NHS Grampian Health Inequalities Action Plan

2023/24

(DRAFT v2)

Introduction

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier and fulfilled lives. The existence of health inequalities in Scotland means that the right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population.[i]

Action can be taken to tackle health inequalities and improve people's health. Health inequalities are fundamentally caused by an unequal distribution of power, income and wealth due to wider global, political and societal influences; these then impact on the wider environment in which people live, work, grow and play, which then impacts on individuals' experiences which then impacts on their health. Actions are required at all these levels but must be based on needs and strengths, understanding of social opportunities and what is most likely to work. Action needs to focus on undoing the fundamental causes, preventing harmful environmental influences and mitigating negative individual experiences.
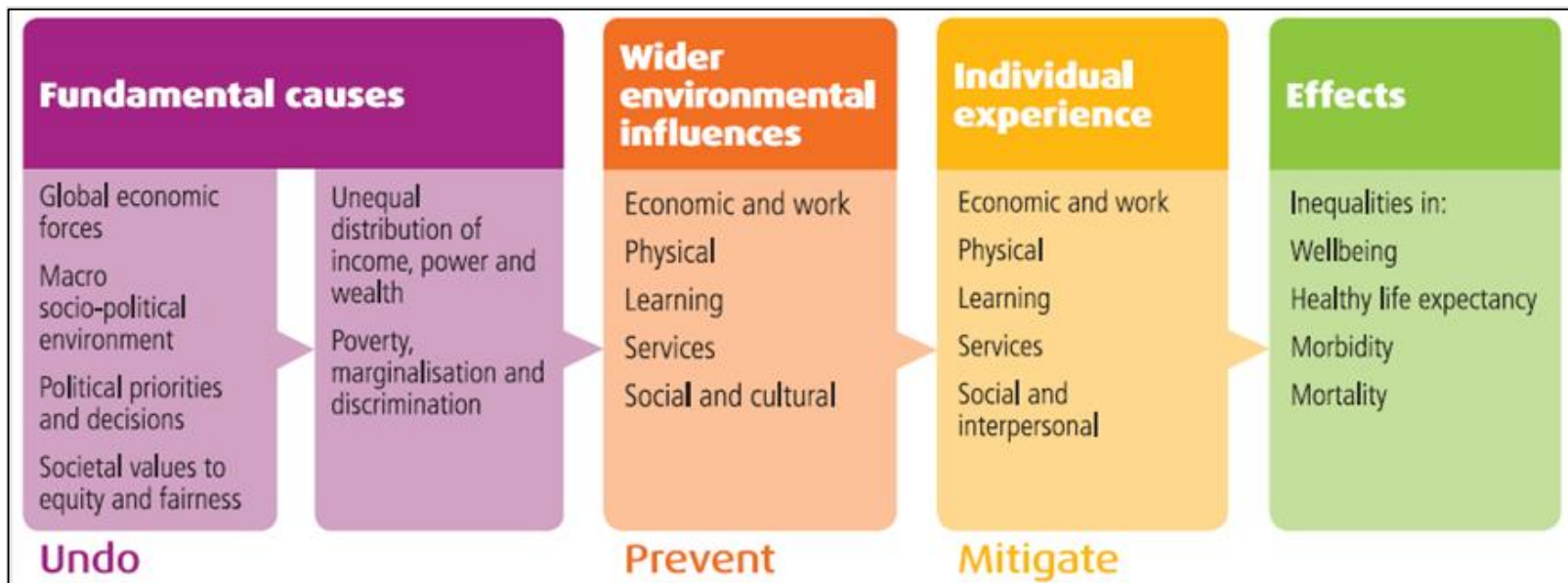
The MRC/CSO Social and Public Health Sciences Unit of Glasgow University has recently published a Review of Inequalities in Scotland. This highlights that following a period of improving mortality rates and reducing inequalities in the first decade of the 21st century, improvements have stalled, and some inequalities have widened. Between 2000 and 2012, life expectancy was increasing, and avoidable mortality was decreasing. Progress was being made in deaths from cancer and cardiovascular disease, alcohol deaths, and suicides. In line with these improvements, absolute inequalities in mortality outcomes were generally reducing. However, in the decade since we have seen a stagnation in these previous improvements and in some cases a worsening of outcomes and inequalities. Across almost every outcome considered in the report, the least deprived fifth of areas have the best outcomes, with health worsening with each increase in deprivation level. In many cases, we see the most deprived fifth of areas faring particularly badly. That is, the gap between the most and second most deprived fifths of areas (fifths 1 and 2) was equal to or greater than the gap between the second most deprived and the least deprived fifth of areas (fifths 2 and 5). We see this pattern for avoidable mortality, deaths from drugs and alcohol, and outpatient appointments where the patient 'Did Not Attend'. Patterns were similar but less pronounced for low birth weight, child development concerns, antenatal services, and amenable mortality. The recent Health Foundation Report on the state of health and health inequalities in Scotland highlights the 'implementation gap' as a key reason for the lack of progress in reducing inequalities. It is clear progress will require a shared and sustained focus on the factors influencing health across central and local government, business, third sector, local communities and the public.

