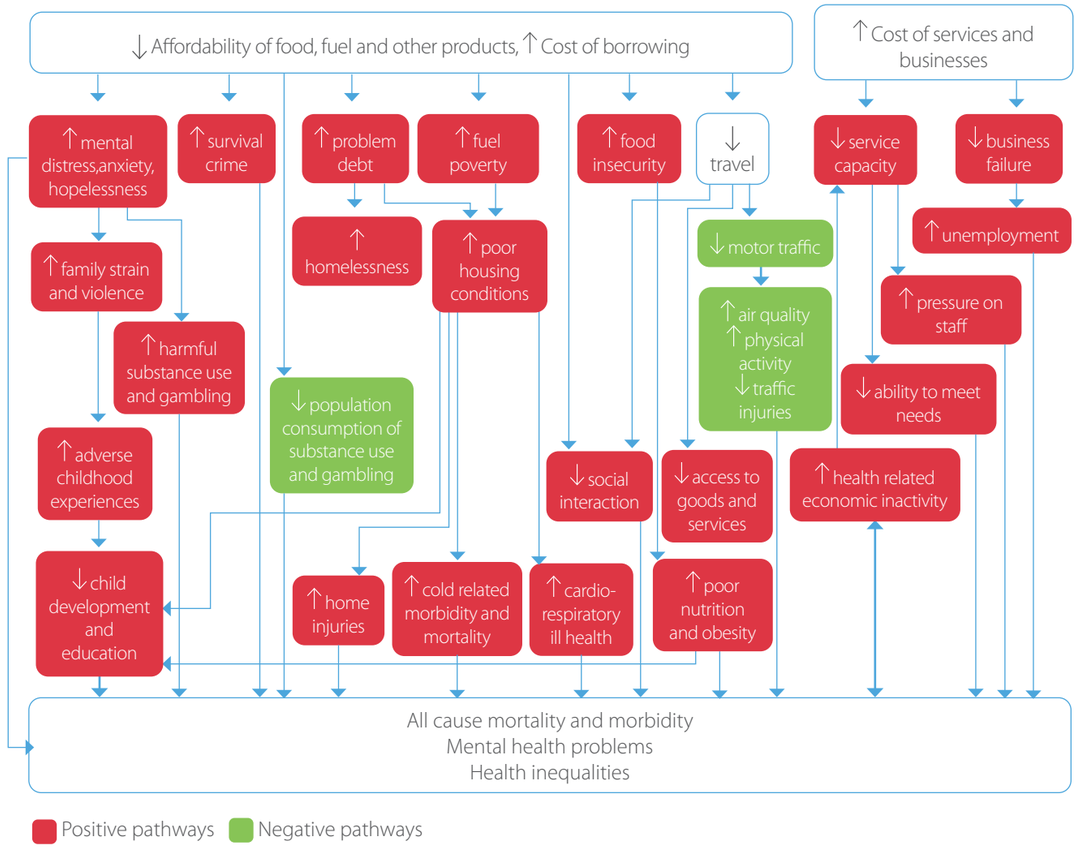


Figure 9 Pathway from the direct consequences of the Cost of Living crisis to health harms and impacts.

Box 3

Estimated impact of the higher cost of living on mortality

Austerity measures introduced as a result of the 2008 financial crisis played a major role in contributing to an estimated 335,000 excess deaths in the UK between 2012 and 2019 with the most socially economically deprived people suffering the most. The current higher cost of living, unmitigated, is estimated to make the most vulnerable households £3,300 worse off in real terms in 2022/23. If sustained, this magnitude of income drop could result in 200 additional premature deaths per 100,000 population. Mitigation by the Energy Price Guarantee and Cost of Living support payments, is estimated to leave the most vulnerable still £1,400 worse off in 2022/23. Sustained, this is still estimated to increase premature mortality by 70 deaths per 100,000 population. [13] (14)

In Grampian this equates to 411 deaths

Increasing demand and need for health and social care

Although projections indicate that the Scottish population is set to decline over the next 20 years, the annual disease burden was forecast to increase by 21% between 2019 and 2043, with the largest increases in those age 65 years and above. [14] (Fig 10) These increases are driven by cardiovascular diseases; cancers; neurological disorders; chronic respiratory diseases; diabetes and kidney diseases; and common infectious diseases.

