Delivering A Fairer Healthier Scotland:
Our plan 2015/16

NHS Health Scotland
Our vision

Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

Our mission

Our mission is to reduce health inequalities and improve health. To do this we will influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

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Introduction

NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. Our primary role is to lead the co-production and improvement needed to translate knowledge of what works, and doesn’t work, to reduce health inequalities, and to improve how that knowledge is turned into action.

This document sets out what we plan to deliver in 2015/16. As such, this plan is intended to fulfil our delivery contract with the Scottish Government.

The diagram opposite illustrates our integrated approach to the development of this plan – drawing together Local Delivery Plan (LDP) guidance, our Annual Review Action Plan and our wider work to translate into action the knowledge of what works to reduce health inequalities and improve health at national and local levels.
Our strategic and policy context

In September 2013, the World Health Organization (WHO) European region approved the new health policy Health 2020. This emphasised the need for a whole government/whole society approach to addressing the social determinants of health in order to reduce health inequalities. NHS Health Scotland’s strategy A Fairer Healthier Scotland is recognised as an example of how the WHO expects countries to fulfil their obligation to implement 2020.

The Scottish Government set out its vision for 2020 in 2011. It has reaffirmed this commitment and is currently refreshing the strategy for achieving this vision for health and social care to ensure that it reflects the changing needs and expectations of the people of Scotland and the new way services will be delivered under health and social care integration. A key target for the Scottish Government is to increase healthy life expectancy.

NHS Health Scotland has a key role in working with others to support the Scottish Government to achieve this purpose and its commitment to human rights, equality and social justice as set out in its programme of work.

Health, rights and social justice

Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. Most people would agree that health is really important. It’s central to our overall wellbeing and how much we enjoy every aspect of our lives. Health enables us to live fulfilling lives and be active members of society. The right to the highest attainable standard of physical and mental health for all is also a rights issue and a key part of social justice. Social inequalities in Scotland are a barrier to realising this right, standing in the way of social justice in Scotland.

What is the scale of health inequalities in Scotland?

The Scottish Government reports annually on the scale of health inequalities for a wide range of important health outcomes. (Long-term Monitoring of Health Inequalities. Edinburgh, Scottish Government, 2014). Some examples of the health inequalities in Scotland in the latest report are:

- Over three times as many (a difference of 539) age-standardised deaths per 100,000 people aged <75 years between the most and least deprived 10% of the Scottish population in 2012.
- In 2011/2012, the healthy life expectancy (i.e. the time spent in good health) of those living in the 10% most deprived areas was 23.8 years lower for males and 22.6 years lower for females than of those living in the 10% least deprived areas.

‘Increasing healthy life expectancy will mean that people will live longer in good health, increasing their capacity for productive activity and reducing the burden of ill health and long term conditions on people, their families and communities, public services and the economy generally.’ (LDP guidance 2015/16)
• The life expectancy of people with learning disabilities is substantially shorter than the Scottish average.

• Gender-based violence is experienced unequally: 17% of women and 7% of men reported that they had ever experienced the use of force from a partner or ex-partner. (Scottish Government equality outcomes: gender evidence review. Edinburgh, Scottish Government Social Research, 2013).

• Data on health inequalities between small areas in Scotland are available at [www.scotpho.org.uk](http://www.scotpho.org.uk). One example is the inequality of 13.9 years in male life expectancy between affluent Jordanhill and relatively deprived Bridgeton in Glasgow.

McCartney G. Illustrating Glasgow’s health inequalities. JECH 2010; doi 10.1136/jech.2010.120451
Addressing the causes and effects of inequality on health

Our strategic aims are predicated on our vision for a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. In other words everyone is able to exercise their right to achieve the best possible health.

The causation of health inequality is shown in the model on page 6 and clearly demonstrates that a blend of action is needed to address the fundamental causes, the environmental influences and action to mitigate the impact of inequality on people’s health.