The situation in Grampian is consistent with the national Scottish context of large and persistent inequalities in health between the most and least deprived neighbourhoods. The upward trends seen for decades in life expectancy have stalled in recent years, due in part to early deaths amongst middle aged people in disadvantaged groups. It is also affected by a slowdown in those deaths which could be prevented using healthcare or public health interventions (such as heart disease and type II diabetes). Over the last 20 years our population has become healthier however an increasing number of people experienced the burden of long-term conditions such as osteoarthritis, depression and diabetes. Cancer replaced ischaemic heart disease as the main cause of death in the 1990's and in recent years, dementia became the second most common cause for females. Living with dementia requires a great deal of formal and informal care – with higher health and social care costs than cancer and chronic heart disease combined.

NHS Grampian's Eighth Decade paper lays out our vision to re-imagine the organisational purpose to reach beyond responding to poor health to one which equally invests in preventing harm, improving health and supporting communities across Grampian to thrive. Treating ill health is not enough on its own, we need a combination of approaches to delay and ultimately reduce demand on healthcare. Spending money on illness prevention and promotion of good health will help reduce the number of new health problems arising, stop existing health problems getting worse and reduce impacts of chronic disease.

Reducing inequalities will also help ease the impact on healthcare. A report on the cost of health inequality to the NHS in Wales showed that emergency attendances and admissions experience the highest proportional costs associated with inequality in terms of social pattern of service use - there is a clear social gradient with a larger inequality gap for A&E attendances, followed by emergency and maternity hospital inpatient admissions. The report also highlighted that emergency inpatient admissions are the largest contributor to the overall cost associated with inequality.

It is vital to act now and drive forward programmes that address structural inequalities in our society including low pay, insecure jobs, unemployment, overcrowded housing, and a lack of green space, as a few examples, because it is changes at the root cause that will reduce health inequalities in the long term. This will require an increase in priority given to activities, partnerships and systems which support and enable preventative approaches and reduce inequalities in health outcomes for local people. People's health and wellbeing is better when they are actively engaged in decisions about their health and care. We recognise that, to put people and communities at the heart of what we do will require our citizens and colleagues to work differently together. NHS Grampian is committed to being an anchor organisation and supporting community led health.

This plan sets out our actions to address health inequalities in Grampian during 2023-2024. We will strive to leave no-one behind and achieve equity for all by ensuring our work addresses the drivers of health inequalities. Our actions are aligned to the headings and priority areas described in our Plan for the Future, and designed to undo, prevent and mitigate the fundamental causes, wider environmental influences and individual experiences leading to health inequalities. Recognising the importance of reducing health inequalities, Executive Director level leadership and oversight is in place for delivering this action plan.