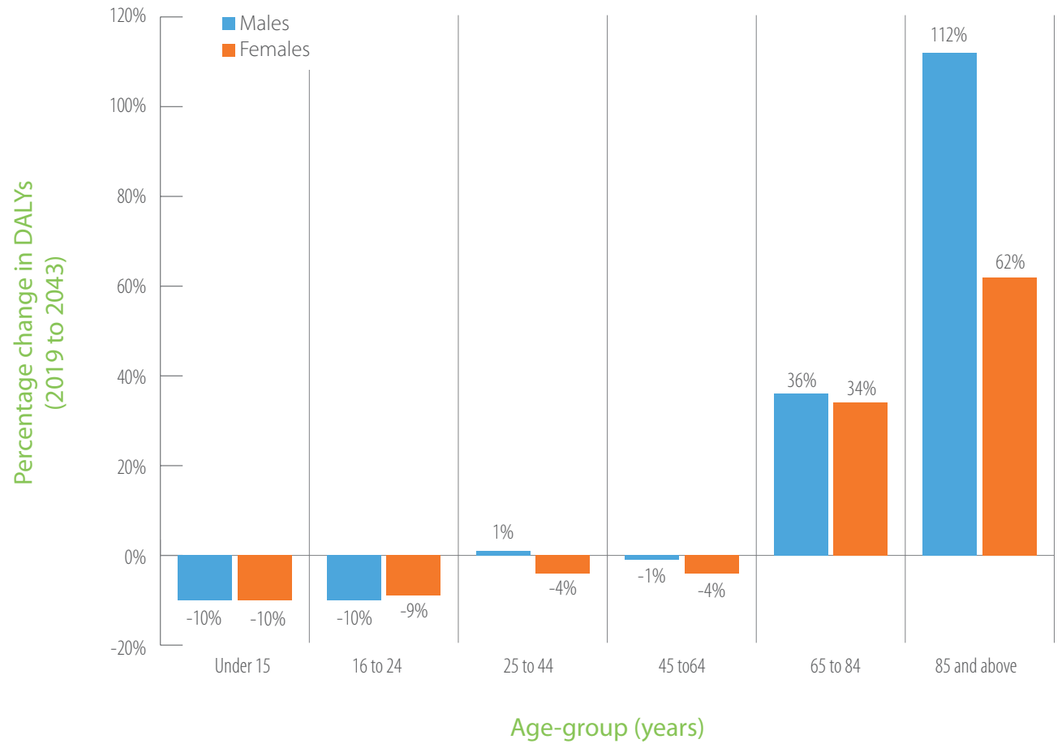


Figure 10 Change in the number of all-cause disability adjusted life years (DALYs) by age and sex, 2019 to 2043[12]

Since 2022, our hospitals have experienced exceptional pressure on beds, similar to every health board in Scotland. Care home occupancy has been critically high and delayed discharges have risen. (Fig 11) Grampian has a lower rate of care home beds per 1000 people aged 65years and above as compared to the Scottish Average (35 per 1000 for Scotland; 35 in Aberdeen City, 31 Aberdeenshire, 27 in Moray) and sustained higher occupancy. The number of beds had reduced over last decade by around 15% (20% in Aberdeen City, 11% Aberdeenshire, 7% in Moray). [15] The demand for community care is high and the number of undelivered hours of care is rising.

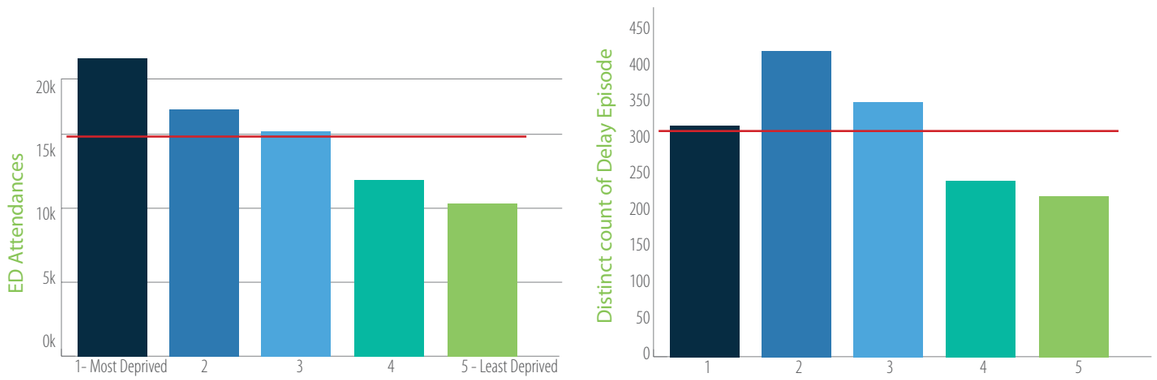


Figure 11 Emergency Department attendances and Delayed Discharges by local SIMD deprivation quintile 2022

As services shifted to provide the pandemic response during early 2020, there was a reduction on preventative care during the early stages. For example, Dale et al showed that there was a marked decline in the number of cardiovascular disease preventive medicines dispensed at the start of the COVID-19 pandemic.[16] Across England, Scotland and Wales, 491,306 fewer individuals initiated antihypertensive treatment than expected based on 2019 levels. The authors estimated that this reduction could result in 13,662 additional cardiovascular disease events, including 2,281 myocardial infarctions and 3,474 strokes, should individuals remain untreated over their life-course. This translates to approximately 122 additional cardiovascular disease events in Grampian.

COVID continues to create illness in our communities but that is no longer the major pressure in the system. Mental health, drugs and alcohol, cardiovascular disease admissions have all increased. There has been a built up demand during the pandemic as a result of disruption to care but this presents today, not simply as higher demand.