There are factors that are ‘fixed’, such as our age, ethnicity and genetics. But the model shows that there are other external factors, such as wider socioeconomic and cultural conditions as well as the physical and social environment in which we live, learn and work. These factors all affect our health and it is the unequal distribution of health-creating or health-harming environments that can lead to health inequalities.
**Fundamental causes**
- Global economic forces
- Macro socio-political environment
- Political priorities and decisions
- Societal values to equity and fairness

**Wider environmental influences**
- **Economic and work**
  - e.g. availability of jobs, price of basic commodities (rent, fuel etc.)
- **Physical**
  - e.g. air and housing quality, safety of neighbourhoods, availability of affordable transport, food and leisure opportunities
- **Learning**
  - e.g. availability and quality of schools, availability and affordability of further education and lifelong learning
- **Services**
  - e.g. accessibility, availability and quality of public, third sector and private services, activity of commercial sector
- **Social and cultural**
  - e.g. community social capital, community engagement, social norms and attitudes, democratisation, democratic engagement and representation

**Individual experience**
- **Economic and work**
  - e.g. employment status, working conditions, job security and control, family or individual income, wealth, receipt of financial and other benefits
- **Physical**
  - e.g. neighbourhood conditions, housing tenure and conditions, exposure to pollutants, noise, damp or mould, access to transport, fuel poverty, diet, activity levels, tobacco consumption
- **Learning**
  - e.g. early cognitive development, readiness for school, literacy and numeracy, qualifications
- **Services**
  - e.g. quality of service received, ability to access and navigate, affordability
- **Social and interpersonal**
  - e.g. connectedness, support and community involvement, resilience and coping with mechanisms, exposure to crime and violence

**Effects**
- Inequalities in:
  - Wellbeing
  - Healthy life expectancy
  - Morbidity
  - Mortality

**Inequalities**
- Upstream

**Health inequalities**
- Downstream
Reducing health inequality and improving health

Our review of health inequalities policy in Scotland revealed that there has often been a drift to tackling the downstream effects of inequality on health – the so called ‘lifestyle drift’.

Health improvement initiatives to address the harm to health from smoking, alcohol, poor diet and low levels of physical activity are important, and we will continue our work in these areas. We will do this in a way that tailors and delivers national products and services that manage against the risk of any further widening of health inequality and ensures that the needs of vulnerable population groups are prioritised.

In support of the smoking cessation HEAT target we will work with Scottish Government and NHS Boards to integrate service improvements. This includes facilitating the national Smoking Cessation Group to implement the recommendations from the smoking cessation services review, the Youth Commission report and harm reduction guidance.

In partnership with NHS 24, we will manage the Smokeline telephone support service, integrate the canstopsmoking website into the service and support the development of a national 12-month follow-up service. We will also host the annual Scottish smoking cessation conference.

In support of the HEAT target on Alcohol Brief Interventions (ABIs), we will work with Alcohol and Drugs Partnerships and with the Health Promoting Health Service leads to strengthen and sustain the delivery of ABIs within their area. We will also collaborate with a local NHS Board to test a model of delivering ABIs in custody suites, evaluating the findings from pilot sites and making recommendations for wider roll out.

In support of health and social care services we will work with national and local partners to ensure the approach taken to the delivery of services in Scotland embraces proportionate universalism – this means planning and delivering services in proportion to need.

However, whilst this work is important and necessary it will not be sufficient to reduce health inequality – hence our intention to work with others on addressing the fundamental causes and environmental influences that harm health and result in many individuals and groups experiencing poor health and reduced healthy life expectancy in comparison to others in our society.

There is clear evidence that equitable access to health and social care services, and equitable experience of the quality of these services, are important determinants of health for individuals and for the whole population. However, the evidence is also clear that fairness and equity in health cannot be achieved through health and social care services on their own – action is needed at national policy levels and local planning and practice levels across the public, employment and third sectors or, as the WHO states, ‘whole government and whole society approaches’.

Our delivery plan for 2015/16 is our commitment to work with our national partners, NHS Boards, the integrated Health and Social Care Joint Boards and our wider work at national policy level with and through the third and employment sectors. It is expansive in scope and ambition, and demonstrates our reach and influence across a wide portfolio of policy and practice. We are confident that our approach of working with and through others means that we can fulfil the commitment to delivery set out in this plan.

The next section describes our approach to co-production and collaboration and our distinct offer to national work and to local community planning and health and social care partnerships.
We know that we share the ambition for a fairer, healthier Scotland with many organisations and individuals across Scotland. Our distinct contribution to this shared ambition is to lead and work effectively with others in the generation, production and enactment of the knowledge about how to achieve this. Our approach to this is shown in the diagram opposite.