Summary of actions in this plan include:

- Ensure our services are accessible to all
- Deliver against the Fairer Scotland Duty
- Use every opportunity to prevent harm and promote wellbeing
- Empower communities to take action on what matters to them including mental health and wellbeing
- Take a population health approach, striving to create equality of outcomes across the populations we serve
- Adopt community led health approaches and actively engage with our communities to design and deliver services
- Use our position as an anchor organisation to mitigate against inequalities through our employment and procurement practices and the use of our physical assets

- Take a whole system approach to addressing health inequalities developed in conjunction with partners based on place-based approaches for reducing health inequalities
- Commit to effective partnership working to strengthen community engagement and empowerment
- Provide leadership and advocate for reducing inequalities at all levels
- Empower individuals to access care that is right for them
- Deliver on the child poverty action plan
- Empowering and upskilling our people to create an environment where we can bring our whole selves and feel equipped and empowered to tackle discrimination, promote inclusion and reduce inequalities
- Ensure our workforce has the skills and resources to understand the role they can play in helping to reduce health inequalities
- Understand picture of health inequalities across our population in Grampian and share across the system
- Agree indicators measuring the impact of our actions on population outcomes as a part of our Learning Health System

Health Inequalities Action Plan April 2023 - March 2024

The below actions are aligned to Our Plan for the Future: Pathways

Priority area: Access

What do we want to see ten years from now

- Pathways are centred around individuals and systems are joined up.
- It is easy for members of the public to identify how to get the help they need.
- All those who wish to use digital systems can or have an appropriate alternative mechanism that is equitable.

Action	What we need to do to deliver our action during Year 1	Responsibility	Timescales	Measures and Evidence
Ensure our services are accessible to all	Develop and implement a toolkit to enable services and programmes to review and consider how they ensure services are accessible to all and agree an area for testing in year 1.	**Elaine McConnachie Public Health Manager**	**December 2023**	Use data to better understand uptake of services and how people access information, including population profile e.g. English as a second language, digital literacy
	Develop and implement plan for delivery of Gender Based Violence training, following completion of review.	**Shantini Paranjothy, Deputy Director of Public Health**	**June 2023**	Plan in place and target agreed for uptake of training.
	Roll out training to ensure key staff groups are upskilled to deliver Trauma Informed Care	**John Mooney Consultant in Public Health**	**June 2023**	Recruitment underway to increase capacity to deliver training by June.

	Action	Lead	Timescale	Measure
	Develop and implement a plan to improve uptake of population-based screening, vaccination and immunisations programmes among communities where uptake is low	**Board Screening Coordinators and Immunisation Coordinator, Grampian Vaccination and Immunisation Programme Team** **(This work will be done in partnership with academia and community representatives)**	**June 2023**	NHS Grampian GVIP Blueprint Coldspot Action Plan Screening Equity Action Plan Immunisation and Screening uptake rates by SIMD quintiles and geographical areas.
	Review NHS Grampian data and digital strategy through the lens of inequalities using impact assessments to identify and develop actions which maximise digital inclusion	**Danny Ruta, Consultant in Public Health Medicine, and Neil Gordon , Head of ICT**	**June 2023**	Review complete and recommendations agreed and implemented.
	Improve access to high quality NHS oral and dental health services through: Working with local dental profession, Scottish Government and NHS Education for Scotland colleagues to increase dental workforce capacity and service availability. Undertaking evidence-led registration campaigns to further improve NHS dental registration and participation rates in Grampian.	**Jonathan Iloya, Director of Dentistry and Heather Tennant, Public Health Manager**	**March 2024**	Evidence of improvements in dental registration and participation rates indicating improved access to dental clinical services.

	Implement annual health checks for people with learning disabilities using Scottish Health Check for Adults with Learning Disabilities	**Kerry Anderson, Nurse Consultant**	**March 2024**	Checks in place - report to SG
	Seek improvements in the delivery and effectiveness of the oral health improvement and awareness programmes with a focus on improving oral health in deprived and vulnerable populations to promote oral health equity.	**Gwen Robertson, Public Health Practitioner – Advanced, Heather Tennant, Public Health Manager, and Jonathan Iloya, Director of Dentistry**	**March 2024**	Publish Grampian NDIP Report on Children's Oral Health