The complexity of cases has increased. More people are presenting later in their disease journey, some as emergencies rather than planned care, and, as a result, their care is more complex.

Ill health is not equally distributed in our communities.[2] Those who are most vulnerable have the highest levels of poor health, reducing ability to engage in education and work, increasing household costs and exposing them to the consequences of social inequalities. They also have higher levels of smoking, lower levels of breast feeding, lower levels of physical activity.

Infectious diseases

Infectious diseases continue to pose a threat to our health. We live in a global environment where the conditions remain right for future pandemics and antibiotic resistance continues to grow.

COVID-19

COVID-19 continues to circulate in our community and globally remains challenging. The reintroduction of control measures for those travelling from China at the end of 2022 is a reminder of the global situation. Where there are high levels of infection in partially immunised communities, the risk of mutation remains a threat in terms of increased transmission and/or increased risk to health. Our vaccination programme continues but with each round, uptake is lower particularly in some key workforce groups and our most socio-economically deprived communities. (Fig 12) As immunity wanes, that places more people at risk to infection and the cycle of balancing the timing of each round of vaccination to provide maximum protection to the most vulnerable remains.

Figure 12 COVID-19 booster uptake for Grampian and Scotland by SIMD deprivation decile Sept 2022 to Feb 2023

Influenza

By the end of November 2022, it was clear that we were heading into the worst influenza year that we have experienced for some time. We rely on a vaccination programme that has generally good uptake but is not as high as it could be in all eligible groups, with the same key workforce groups (45% uptake in Health and social care workforce) and those from the most deprived communities having the lowest uptake. The lower uptake of influenza vaccine in those of working age places pressure on services and businesses as staff absences increases. The advice to stay away from work while symptomatic is made more difficult because of the inequitable nature of sick pay and contracts that leave people vulnerable. The impact for businesses is, however, that the infection spreads throughout the workforce.

Other Infections

2022 also saw a rise in many of the infectious disease that were supressed as a secondary consequence of the control measures for the pandemic. Respiratory Syncytial Virus (RSV) and norovirus have been circulating at high levels. The rise in Streptococcal A cases, and a significant number of deaths in children across the UK, has been a stark reminder that bacterial infections are also important threats to our health.[17]

Avian Flu

2022 has also seen extraordinary levels of Avian flu. Avian flu in 2022 has not substantially impacted human health directly but remains of concern as it brings sick wildlife in close contact with domestic stock and humans. The global conditions that place animals and humans in ever closer proximity continue to enable infections to make the shift from animals to humans again. [18]

Antimicrobial Resistance

The overuse of antibiotics means that they are becoming less effective. Antimicrobial resistance is recognised as a major global public health threat, challenging the effective prevention and treatment of a growing number of infectious pathogens.[19],[20] By 2050, antimicrobial resistant infections may become the leading cause of death, killing 10 million people every year worldwide. If we run out of treatments that are effective then routine healthcare, including surgical procedures such as hip replacements and caesarean sections, may not be able to be carried out safely. Antimicrobial use also contributes to important environmental pollution that further accelerates antimicrobial resistance.[14] Continuing to reduce antimicrobial resistance, optimise the safe use of antimicrobials in humans and animals and minimise antimicrobial pollution are important for health and sustainable delivery of care.

Environmental change

The health of the planet is inextricably linked to human health and wellbeing. Climate change is the change in our global climate pattern, particularly in relation to increased levels of carbon dioxide (CO^2) and other greenhouse gases produced through using fossil fuels. The build-up of greenhouse gases leads to the greenhouse effect, which causes warming of our planet by trapping heat within our lower atmosphere. The resulting change to the planet's average global temperature is now categorised as a Climate Emergency because of the inevitable impacts on society.

In the UK, we are particularly at risk from drought, flooding and extreme weather events. Instability in weather patterns increase the risk of storms and extremes in temperature. The summer of 2022 was hot, with Heat Health Alerts being issued in the UK between June and August on five occasions. It was the first time that UK temperatures exceeded 40oC. In Scotland, we exceeded our previous highest temperature with 34.8ºC in Charterhall in the Scottish Borders. Temperatures greater than 20oC are sufficient to cause harm to health. Through each UK period of heat health alerts, mortality was increased in those aged 70 yrs or more.

Changing rainfall patterns increase the risk of droughts impacting livelihoods in our farming communities and disrupting water supplies. In the last 12 months we have been battered by storms causing prolonged power outages, flooding, heat waves and prolonged ice and snow. We saw the impact of severe cold weather this winter, with a 400% increase in the number of Emergency Department attendances for falls.

Climate change affects our health in three main ways (Fig 13)[17]:

- Effects of extreme weather, such as heatwaves, flooding, wildfire, storms and drought on physical and mental health (for example injuries and trauma, heat-related illness). Such events are expected to increase in frequency and severity in coming years.
- Effects on the planet's life-support systems, such as rising sea levels and safe water availability, changing patterns of zoonotic and vector-borne disease (for example malaria, dengue fever), reduced pollination and crop failure leading to food shortages.
- Effects mediated by social systems, such as livelihood loss, rising prices of food and fuel, supply chain disruption, pressure on health and social care services, conflict or forced migration.