Our national role requires us to work collaboratively with others at each stage of translating knowledge into action. We have identified key improvements needed as follows:

**Knowledge generation:** We will continue to increase our work with the third sector and other key national and local partners to ensure that the knowledge they hold about the lived experience of people whose health and wellbeing are affected by inequality informs what we know and understand about inequality, and that the knowledge they hold about how to effect change at local level is built into our evidence.

**Knowledge management:** We will deliver improved access to the knowledge we have through a redesigned and improved website and continue our engagement with key policy makers and decision makers at national and local levels to ensure that our products and services are useful and tailored to their needs.

**Knowledge application:** We will continue our work within the National Inequalities Action Group in partnership with the Scottish Government, the Improvement Service, Scottish Centre for Voluntary Organisations and Convention of Scottish Local Authorities (COSLA), and continue our contribution to collaborative action at national and local levels.
### Mechanisms for delivery and improved impact

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Inequalities Action Group</td>
<td>In partnership with the Scottish Government and key partners, to identify a number of feasible high-impact actions for delivery at national level and at local Community Planning Partnership, NHS and Integrated Joint Board levels.</td>
</tr>
<tr>
<td>A Fairer Healthier Scotland Stakeholder Performance Group</td>
<td>To identify, in partnership with the Scottish Government and other key public and third sector partners, our organisational performance measures within the context of collaborative outcome-focused planning and performance.</td>
</tr>
<tr>
<td>Collaboration with national and local public and third sector agencies</td>
<td>To maximise and share collective knowledge, expertise and resource, through the production of joint briefings, statements of intent and partnership initiatives, with key partners in local public health and health improvement, the third sector and the employment sector.</td>
</tr>
<tr>
<td>A systematic communication and engagement programme to disseminate knowledge across the system.</td>
<td>To ensure a co-productive approach is taken to translating knowledge into action at national and local levels through increased sharing of digital communications, national events, round tables and other communication and engagement channels.</td>
</tr>
</tbody>
</table>

### At a glance: Our offer to Community Planning Partnerships and Integrated Joint Boards

#### Our contribution

Lead the generation, management and application of the knowledge of how to reduce health inequalities and improve health.

#### Mechanism for collaborative action

In collaboration identify feasible knowledge based actions for national and local level delivery through the Inequalities Action Group.

#### Collaborative delivery

In collaboration plan and deliver inputs that strengthen the ability of national and local community planning and health and social care partners to reduce health inequalities and improve health.
## 3 Our priorities for action in 2015/16

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Key actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal and early years</td>
<td>Lead the development and implementation of a national NHSScotland approach to income maximisation for pregnant women and families with young children.</td>
</tr>
<tr>
<td>Primary care</td>
<td>Work with leaders in primary care to develop and evaluate approaches to improving responses to pregnant women and families with young children in relation to fuel poverty and income poverty. Provide programme design and evaluation support to primary care health inequality initiatives.</td>
</tr>
<tr>
<td>Community justice</td>
<td>Work with NHS leads and the National Prisoner Healthcare Network workstream groups to develop and implement integrated health improvement services for offenders ensuring a strong person-centred focus on through care.</td>
</tr>
<tr>
<td>Health inequalities framework for NHSScotland</td>
<td>Through the Health Promoting Health Service mechanism, lead the development and implementation of a manifesto for NHSScotland to reduce health inequalities and improve health in Scotland.</td>
</tr>
<tr>
<td>Person centred and safe care</td>
<td>Lead the development of understanding of how power and its use within services can harm or create health.</td>
</tr>
<tr>
<td>Community planning partnerships and health and social care partnerships</td>
<td>Work in collaboration with national and local partnerships to ensure knowledge of what works to reduce health inequalities drives action at national and local levels.</td>
</tr>
<tr>
<td>Fair work</td>
<td>Contribute to the work of the Fair Work Convention.</td>
</tr>
<tr>
<td>Fitness for work service</td>
<td>Promote and increase uptake of this service by employers.</td>
</tr>
<tr>
<td>Improve access to our knowledge including our response to requests for local or national support</td>
<td>Develop and implement a new NHS Health Scotland delivery model in partnership with local and national partners. Improve our web and knowledge services, particularly through a re-launch of <a href="http://www.healthscotland.com">www.healthscotland.com</a> basing our improvements on feedback from key stakeholders.</td>
</tr>
<tr>
<td>Stakeholder engagement in the development of our strategy for 2020 and beyond</td>
<td>Lead the development of collaborative performance management system for health inequalities.</td>
</tr>
</tbody>
</table>
4 Overview of our core programmes

Focusing on children in all of our work

Protecting and promoting the right of every child to good health is an objective that runs through all of the work that we do.