Develop an Oral Health Improvement Delivery Plan |
| **Deliver against the Fairer Scotland Duty** | Develop and implement a coordinated approach towards implementing inequalities impact assessments to inform decision making system wide, including regular audit processes. During Year 1 this will be implemented on all NHS Grampian Board and Committee papers | **Danny Ruta, Consultant in Public Health Medicine, Kim Penman, Programme Manager, Sarah Duncan, Board Secretary, and Nigel Firth, Head of Equalities and Inclusion** | **December 2023** | Agreed approach to incorporating a Fairer Scotland Health Inequalities impact assessment tool and process within the current EQIA process (possibly a new 'level 1A'). To pilot the tool with 1-2 unscheduled care initiatives. Develop and implement a package of support alongside EQIA

A trained Equality and Diversity Level Two Impact Assessor to be in place by July 2023 to carry out FULL EQIA's. |

The below actions are aligned to Our Plan for the Future: Pathways

Priority area: Empowerment

What do we want to see 10 years from now?

- People are able to consider what they can do for themselves before accessing services.
- Our systems empower individuals to manage their own conditions in the way that is important to them.
- Mental and physical wellbeing are treated as equals and the impact of one on the other is always considered.
- Our language has been de-medicalised and is focused on what is important to and needed for our population.
- We make every opportunity count to support people to stay well and recover faster.

Action	What we need to do to deliver our action during Year 1?	Responsibility	Timescales	Measures and Evidence
Use every opportunity to prevent harm and promote wellbeing	In conjunction with Realistic Medicine undertake MEOC gap analysis and review against evidence base[1].	**Linda Duthie Public Health Manager, Danny Ruta Consultant in Public Health Medicine, Amanda Gotch Realistic Medicine Programme Manager**	**June 2023**	Gap analysis complete
Ensure our workforce has the skills and resources to understand the role they can play in	Integrate income maximisation approaches in acute/emergency care and in domestic services.	**Sector Leads, Linda Duthie Public Health Manager, Danny Ruta Consultant in Public Health**	**December 2023**	Financial Inclusion pathway developed and implemented

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[1] https://stpsupport.nice.org.uk/mecc/index.html#group-The-MECC-approach-Sd0eBNaUnA

helping to reduce health inequalities	Work with colleagues in acute to identify areas to test preventative approaches	**Linda Duthie Public Health Manager, Amanda Gotch Realistic Medicine Programme Manager, Danny Ruta Consultant in Public Health, Yvonne Wright Chief Nurse**	**Plan for Test of change Sept 2023 Test of Change completed March 2024**	Completed test of change
	Work with partners to include oral health in broader health messages, health education and literacy campaigns to raise awareness to empower people for prevention by supported self-care, early detection and management of oral diseases.	**Gwen Robertson, Public Health Practitioner – Advanced, Heather Tennant, Public Health Manager, and Jonathan Iloya, Director of Dentistry**	**March 2024**	Implement oral health education and literacy campaigns

The below actions are aligned to Our Plan for the Future: Pathways

Priority: Whole System Working

What do we want to see 10 years from now?

- We have true devolved system leadership across traditional organisational boundaries.
- We work together with partners in Grampian and beyond to 'push' in the same direction, agreeing and committing to delivering on shared actions.
- We recognise and value the role all of our partners play and hold us and them to account.
- Care is being delivered in the right place by the right people for the right purpose.
- We see people as a 'whole person' in the context of where and how they live.
- We support our regional and national colleagues in our role as a tertiary provider

Action	What we need to do to deliver our action during Year 1?	Responsibility	Timescales	Measures and Evidence
We will take a population health approach, striving to create equality of outcomes across the populations we serve	Apply a Population Health Lens (Four Pillar Approach) to service/delivery planning - in Year 1 commence with the Integrated Families Portfolio	**Geraldine Fraser Integrated Families Portfolio Executive Lead, Lisa Allerton Lead Public Health Manager**	**December 2023**	Integrated Families Portfolio workplan aligned to population health framework.

The below actions are aligned to Our Plan for the Future: Places

Priority area: Communities

- An ongoing dialogue between us and our communities, with work led by the expressed needs of communities.
- Communities are empowered by involvement in engagement work, enabling community-led action.
- Connection with marginalised and seldom-heard communities is continually reinforced.
- Communities are acknowledged as an integral part of our system – leading and participating.