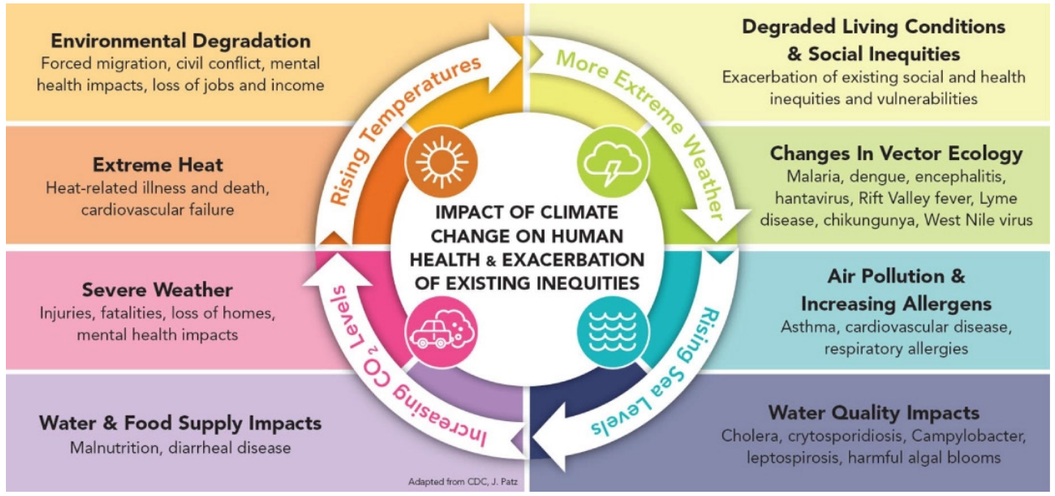


Figure 13 Consequences of Climate Change and the harms to human health

Responding together to break the cycle

Each of these threats to population health brings its own pathway of consequences. Responding to mitigate the consequences needs to be targeted to the specific threat. By contrast, the subsequent harms to health and long-term impacts coalesce to form a common path. (Fig 14) This means that each of these threats has implications for child health and development, health risk behaviours, physical and mental health for individuals throughout the life course, and also for 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. (Box 4)