Poverty and inequality are barriers to that right to health. Much of the work that NHS Health Scotland will take forward within its core programme on *The Right of Every Child to Good Health* is focused on mitigating the effects of poverty and inequality but if children are to thrive and reach their potential we must prevent them being exposed from the very start of their life to negative experiences that will have a lasting impact on their health, learning and behaviour.

Actions being taken forward by the other core programmes in NHS Health Scotland to address the unequal distribution of power, money and resources and improve the social and physical environments where people live, work and play are therefore crucial to ensure the best start in life and throughout childhood and the teenage years.

Core programme 1: Fundamental causes

We will work with key stakeholders from across Scotland to tackle the biggest issues in achieving the right to good health. We will provide evidence-based reviews on welfare and low income including the cost of living and the impact of tax and welfare reform policies.

We will co-produce and distribute evidence, research and analyses to further Scotland’s understanding of inequalities and what has worked to mitigate the impact on health, including the relationship between power and health inequality.

We will work with the NHS to ensure a national approach and an increase in the availability of financial inclusion services and include health inequality outcomes in employability policy and practice.

We will work collaboratively with key stakeholders to embed the principles of good work in the objectives of the Fair Work Convention and in the practices of Scottish employers with a specific focus on the care sector.
Core Programme 2: Social and physical environments for health

We will work with local and national partners to help ensure the places and communities in which people live and work, support and promote good health- producing new knowledge and evidence about what action needs to be taken support the development and delivery of effective policy and practice.

We will work with the criminal justice service to ensure effective health improvement activity and support local community organisations contribute to a reduction in health inequalities.

We will work with partners to ensure the effective the implementation of the new Place Standard.

We will work with partners to deliver smoke-free environments across a range of settings.

We will continue to invest in GoWell to improve our understanding of housing, regeneration and health.

Our Scottish Centre for Healthy Working Lives will continue to work with employers and employees across Scotland to improve working environments.

We will continue to manage and administer the healthyliving award to food outlets across Scotland.

Core Programme 3: System change for health equity

We will work with partners to ensure services and programmes reach and meet the needs of people who need them most as well as work effectively across the population (proportionate universalism).

We will work with public sector leaders, planners and practitioners across the system to develop common goals for addressing health inequalities.

We will translate knowledge of what works into action and to evaluate effectiveness for impact on health inequalities and health improvement.

We will focus on better mitigation of the impacts of inequalities and focus more on prevention.
Core Programme 4: The right of every child to good health

We will work with NHSScotland and other national and local partners to identify and strengthen our contribution to reducing health inequality and improving health in children and young people - in our next delivery year we will concentrate on pregnant women and families with young children living in poverty.

We will work with NHSScotland and other national and local partners to strengthen the contribution the NHS can make to mitigate the impact of welfare reform and poverty on pregnant women, children and their families.

We will establish collaborative partnerships to take action on the main barriers to a healthy start, particularly focusing on gender based violence and poverty.

We will lead a programme of work to mitigate the effects of inequalities on marginalised young people (those who are looked after; involved in the youth justice system; or at risk of poor mental wellbeing).

Core programme 5: Organisational excellence and innovation

We will work with our staff and in partnership with staff representatives to achieve the outcomes set for Workforce 2020 vision.

We will ensure efficient and effective use of the resources allocated to us ensuring that the focus of our work is on working with and through others to reduce health inequalities and improve health.

We will continue to improve how we inform and engage our staff in decisions that affect them.

We will continue to improve the quality of our products and services, ensuring our stakeholders, customers and partners have access to our knowledge services.
Core programme 1: Fundamental causes

Health inequalities are caused primarily by social and economic drivers resulting in the unequal distribution of power, money and resources across the population of Scotland. Taking action to tackle these fundamental causes is vital if inequalities are to be reduced. Health behaviours are influenced by the circumstances and environments in which people live and work – therefore, efforts in reducing health inequalities need to extend to tackling the social and economic drivers of inequality. This involves influencing change in other sectors and policy areas such as environmental regulation, education, housing, employment, income and transport.