Adopt community led health approaches and actively engage with our communities to design and deliver services	Work with Aberdeen Community Planning Partnership to build capacity in staff and communities to support engagement work through delivery of project aim	**Phil Mackie, Consultant in Public Health, Lousie Ballantyne Head of Engagement, Elaine McConnachie Public Health Manager**	**September 2023**	Project team established and project charter approved by Aberdeen CPP Board.
	Work with Kings Fund and AH&SCP to test community paradigm approach in New Pitsligo and share learning to influence policy and service design	**Gabe Docherty, Consultant in Public Health Elaine McConnachie Public Health Manager, George Howie Acting Health and Wellbeing Lead**	**March 2024**	Output of work in New Pitsligo shared and informs future delivery
	Develop community-led health portfolio approach within Public Health	**Gabe Docherty, Consultant in Public Health**	**March 2024**	Portfolio arrangements in place

Empower communities to take action on what matters to them including mental health and wellbeing	Test out a community led mental health and wellbeing project in Moray	**Linda Duthie Public Health Manager and Pete Matthews Public Health Practitioner - Advanced, Shantini Paranjothy, Deputy Director of Public Health**	**March 2024**	Test of change scoped by September 2023 Test of change completed by March 2024

The below actions are aligned to Our Plan for the Future: Places

Priority area: Anchor

What do we want to see ten years from now

- To be a desirable employment destination.
- To lead by example with people treated equally across our organisation.
- A workforce that reflects our communities.
- For considering our social responsibility to become normal practice in our decision-making.
- To be a trusted partner who uses our influence responsibly and effectively.

Action	What we need to do to deliver our action in Year 1?	Responsibility	Timescales	Measures and Evidence
Use our position as an anchor organisation to mitigate against inequalities through our employment and procurement practices and the use of our physical assets	Maximise the use of community benefits to deliver economic, social and environmental wellbeing through our procurement processes.	**Jennifer Yeomans Deputy Head of Procurement, Penny Gillies Public Health Practitioner – Advanced-**	**March 2024**	Reporting of community benefits delivered in Annual Procurement Report.
	Increase spend with suppliers based within the Grampian area in Year 1	**Jennifer Yeomans Deputy Head of Procurement**	**March 2024**	Increase in spend with suppliers based in the Grampian area.
	Maximise the use of Fair Work practices (including payment of Living Wage) through procurement processes.	**Jennifer Yeomans Deputy Head of Procurement , Julie Philips, Public Health Practitioner - Advanced**	**December 2023**	Maintain Living Wage Accreditation.

Fairer Scotland duty to be applied to assess all capital and investment decisions and specific assessments evidenced via Inequalities Assessment Checklist for new investments in excess of £5m	**Paul Allen, Director of Infrastructure & Sustainability**	**December 2023**	100% of assessments undertaken
Review employability and apprenticeship pathways and associated policies to maximise on our social values and employ inclusively	**Gerrie Lawrie Head of Workforce & Development, Douglas Andrew Learning & Development Manager**	**December 2023**	Awaiting national guidance from Scottish Government Number of Modern Apprenticeships framework opportunities in place
Work with our third sector partners to understand current challenges and identify how we can provide support to ensure they continue to be viable	**Elaine McConnachie Public Health Manager, Linda Duthie Public Health Manager**	**December 2023**	Test of change in Moray to facilitate a small grants funding and evaluation complete.
Utilise our buildings to support communities to promote health and wellbeing	**Gerry Donald, Head of Property and Asset Development**	**March 2024**	Legal template in place and plan in place to promote via services

The below actions are aligned to Our Plan for the Future: Places

Priority area: Environment

What do we want to see ten years from now

- Thinking about the environmental impact becomes a normal part of our decision-making.
- We lead by example and can demonstrate our contribution.
- We are an employer of choice for the young 'environmentally aware' generation because of 'sustainability credentials'.
- As part of our infrastructure developments, we consider 'collapsible'/adaptive options (e.g. Louisa Jordan) that would be more flexible and responsive to changing needs