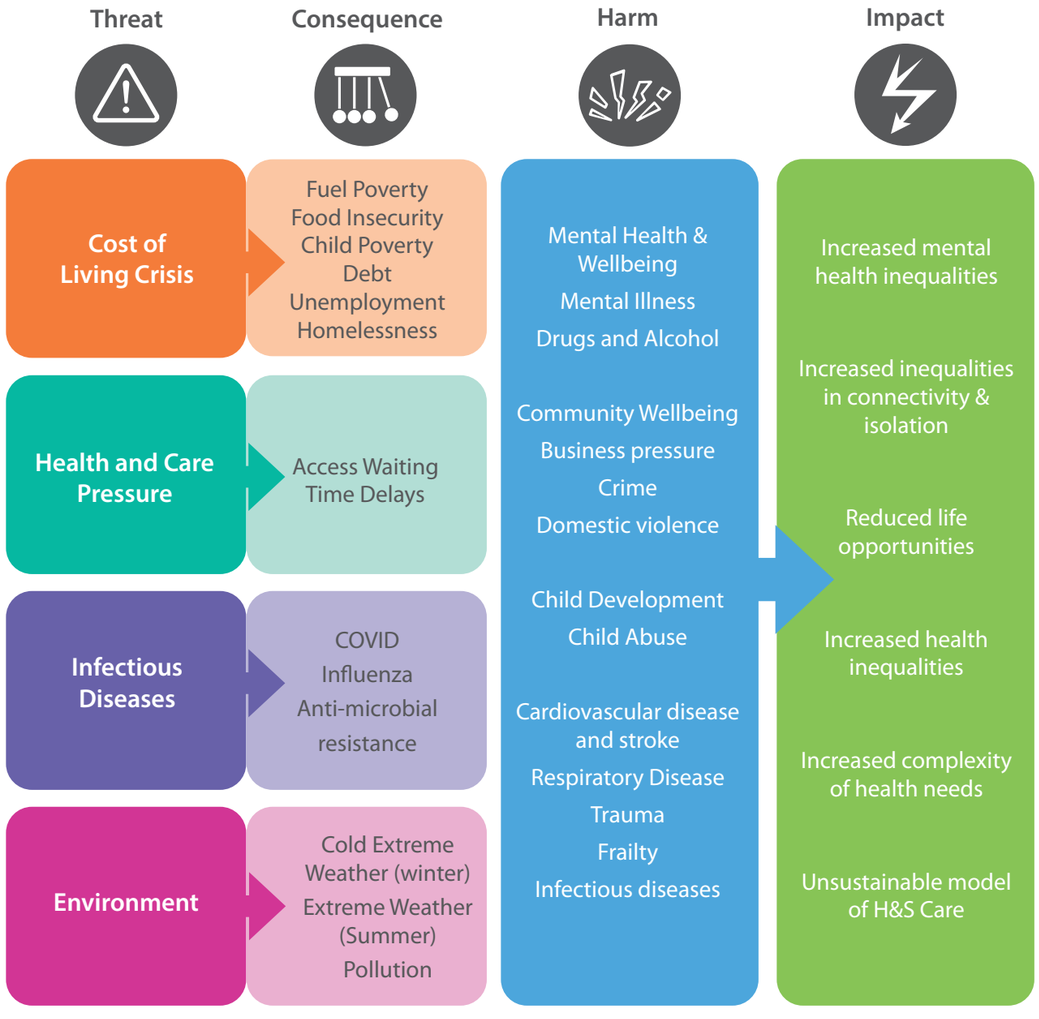


Figure 14 Common pathway of harms and impact from four key threats to population health

Box 4

Examples of the spiral of worsening health and widening inequalities

Worsening economic circumstances create financial **pressure** for families. Unable to afford heating, **cold** homes result in illness from cardiovascular and respiratory disease. **Debt** worsens mental health which results in **longer admissions** to hospital. Families prioritise food and accommodation over preventative health and self-care, missing appointments to manage their cardiovascular disease. Living in **chronic stress from poverty** in early life initiates a **trajectory of worse health** for children as adults.

People living in our most deprived communities present more urgently for care and are less able to access preventative care than those in the least deprived communities. People from our most deprived communities are more likely to experience delayed discharges from hospital.

A health and social care system under pressure means care is **delayed**, people **avoid** presenting with symptoms or diagnosis is delayed, **preventative health care is disrupted.** As illness develops, travel to services and other costs increase for families in poor health, worsening health **undermines** people's ability to be economically active, children **fail to thrive** and miss school **worsening their opportunity** to escape **poverty** and increasing the risk to their future health.

The causes of inequalities in health outcomes are structural and sustained; and now exacerbated by the challenges we face from the higher cost of living and climate change.

The spiral of weakening resilience, worsening health and widening inequality is not inevitable. Prior to 2008, we were on a very different health trajectory.

Ten years ago Marmot first set out the challenge and the action needed to reduce health inequalities. Reviews of progress on reducing health inequalities across the UK have shown how difficult it has been to implement and sustain upstream change; that is change to the root causes of inequalities. The January 2023, Health Foundation review of health inequalities in Scotland identified important gaps in implementing existing policy that could help close the gap in inequalities.

The pandemic taught us some very important things. Our services are agile and adaptable and are able to transform to deliver support to the community. We do that most effectively when we were open and honest about the challenges we face and by working together across partner agencies, with business and third sector, and with our communities. We have the evidence, skills and knowledge to improve health and close the gap in inequalities. In order to progress, we need a sustained, long-term approach to close the implementation gap and to work innovatively in tailoring responses to our local communities' needs.

The four pillars of population health as a framework for working together

Opportunities for good health depend on a wide range of factors, including where we live, what we do, our school, workplace, the support, care and services we can access and our communities. The King's Fund refer to these as the Four Pillars of population health. (Fig 15) Many different organisations have distinct but complimentary roles in addressing the wider determinants of health and providing services to support and care for people. When we work together, we can focus and maximise the activity in the overlaps between the four pillars that determine health to achieve real impact and create sustainable change. In doing so we can respond to the cumulative impact from the four threats on the lives and wellbeing of our communities.

In 2011, the Christie Commission report on the future delivery of public services made recommendations for new approaches for public service delivery, underpinned by the principles of empowerment, integration, prevention and efficiency. [25](Box 5) The previous section outlies how the context has changed over the last decade, but the recommendations, priorities and underpinning principles set out by the Christie Commission remain valid.

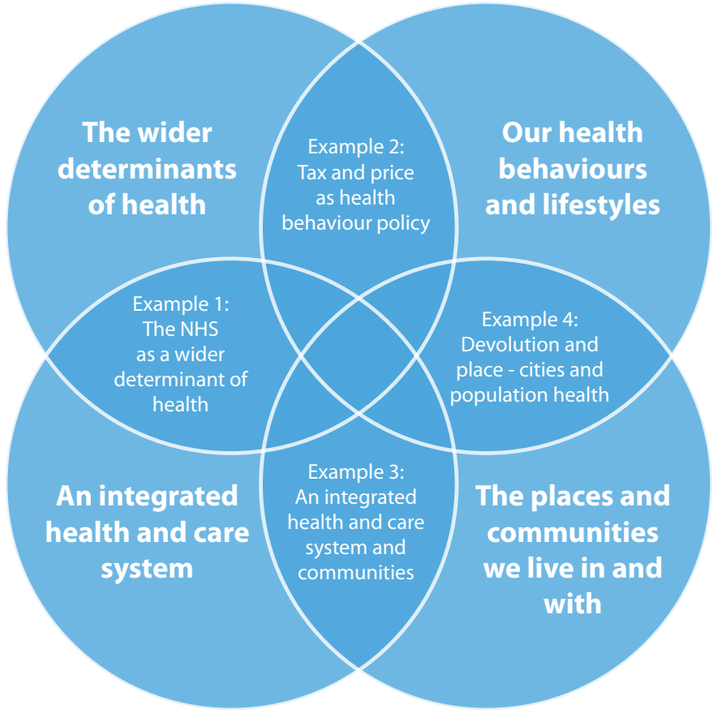


Figure 15 A population health system recognises and maximises the activity in the overlaps between the four pillars that determine health. King's Fund [26]

Box 5

Christie Commission principles:

- Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.
- Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve.
- We must prioritise expenditure on public services which prevent negative outcomes from arising.
- And our whole system of public services - public, third and private sectors - must become more efficient by reducing duplication and sharing services wherever possible.