The aim of this core programme is to establish an evidence base with which to influence decision-makers at policy and practice level.

Workstream 1.1: Income and wealth

<table>
<thead>
<tr>
<th>Aim</th>
<th>The key messages from our evidence-based work on income, wealth and power are incorporated into the strategic and operational work of our partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>Key messages on economics and cost of living; adequate income and a universal and non-stigmatising welfare system informs subsequent decision-making and is incorporated into the strategic work of partners. A national approach for the delivery of financial inclusion services to vulnerable patients has been adopted by NHSScotland. Reduction of in-work poverty and increasing the availability of high quality work, work paid above poverty thresholds are recognised as key objectives by Scottish Government departments and publicly-funded bodies. NHS Boards are supported to develop and deliver on their outcomes-focused plans to mitigate the impact of welfare reform on health and health inequalities.</td>
</tr>
<tr>
<td>Deliverables 2015/16</td>
<td>Publish a series of analyses and evidence reviews of welfare and minimum income and share with key audiences, including third sector and Scottish Government. Publish and disseminate a series of evidence briefings on the costs of living, the impact of a wide variety of tax and welfare policies on health inequalities and a report on the contexts in which health inequalities reductions have been achieved internationally. Lead the development and implementation of a national approach to improve and expand the delivery of financial inclusion services to vulnerable NHS patients, particularly pregnant women and families with young children. Make the case for inclusion of explicit health and health inequality outcomes within employability policy and practice in Scotland through our role on the National Delivery Group. Stimulate and facilitate growth in the level of NHS Board activity to mitigate the impact of welfare reform on health and health inequalities across Scotland.</td>
</tr>
</tbody>
</table>
### Workstream 1.2: Good work

<table>
<thead>
<tr>
<th>Aim</th>
<th>Key partners, employers and employment service providers are aware of and actively implementing the principles of good work across their areas of influence.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term outcomes</strong></td>
<td>Scottish Government, employers and employment service providers are aware of the importance of good work in reducing health inequalities. Scottish employers, safety organisations and intermediary bodies engage in projects and use NHS Health Scotland tools to increase awareness of, and action to, support vulnerable employees.</td>
</tr>
<tr>
<td><strong>Deliverables 2015/16</strong></td>
<td>Describe, through briefings and stakeholder engagement events, the Scottish labour market against the principles of good work; and contribute to creating/sustaining good work and making bad work good, with an initial focus on the social care sector. Develop and implement actions, and influence to ensure the objectives of the Fair Work Convention are informed by the principles of good work; are addressing health inequalities and include explicit commitment to achieving as defined in <em>Fair Society Healthy Lives</em>. Work with Scottish employers and their intermediary bodies to develop projects, tools and support opportunities for increased awareness of and action to support vulnerable employees.</td>
</tr>
<tr>
<td><strong>Performance measures</strong></td>
<td>The Fair Work group and convention aims/objectives reflect information submitted from NHS Health Scotland. Increased number of referrals and requests to advisers through the Drive Safe Scotland website. Understanding of good work demonstrated in stakeholders actions. Increased uptake of train 2015 challenge engagement on mental health initiative and dissemination of results. Increased engagement between HWL advisers and Dundee businesses in Estate Excellence activities. Increased engagement with waste industry employees through partnership model. Delivery of occupational cancer messages to all workplaces through engagement with partners. Active engagement and participation by care sector partners. Increased number of organisations who have adopted the ‘what works’ practices NHS Health Scotland has promoted.</td>
</tr>
<tr>
<td><strong>Risks</strong></td>
<td>1.1, 1.4</td>
</tr>
</tbody>
</table>
Workstream 1.3: Contribution to society (power)

<table>
<thead>
<tr>
<th>Aim</th>
<th>NHS Health Scotland is informing public sector reform and policy development on the key actions needed to redress power imbalances as they impact on health inequalities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>In collaboration with partners, we will have added to the knowledge base on the causal pathways between the distribution of power and health inequalities.</td>
</tr>
<tr>
<td>Deliverables 2015/16</td>
<td>Through collaboration with key partners, provide evidence on the relationship between power and health inequalities.</td>
</tr>
<tr>
<td>Performance measures</td>
<td>Evidence of collaboration with key stakeholders. Joint briefings prepared and disseminated.</td>
</tr>
<tr>
<td>Risks</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Core programme 2: Social and physical environments for health