Action	What we need to do to deliver our action during Year 1?	Responsibility	Timescales	Measures and Evidence
Take whole system approach to addressing health inequalities developed in conjunction with partners based on place-based approaches for reducing health inequalities	Place and wellbeing network to develop as a green health partnership, aligned to 'Our Natural Health Service' (a national initiative connecting people to nature for improved health and wellbeing)	**Jillian Evans, Head of Health Intelligence & Learning Health Systems**	**December 2023**	Green Health Partnership agreed and in place
	With partners, we will develop and publish our sustainability strategy that includes actions to tackle pollution, access to greenspace, food and warmth	**Paul Allen Director of Infrastructure & Sustainability, Jillian Evans Head of Health Intelligence & Learning Health Systems**	**June 2023**	Strategy published

The below actions are aligned to Our Plan for the Future: Places

Priority area: Citizens

What do we want to see ten years from now

- Ongoing active, transparent and two-way engagement, continually creating connections to build trust.
- Those with lived experience, including seldom heard voices, are an integral part of all service developments and improvements, as part of a culture of co-production.
- All individuals are supported to access care, treatment and support in a way that is best for them

Action	What we need to do to deliver our action during Year 1?	Responsibility	Timescales	Measures and Evidence
Commit to effective partnership working to strengthen community engagement and empowerment	Development of a high-level engagement plan and engagement policy for NHS Grampian to ensure services are designed and delivered via community engagement, including the most marginalised groups.	**Louise Ballantyne Head of Engagement, Elaine McConnachie Public Health Manager**	**December 2023**	Engagement policy endorsed
	Develop feedback loop to ensure communities voice informs delivery of services	**Louise Ballantyne Head of Engagement**	**March 2024**	Feedback Loop
Provide leadership and advocate for reducing inequalities at all levels	Review processes to ensure strategic co-ordination of health inequality actions across system including review of purpose and membership of Health Inequalities Action Group to deliver, plan and agree longer term actions in conjunction with H&SCPs	**Elaine McConnachie Public Health Manager**	**April 2023**	HIAG re-formed

	Advocate for action to address Cost of Living crisis and establish subgroup of HIOG to implement agreed actions	**Gabe Docherty Consultant in Public Health**	**April 2023**	Cost of Living Action Plan
Provide leadership and advocate for reducing inequalities at all levels	Reduce stigma around inequalities as well as risk behaviours and addiction related illnesses including use of innovative approaches e.g. storytelling with academic partners	**Lisa Allerton Lead Public Health Manager, Elaine McConnachie Public Health Manager**	**December 2023**	Approaches tested
	Tackle barriers between substance use / addiction services and mental health services: will reduce initiation of substance use as means of self-medication – especially for young people.	**Pete Mathews Public Health Practitioner - Advanced, John Mooney Consultant in Public Health**	**March 2024**	Clearer access pathways and MH no longer a barrier to accessing SU services
	Develop a set of evidence-based recommendations for service interventions to reduce substance use related deaths building on the work of the multi-agency Drug Related Death Review Panel and improved pro-active surveillance of substance use behaviours, trends and new threats.	**John Mooney Consultant in Public Health**	**April 2023**	Policy recommendations & 'buy-in' from partner agencies and other stakeholders
	Broaden the reach of alcohol brief interventions to currently underserved but high-risk groups (such as blue-collar males).	**John Mooney Consultant in Public Health**	**April 2023**	Increased uptake of ABIs in non-traditional settings e.g. Housing services & criminal justice settings.
Individuals are empowered to	Deliver training within maternity services to upskill staff around shared decision making	**Amanda Gotch Realistic Medicine Programme Manager**	**Training delivered as test in maternity Feb**	Pre and post confidence testing for staff Training evaluation

access care that is right for them.	and look for opportunities to test in other areas		**2023 – learning to inform further roll out in other areas.**	CollaboRATE shared decision-making tool for service users.