The North East Alliance

There is no single blueprint for a local population health approach. We work together in a system, across organisational boundaries. For example, we come together in Community Planning Partnerships to support communities. However with the challenges to population health highlighted in this report, system 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 Alliance in recognition of our collective responsibility.

The Alliance is 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. We have a joint commitment that together we will share collective responsibility for the durability of the north east. We plan to use this report and the four pillars of population health as a framework for engaging with our partners and communities, to discuss each threat and coproduce actions, learning together with our communities and across public, private and third sector. Bringing our collective knowledge together with data and evidence will help us start to shape more powerful collective conversations and action to deliver our vision of flourishing communities, living fulfilled lives.

Together we can consider the action we can take to prevent the health and wellbeing of our population deteriorating, including how we:

- invest upstream to prevent the long term impacts particularly for children
- deliver 'wrap around' support to people who have been, and will, be affected by the four threats
- add value where the work of our organisations intersect to improve health and wellbeing and reduce inequalities.
- enable joint understanding, actionable insights, evaluation and the mechanisms required to share data, evidence and analysis
- support and empower communities to lead in their own recovery and adaption to the harms, rebuilding community wellbeing and resilience

Learning Together - Substance Use

Recognising that Scotland has troubled relationship with drugs and alcohol-impacting individuals, families and communities alike, The North East Alliance spent some time exploring substance use through a population health lens, using the King's Fund Four Pillars. Leaders agreed, that the complexity surrounding substance use, which could be seen as a proxy for wider vulnerability in the community, was worth further exploration more collaboratively. The areas of interest being:

- Data sharing (which is often fragmented and results in lost opportunity for early intervention and prevention)
- Eco-mapping/person-centred
- Wrap-around care
- Learning together with those with lived/living experience (learning health system approach) approaches

Led by the Chief Officer in Aberdeenshire, a smaller group was tasked to take forward this work on behalf of the Alliance. Workshops to date have continued to evolve the conversation, with a wider stakeholder group including those with lived experience. Consensus is that tackling stigma is at the heart of delivering change and progressively undoing the harms and effects we have outlined in this report including reducing drug related deaths.

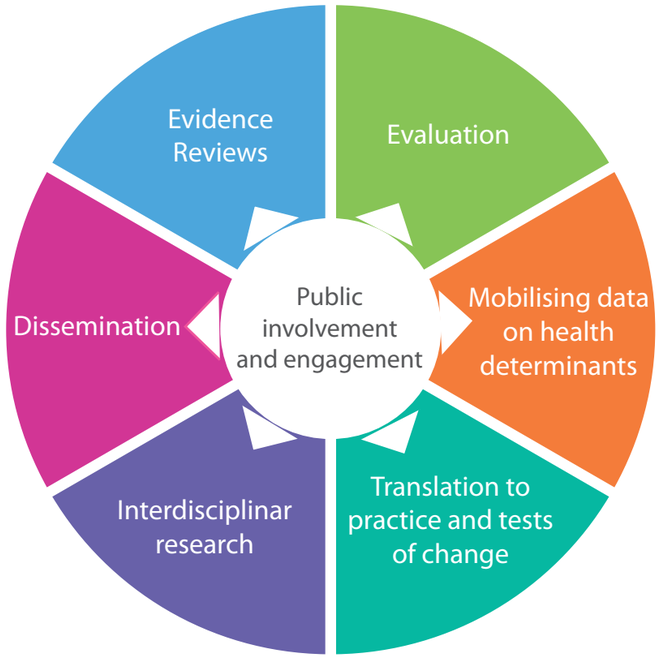
Aberdeen Health Determinants Research Collaborative

Aberdeen City Council, in partnership with NHS Grampian, University of Aberdeen and Robert Gordon University, has secured funding from the NIHR for the Aberdeen Health Determinants Research Collaborative (AHDRC).

Over the next five years, the AHDRC will facilitate a supportive and sustainable research environment, generating and translating interdisciplinary research that will support a post- pandemic recovery, a sustainable and just economic transition, reduce current and prevent future health inequalities.