Where we live and work – our home, neighbourhood, social meeting places, workplaces and green spaces – has a vital influence on how we live, the quality of our lives, and our long-term health and wellbeing. People also need the opportunity to participate, be included and socialise with others in their community and they need to remain part of that community as personal circumstances change, as they grow older and are in need of more support. The aim of this core programme, therefore, is to ensure that the places and communities in which people live and work, support and promote good health.

Workstream 2.1: Community justice

<table>
<thead>
<tr>
<th>Aim</th>
<th>To ensure offenders receive an effective, joined-up set of health improvement services as they move through the criminal system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>An integrated set of health improvement activities and interventions for offenders is in place.</td>
</tr>
</tbody>
</table>
### Workstream 2.1: Health improvement through care

<table>
<thead>
<tr>
<th>Aim</th>
<th>To ensure offenders receive an effective, joined-up set of health improvement services as they move through the criminal system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliverables 2015/16</td>
<td>Provide advice to NHS Board leads for offender health improvement on integrated single shared release planning and effective through care. Contribute to a gap analysis of single-outcome agreements with Criminal Justice Authority Chief Officers Group and provide key recommendations for NHS Board leads in order to help them meet the Psychological Therapies Standard. Contribute via membership of National Prisoner Healthcare Network workstream groups and other key fora to the strengthening of effective delivery in through care of alcohol/drugs/tobacco (in particular opiate replacement therapy) and mental health and wellbeing. Contribute to the adaptation, development and piloting of improvement methodologies for through care system design, redesign and smarter delivery. Provide advice and local facilitation support for NHS Board leads for offender health improvement to develop and produce local prevention and intervention plans.</td>
</tr>
<tr>
<td>Performance measures</td>
<td>An evaluation framework will measure the impact the advice and guidance produced across all of the deliverables is having at a local and national level.</td>
</tr>
<tr>
<td>Risks</td>
<td>1.1, 1.4</td>
</tr>
</tbody>
</table>

### Workstream 2.2: Connected communities

<table>
<thead>
<tr>
<th>Aim</th>
<th>To support local communities develop collective knowledge and understanding about how local community-led action can help reduce health inequalities and to ensure this knowledge is used in local planning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>Community Planning Partnerships (CPPs) and Health and Social Care Partnerships (HSCPs) strategic commissioning and service delivery is influenced by community-led health activity in their area</td>
</tr>
<tr>
<td>Deliverables 2015/16</td>
<td>Bring together Community Health Exchange (CHEX), Voluntary Health Scotland (VHS) and other relevant organisations to develop a model for the delivery of a ‘conversation with the people of Scotland’ to strengthen community engagement in the development of action to address the effects of inequality on health. Deliver a programme of work addressing inequalities in health through the medium of food by Community Food and Health (Scotland) with disadvantaged communities and the agencies they engage with, including CPPs and HSCPs. Commission the delivery of a programme of work on addressing inequalities in health through community-led health activity by CHEX with disadvantaged communities and the agencies they engage with, including CPPs and HSCPs. Synthesise national and international evidence about the impact on health inequalities of community development approaches and disseminate this to all interested parties including CHEX, the third sector and Directors of Public Health.</td>
</tr>
<tr>
<td>Performance measures</td>
<td>Evidence that single-outcome agreements and other local plans recognise and effectively incorporate community-led action.</td>
</tr>
</tbody>
</table>
### Workstream 2.3: Neighbourhood and transport