The below actions are aligned to Our Plan for the Future: People

Priority area: Children

What do we want to see ten years from now

- Young people enter adulthood with the capabilities and support to maximise mental health and wellbeing.
- All children facing adverse childhood events (ACEs) in their lives are supported by a joined up multi-agency approach from us and our partners.
- The inequalities gap between Care Experienced and non-Care Experienced young people is reduced.
- The outcomes for those children living in areas of deprivation are similar to those living in areas of affluence (beyond clinical outcomes).
- Families living in poverty are supported to thrive.
- Tackle intergenerational propagation of substance use and related illnesses (such as FASD – very underdiagnosed)

Action	What we need to do to deliver our action in Year 1?	Responsibility	Timescales	Measures and Evidence
Deliver on the child poverty plan	Deliver against year 1 actions within the Child Poverty Action Plan	**Action Leads**	**March 2024** **(See specific timescales to actions within linked report)**	Child Poverty Action Plan
	Complete evaluation of income maximisation work in children services and use learning to upscale in other areas	**Tracy Davis Child Health Commissioner**	**March 2023**	Evaluation complete
	Develop clear actions for expansion of early years financial inclusion pathway based on recommendations from local research.	**Tracy Davis Child Health Commissioner**	**March 2023**	Action plan agreed

The below actions are aligned to Our Plan for the Future: People

Priority area: Colleagues & Culture

What do we want to see in ten years from now

- A workforce able to do today's work today and innovate for tomorrow.
- We have work and roles that support people's health, safety and wellbeing.
- Colleagues are included, supported and empowered to make their best contribution.

Action	What we need to do to deliver our action in Year 1?	Responsibility	Timescales	Measures and Evidence
Empowering and upskilling our people to create an environment where we can bring our whole selves and feel equipped and empowered to tackle discrimination, promote inclusion and reduce inequalities	Set the foundations to embed a culture of inclusivity and positive allyship through the activities of the NHSG Staff Equalities Network, associated Staff Groups and through the delivery of actions identified in NHS Grampian Antiracism Plan 2023 Publish Anti-racism policy and promote Allyship in the workplace as a means of tackling inequalities linked to protected characteristics	**Liz Howarth Engagement and Inclusion Manager**	**March 2024**	NHS Grampian Staff Equalities Network NHSG AR Plan 2023
	Identify barriers to accessing enhanced wellbeing support resources due to health or social inequality and what is required to overcome these barriers	**Emma Hepburn We Care Programme Lead**	**March 2024**	Pulse survey

		Continue work in support of widening access to health and social care careers for those from areas of economic deprivation	**June Brown Executive Nurse Director, Gerry Lawrie Head of Workforce Development**	**March 2024**	Evidence of a range of programmes on offer including apprenticeships and long term unemployed programme. Outputs of review of local and national offer as gap analysis to highlight opportunities for development.
		'Time for Wellbeing' initiative to address work related drivers of health inequalities for Facilities and Estates staff	**Chantal Wood Deputy General Manager Facilities, Emma Hepburn We Care Programme Lead**	**March 2024**	Measures to be agreed in 1st quarter
		Continue to provide access to wellbeing support for all staff in respect of specific areas linked to health inequalities: domestic violence, menopause and cost of living	**Emma Hepburn We Care Programme Lead, Julie Phillips Public Health Practitioner - Advanced**	**March 2024**	Measures to be agreed in 1st quarter
		Complete re-grading of eligible Band 2 clinical HCSW roles to Band 3, improving average income levels for this lower banded group	**Philip Shipman Acting Head of People and Change, Ashley Catto HR Manager**	**March 2024**	Re-gradings completed

Enablers

	Understand picture of health inequalities across our population in Grampian and share across system	**Corri Black Consultant in Public Health Medicine, Jillian Evans Head of Health Intelligence & Learning Health Systems**	**March 2024**	Population Health profile accessible to all and evidence this is influencing decision-making across the system
	Agree indicators measuring the impact of our actions on population outcomes as a part of our Learning Health System	**Shantini Paranjothy Deputy Director of Public Health and Danny Ruta Consultant in Public Health Medicine**	**March 2024**	Population Health outcome indicators agreed and incorporated into livery and performance assurance frameworks