Current areas of focus include

- Early years learning and childcare
- Fuel poverty
- Food insecurity
- Housing conditions
- Social prescribing
- Drug related deaths
- Place and wellbeing



ABERDEEN CITY COUNCIL | UNIVERSITY OF ABERDEEN | ROBERT GORDON UNIVERSITY ABERDEEN | NIHR National Institute for Health and Care Research | NHS Grampian

Working together to support communities

By working together in partnership we can take action across the four pillars of population health (Fig 15), and draw on the evidence from the Institute of Health Equity to mitigate the direct and indirect consequences of the higher cost of living on our communities. Household income, the cost of essential outgoings, financial resilience and debt are in turn affected by many other factors. Bespoke combinations will therefore be needed to address the different factors (including health) that contribute to a person or household's financial circumstances and the subsequent impacts on health and health inequalities.

When we work together we can consider what more we can do to:

- support our Third Sector to remain financially viable, as a mechanism to increase and target support to the most financially vulnerable people in our community such as those whose lives are affected by substance misuse and homelessness.
- optimise the use of direct giving, for example, building on our work on warm home prescriptions, food banks and period poverty.
- share information to help target community led action. For example, using data to target intervention, we are working together to test whether we can help improve targeted community action to make pavements less hazardous during icy periods. We could build on this to identify population groups who would benefit from interventions aimed at mitigating the impacts of the higher cost of living.

Warm Home Prescriptions in partnership with

Our report highlighted that the current cost of energy was a factor in whether people could afford to keep their homes warm, feed their children and impacting attendance at our emergency department. It does not take much in terms of a temperature reduction before people become cold (hypothermic) and respiratory conditions worsen. In addition to the Cost of Living Support Payments and Energy Price Guarantee, those most vulnerable, remained at risk. The Warm Home Prescription Project was a test-of-change project delivered in partnership with Scarf in Aberdeen, offering to pay the bills for eligible patients who can't afford the energy they need. Developed for people with chronic health conditions that are made worse by living in cold homes, reduce harmful health complications and relieve pressure on the NHS, eligible patients were sent invitation letters asking them to contact the NHS Grampian Public Health Healthpoint service. Advisors there explained the service and completed a simple online referral form on behalf of the client. Upon receipt of the referral, an energy advisor from SCARF contacted the client to provide advice on heating costs and to credit energy accounts to enable people to heat their main living room and one bedroom to 18-21C. Over the period 544 referrals were made with 486 people given credit to their accounts (or vouchers if they had traditional prepayments meters); potentially meaning the avoidance for care in exacerbation of health conditions. The programme will be evaluated and findings used to inform planning for next winter.

scarf ENERGISING COMMUNITIES

CATAPULT Digital

Increasing community engagement and participation

NHS Grampian and Aberdeenshire Health & Social Care Partnership have been working with the King's Fund to test out a different approach to engagement focused around the 'community paradigm shift'. The approach aims to generate local evidence on how to engage with citizens and communities using an Asset Based Community Development approach. A community engagement approach which challenges and empowers communities to collaborate in maximising local resource, developing and delivering solutions to some of the most complex problems they face. The approach is being tested in New Pitsligo, Aberdeenshire and aims to understand health and wellbeing needs and priorities in the area through building stronger relationships and working jointly with the community to identify innovative solutions to identified needs and priorities. The first part of this journey has been listening to community stories to understand what is important to people, this has led to the idea of a community celebratory event to highlight strengths in the community and work collaboratively to identify community driven solutions.

"Identify what is there for the community first and involve the community in the process."

"Bring back the old school community, where we all feel part of the community."

"Positive health starts antenatal, promoting the role of health visitors is a good starting point."

Preventing the preventable

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. When we work together we can:

- strengthen our shared understandings of the epidemiology of infectious diseases in Grampian, help identify the opportunities for prevention and maintain close working relationships with our communities and our partners for effective responses.
- co-design services and interventions that meet local needs and support people to stay well
- build on the excellent work of our Resilience Partnership and Winter Planning to grow the resilience we need for the sustained pressure we face
- deliver integrated care that is supporting people in self-care and prevention of ill health.

Waiting Well

There are many people waiting for planned surgical care. Enabling people to 'wait well' is essential so that they can be supported whilst waiting for specialist intervention. The Public Health Waiting Well Service is delivered by the Healthpoint Service, and aims to:

- improve their quality of life
- prepare them better for their treatment,
- reduce their length of stay in hospital and
- enable them to re-cover faster.

How the service works:

The Healthpoint team contacts each patient by telephone and have a 'wellbeing' conversation where they listen to the patient and look at practical ways to support the patients to 'wait well. 'They also take the opportunity to update the patient's details held on Trak and inform clinical colleagues of patients who wish to be removed from the list or have periods of unavailability for their procedure. For patients who disclosed that their symptoms have significantly deteriorated, a Tier 2 service is provided where a Nurse contacts the patient to provide support and escalate to the clinical teams if necessary. Since the start of the service in June 2022, the team have supported over 5,500 patients with a wellbeing conversation, providing advice and support, and signposting to local services.