<table>
<thead>
<tr>
<th>Aim</th>
<th>To improve air quality and the quality of our physical environments.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term outcomes</strong></td>
<td>Communities, CPPs, and the private sector are aware of the place standard, understand it, and use it to drive up place quality and address health inequalities. CPPs, Scottish Government, local authorities, third sector and private sector will have an increased understanding of the relationship between place and health and their specific contribution through the continuing development and implementation of <em>Good Places, Better Health</em>. Increased implementation of measures to improve air quality by policymakers, strategic leads, planners and the general public through changing the way people travel and reducing exposure to second-hand tobacco smoke in public spaces.</td>
</tr>
<tr>
<td><strong>Deliverables 2015/16</strong></td>
<td>Co-develop the Place Standard for Scotland, maximising its potential to reduce health inequalities through delivery of high quality places that nurture health and wellbeing. Co-develop an implementation plan for the Place Standard and contribute to its delivery, ensuring ongoing stakeholder involvement and engagement with Place Standard users. Further develop and implement <em>Good Places, Better Health</em>: generate, synthesise and disseminate knowledge and evidence relating to place and health, enabling this knowledge to be translated into action by informing decision-makers working on aspects of place and environment. Coordinate tobacco control activity to increase awareness of the dangers and harm of second hand tobacco smoke and to reduce the cultural acceptability of smoking with a focus on protecting vulnerable people. In partnership with Health Protection Scotland and Scottish Environmental Protection Agency, develop messages on transport related air quality in order to influence decision-making on transport choices using the Good Places, Better Health approach.</td>
</tr>
<tr>
<td><strong>Performance measures</strong></td>
<td>Published Place Standard specifically recognises health inequalities and the number of CPPs using it for local place and health planning. The number of CPPs using <em>Good Places, Better Health</em> for local place and health planning. User surveys and analysis of user outputs in relation to changing the way people travel and second-hand tobacco smoke. Evidence of relevant policies/strategies/plans/decisions being influenced in relation to the way people travel and second-hand tobacco smoke.</td>
</tr>
<tr>
<td><strong>Risks</strong></td>
<td>1.1</td>
</tr>
</tbody>
</table>
### Workstream 2.3: Housing

<table>
<thead>
<tr>
<th><strong>Aim</strong></th>
<th>To contribute to health improvement and a reduction in health inequalities through action on housing, homelessness and regeneration.</th>
</tr>
</thead>
</table>
| **Short-term outcomes** | Scottish Government and locality policy leads for housing and regeneration are using the learning from GoWell together with NHS Health Scotland’s knowledge, evidence and resources to contribute to a reduction in health inequalities through housing and regeneration.  
Scottish Government policy leads for homelessness and national NHS Board leads for homelessness are accessing and using NHS Health Scotland’s evidence, knowledge and resources to inform and deliver their work.  
Scottish Government and local policy leads for housing and poverty and the Fuel Poverty Forum are accessing and using NHS Health Scotland’s evidence, knowledge and resources to mitigate the impact of housing and fuel poverty on health. |
| **Deliverables 2015/16** | Co-fund research and learning programme and support the governance arrangements to support the delivery of GoWell.  
Work in collaboration with organisations such as Shelter Scotland to synthesise the evidence and knowledge on housing and health issues and what is being done to address these to strengthen relevant policy and practice.  
Work with the Health and Homelessness Network and Directors of Public Health to ensure implementation of guidance on health and homelessness provided to all NHS Boards through Scottish Public Health Network (ScotPHN).  
Generate and synthesise knowledge and evidence briefing/report on how fuel poverty might impact on the population in terms of health and health inequalities. This knowledge and evidence will also include exploring the linkages between fuel poverty, climate change mitigation and sustainability, which impact on health inequalities. |
| **Performance measures** | Evidence that the advice and guidance produced is being used by decision-makers locally and nationally. |
| **Risks** | 1.2, 1.4 |
## Workstream 2.5: Workplaces

