

The Northeast Alliance: Delivering Change, improving lives

Background:

Our health and wellbeing is shaped by a whole range of factors including, education, living and working conditions in addition to health and care services.

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 Northeast 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. 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 Northeast 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 Northeast 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, 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.

In our first year we will

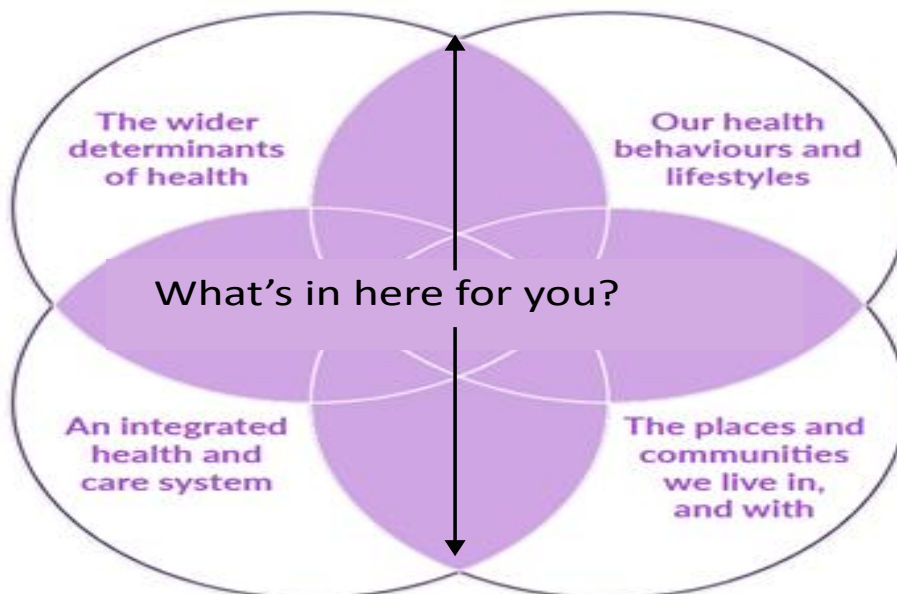
Strengthen the building blocks for collaborative working: The name Alliance was selected as it signifies that agencies come together to undertake a mutually beneficial programme of work for a common goal while retaining their independence. As a Northeast Alliance our common goal is to ensure the durability of the Northeast with flourishing communities. We recognise that our success depends not just on what we will do but how we will interact together. The Chief Executives/Chief Officers have agreed a draft set of principles to maintain the strengthened partnership working seen during a time of crisis such as the pandemic and recent storms. However, we recognise the work of the Alliance cannot be driven, shaped and agreed by executives it needs ownership from across the partnerships. Over the next six months each Chief will test with their organisation and local partnership to further refine and develop how these principles of collaboration can be adopted. These principles have been developed from evidence, provided by the Kings Fund, on what has allowed other areas to tackle complex population health issues successfully.

Northeast Alliance Draft Principles



<p>I WILL....USE MY POSITION</p> <ol style="list-style-type: none"> 1. Use my position, power and influence for Northeast wide objectives 2. Use my networks for wider gains, constantly looking for opportunities to improve 3. Proactively involve the community in finding solutions 	<p>I WILL...WORK WITH THE NORTHEAST FAMILY</p> <ol style="list-style-type: none"> 7. To promote a system mindset and to relentlessly focus on health inequalities at all levels 8. Shift system conversations to focus on maximising wellbeing 9. To better use and share data and allocate resources to support our ambitions
<p>I WILL.... HELP MY ORGANISATION TO</p> <ol style="list-style-type: none"> 4. Define success as outcomes for collective health goals, not solely organisational success and minimising unintended consequences 5. Being clear on priorities, and using knowledge & data more consistently to support better outcomes, experience & value 6. Work more with communities through equality, diversity and inclusion 	<p>I WILL ... HELP SUSTAIN EFFORTS OVER TIME</p> <ol style="list-style-type: none"> 10. By seeing ourselves as a family focused on being a healthier region, celebrating success and promising local practice, supporting scale-up and sharing 11. By helping create a collaborative system that rewards contribution to shared objectives not just organisational ones 12. Helping power flow to where its most needed, with communities, speaking up about equality, diversity and inclusion

Grow our membership through a shared vision for population health: Our aim is to bring partners together to turn the tide on stalling life expectancy and widening inequalities. To do this we need to change the conversation and action from one that focuses on the individuals behaviour/responsibility, or the role of the health service to one that includes the wider determinants of health – the social, economic and environmental conditions that create/restrict people’s opportunities to lead fulfilling lives. Initial work highlights our lack of shared understanding of how unequal our experience of good health is across the northeast and that consistent application of available evidence requires commitment to wade through jargon laden plans, documents and policies. To develop a shared understanding and coherent action we are proposing to use the Kings Fund four pillars to frame action to improve population health. As an Alliance we will identify the areas that we need to work on together to deliver the pace and scale of change required alongside local incremental changes that could have a significant collective impact. Using this approach we hope to connect central policy making with local realities.