How we make a difference:

Mrs X received a call from the Waiting Well Service. She was in her 80s and whilst waiting for surgery had been feeling isolated for the past two years, having lost contact with friends and social activities. Her family checks in on her but she was feeling lonely. With her agreement the wellbeing advisor contacted local community groups and found some activities in line with Mrs X's interests. She arranged for a community worker to call Mrs X (with her permission) and meet her on her first visit at a knitting group which is near her hairdresser and starts just after her weekly appointment. She also received contact numbers to arrange community transport as well as for three additional community centres that offered gardening, bowling and knitting. Mrs X was excited to have something to look forward to and her and her family member (present at the follow up call) were grateful for the service offered.

Supporting Communities to Stay Well during Winter

This winter has been one of the most challenging yet. Keeping people well, warm and safe is important not only take the pressure off of an already busy health and social care system, but to ensure that people are not adversely affected, impacting their quality of life in the immediate, medium or long-term. Recognising a gap in practical information and advice, taking a preventative approach, partners worked together to develop and deliver:

- A Winter Wellness Guide (in print distributed to around 25,000 homes);
- A digital version of the same guide, available in the top five languages spoken across Grampian and large print;
- A repository of online information **www.nhsgrampian.org/wintersupport**
- Social media messages to reiterate advice on staying well
- Editorials in the local media encouraging the public health to help e.g. preventing and looking after yourself with winter viruses
- 500+ self-care packs to the most vulnerable which included practical items like toiletries and relevant health literature in addition to the Winter Wellness Guide.

Building sustainability into everything we do

The climate emergency is a global issue with health, workplace and community impacts. The causes of health inequalities and poorer health are intrinsically linked to our response to the climate emergency. If we are to continue to provide the health and care our communities require, we need to shift our approach away from hospital based care to preventative primary based care in the community.

These will not only impact on how we deliver health and care, but also on what we are required to respond to:

- increased sea levels leading to disruption to coastal communities;
- changes in rainfall patterns is leading to flooding and the potential to directly impact people's health and wellbeing overall
- increased temperature, changing disease patterns (e.g. Lyme Disease, Malaria);
- pollution from burning fossil fuels increases respiratory diseases

When we work with our Community Planning Partners and within our local Integrated Joint Boards we can develop how we can use existing mechanisms to:

- engage with the communities we serve about how they see sustainability, how they would seek support to adapt to dealing with the climate emergency, and what they would like to see from us to deliver this change
- learn about best practice from our local authority partners and other local organisations relating to sustainability actions
- work with partners in developing sustainability co-benefits in such diverse areas as transport planning, spatial and development planning, environmental protection, and promoting biodiversity.

Becoming a Living Wage Employer and delivering on Anchor Objectives

The real Living Wage is calculated according to what employees and their families need to live and improves quality of life. Our report confirms that people already suffering disadvantage are being hardest hit, disproportionately affecting people in poverty, low-paid workers, children and young people, older people, disabled people, minority ethnic groups, and women. Lower earners have seen steeper falls in income and a range of evidence suggests income inequalities are widening. NHS Grampian have achieved this valuable accreditation and have joined the living wage movement by recently becoming accredited in August 2022.

As an Anchor workplace, we can influence and have some leverage over the local economy which has the potential to reach far beyond our pay and procurement policies.

We have offered local support and we share our experiences to local workplace employers and other board colleagues. Our commitment to The Living Wage accreditation and willingness to work with our local employers can potentially drive inclusive growth beyond our organisation, positively impact local economies and help address inequalities in our communities. This is consistent and supports common goals with local authorities on activities to reduce child poverty

We help to advocate the case for the living wage, and provide valuable information and evidence to employers which benefits employees, including tackling in work poverty and reduce rising health inequalities. This in turn, supports financial wellbeing, staff retention, supports the local economy and enhances NHS Grampian's reputation as a leading employer.

As a public sector Anchor, we must adopt Fair Work practice in relevant procurement processes. We have the potential to introduce new local procurement opportunities which could support local buying from local suppliers, which can increase local spending, to help improve our local economy.

Directly employed NHS staff in Scotland are already paid at least the real Living Wage through national pay bargaining; However, we have also have uplifted a range of relevant apprentices within NHS Grampian and gone beyond the award accreditation. Accrediting as Living Wage employer has been extended to regular third-party contracted workers servicing our organisation, based on the application of Fair Work criteria.

NHS Grampian is now part of Aberdeen City becoming a Living Wage Place. This uses a place-based approach to uplift low-paid workers to the real Living Wage, providing an opportunity for accredited employers to play a role in addressing low pay in the places they operate and to work in partnership to tackle low pay.

Using Place as a lens to improve Health: A North East of Scotland Symposium

Where we live has an impact on our health and wellbeing. A lively Place and Wellbeing Symposium was held in September 2022. Hosted by the North East Alliance, the event was attended by 80 people from all over Grampian from healthcare organisations, local authorities, police, third sector, and academia.

Introduced by Maree Todd, Minister for Public Health were followed by presentations and discussions about the built environment, climate, health and place. This event has been the start of a growing and vibrant network of people interested in place, health and wellbeing, determined to work together in focusing on nature and climate to improve health outcomes. With several objectives already formed together, our next step is to develop our plans and secure funding to make this a sustainable venture.

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