Over the next year we will build on our existing membership, attracting new members from across the public, private, third sectors and communities. We aim to engage with new audiences to create momentum for change and develop a shared understanding of the issues and possible solutions. Our focus in year one is to engage on the four pillars approach, consider the evidence to support place based approaches and aid our understanding of action to create better mental health for all.

Deliver change: The Northeast Alliance recognised the impact of substance use on the stalling of our life expectancy and widening inequalities and therefore a priority to accelerate change. There is widespread recognition that Scotland has a troubled relationship with substance use, causing damage to people, families and communities in addition to contributing to violence and crime. In fact, this has been described as a public health emergency that requires a full scale, system wide response. The Alcohol and Drug Partnerships in the northeast engaged with the Alliance and recognise that there is an opportunity to accelerate spread of good practice and mobilise our collective resources to overcome barriers to transformation. Early work has highlighted four initial areas that lend themselves to further collaborative action

- Application of the population health model to ensure balance of action across the four pillars
- Data (including information governance)
- Wraparound care/eco mapping
- Learning Health system

Partners are coming together in July 2022 to further refine the actions required to deliver improvements by March 2023.

Embed learning: The Northeast Alliance leaders are committed to a culture of continuous learning and improvement. We recognise the wealth of data that individual agencies hold and seek to systematically integrate appropriate data with external evidence, using knowledge to drive change. The work has already started through for example the work to inform our pandemic response, on child neglect to identify children at risk enabling earlier intervention, health determinants research, community empowerment and the establishment of the Public Health Research Network to bring evidence together with local knowledge. The principles of the learning system – generating data together to apply to improve our practice – will be applied to the work around those affected by substance use enabling the creation of digital infrastructure, processes and culture to support the work of the Alliance. We will take the learning from the work on substance use and if appropriate seek to replicate across wider pathways of health and care.

Conclusion:

The work of the Northeast Alliance is a collective endeavour. Our first year will seek to create strong foundations to support the work of the many communities and partnerships in the northeast. We set out below more detail of the work programme for 2022/23 and would encourage you to get in contact if you want to hear more or get involved in the work of the Alliance.



Draft Workplan 2022/23

Ref	Action	Lead	By When	Expected Impact		Progress
Strengthen the building blocks for collaborative working						
	Develop package of information to support engagement across organisations and partnerships on the principles of joint working	SW	31 st July 22	Consistent messages on the principles underpinning the Alliance		
	Engage across all partnerships on the principles underpinning the Alliance	All	1 st March 2023	Final principles agreed to support collaborative culture across the Northeast		
	Self evaluate the work of the Alliance against these principles	CH	31 st March 2023	The Alliance manages effectively difference between partners		
Grow our membership through a shared vision for population health:						
	Develop communication materials on the population health framework and how we aim to connect the pillars to create a population health system	SW	31 st August 22	Material supports system leaders to review activity on population health to begin to ensure gaps are addressed and activity co-ordinated.		
	Demonstrate application of approach using	HvW	November 2022	Local priorities and actions agreed with		



	Place & Wellbeing as a test of change			clarity on how the system will join up those responsible for the wider determinants of health.		
	The population health framework will be used to review activity across the health and care portfolios	SM,SBI,PM,JM,PB	31 March 2023	Transformation plans for health and care portfolios will address wider determinants of health with clear leadership across the partnership		
	Regular communication across our networks and clear mechanisms to engage	SW/LA	31 st March 2023	Membership of Alliance increased and population health framework adopted across a wider range of partnerships		
Deliver change						
	Alliance to consider and identify area(s) to test new ways of working at scale across partnerships	ALL	August 2022	Initial focus for year one agreed		
	Alliance to apply population health framework lens to the area of substance use.	PM	July 2022	Areas for northeast focus identified and collective action agreed		



				in support of local ADPs		
	Clear goals set out to improve the response to tackling substance use in the Northeast with clear roles (local regional & national) and expectations for achieving these roles.	PM	31 st March 2023	Year one actions delivered and learning shared across the Alliance.		
Embed learning						
	Establish the Grampian Public Health Research Network	SP	31 st March 2023	Three learning events undertaken across the Northeast.		
	Collaborate with national bodies to establish a learning system for Scotland	CB/MM	31 st March 2023	The Alliance is a learning partner in the national programme of work and able to attract wider resources to support work		
	Apply the Learning System approach to the Alliance work to tackle substance use	JM/LA	31 st March 2023	Improved awareness of the impact of substance on Northeast communities, evidence informed practice tested and learning captured.		



	Increase the number of collaborative research bids	All	31 st March 2023			
--	--	-----	-----------------------------	--	--	--

DRAFT