<table>
<thead>
<tr>
<th>Aim</th>
<th>To contribute to health improvement and a reduction in health inequalities through support to workplaces, employers and employees.</th>
</tr>
</thead>
</table>
| **Short-term outcomes** | Employers are aware of and accessing Healthy Working Lives (HWL) to protect and improve employees’ physical and mental health.  
Employers are undertaking measures to enable early detection of health, safety and wellbeing issues at work to protect and improve employees’ physical and mental health.  
Employers are supporting employees to remain in or return to work including using the Fit for Work Scotland service.  
Caterers in Scotland are engaging with the healthyliving Award and there is an increased commitment to the plus level of award. |
| **Deliverables 2015/16** | Deliver a mix of online, telephone and face to face support for employers to raise awareness of and increase access to HWL services, to support detection of health, safety and wellbeing issues and to encourage a greater intensity of uptake of services to improve health and wellbeing at work.  
Develop a suite of tools to support employers in providing good work.  
Working in partnership with NHS inform and Salus, develop occupational health, safety and wellbeing focused support and services to complement implementation of the Fit for Work Service in Scotland.  
Manage and deliver the healthyliving award within existing quality standards and time frames increasing the number of awards held and maximise commitment to the healthyliving award plus. |
| **Performance measures** | Increased awareness of HWL brand.  
Number of employers accessing services.  
Number of Adviceline enquiries handled and visits to www.healthyworkinglives.com.  
Number of employers represented at training and awareness sessions and supported in preparing action plans to detect health, safety and wellbeing issues.  
Number of employers supported in developing policies/good practice to protect and improve health and wellbeing and engaging with services.  
Level of uptake of Fit for Work by employers.  
Maintenance of existing healthyliving award customers and increase in commitment to healthyliving award plus.  
Increased number of new customers achieving the award. |
| **Risks** | 1.1 |
Core programme 3: System-wide change for health equity

The public sector system must be accessible and equitable if it is to contribute to addressing health inequalities and improving health. This means that services and programmes must reach and meet the needs of people who need them most as well as work effectively across the population. We will work with public sector leaders, planners and practitioners across the system to translate knowledge of what works into action and to evaluate effectiveness for impact on health inequalities and health improvement.

Core programme 3 aims to strengthen the potential of services to improve health and to mitigate and prevent inequalities impacting on health.

Workstream 3.1: Partnership strategies are inequalities-focused

<table>
<thead>
<tr>
<th>Aim</th>
<th>To establish partnership strategies to improve health and to prevent and mitigate the impact of inequality on health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>A coherent and refreshed strategic focus on gender-based violence (GBV) within key Scottish Government policy domains and strengthened collaborative working between NHSScotland and partner agencies. Learning set methodologies foster leadership with Alcohol and Drugs Partnership (ADP) Chairs and use improvement methodologies with local ADP areas to improve local service flow and impact. A leadership programme for reducing health inequalities, targeted at executives and non-executives has been scoped and developed. The capacity to understand and use economics evidence on prevention is enhanced and the evidence is being accessed by the Scottish Government CPPs, Health and Social Care Partnerships and the third sector. The refreshed Sexual Health and Blood Borne Virus Framework has a greater focus on inequality. A collaborative programme of work with the Improvement Service, other national partners and local public health structures has strengthened action to reduce health inequalities through CPPs at national and local levels. NHS Health Scotland contribution to the role of primary care in reducing health inequalities is strengthened. NHS Health Scotland has contributed to the successful progression and delivery of our commitments in the Suicide Prevention Strategy. Equality and a human-rights based approach is built into policy and planning at local partnership level and decision-making on work to address health inequalities.</td>
</tr>
<tr>
<td>Aim</td>
<td>To establish partnership strategies to improve health and to prevent and mitigate the impact of inequality on health.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| Deliverables 2015/16 | Lead the development of a coordinated strategy for NHSScotland to prevent and reduce GBV, including improved collaborative relationships across agencies and enhanced workforce capacity to identify and respond to GBV.  
Deliver a learning set and improvement methodologies in collaboration with Scottish Government for ADP Chairs to strengthen performance to meet the LDP Alcohol Brief Intervention Standard and for the alcohol content of Health Promoting Health Service (HPHS) CEL 2015.  
Lead the collaborative development of an inequalities framework for NHSScotland building on the HPHS framework, and develop leadership capacity for reducing inequalities among Executives and Non-Executives of NHS Boards and Health and Social Care Integrated Joint Boards.  
Develop and disseminate to partners evidence-based recommendations for cost-effective policies and services acting on health inequalities.  
Develop an action plan with a focus on reducing health inequality in response to the refreshed Sexual Health and Blood Borne Virus Framework.  
Develop and deliver a collaborative programme of strategic and operational actions to reduce health inequalities through Community Planning Partnerships.  
Continue to host the National Programme for Suicide Prevention and commitments in the Suicide Prevention Strategy 2013/16 and oversee the implementation of the strategy via the national implementation group.  
Influence and facilitate the application of equity and the right to health principles into strategies and practice to address health inequalities, specifically for health and social care, neighbourhood and place and community led health. |
| Performance measures | Collaborative strategies are in place at regional and partnership levels between NHS and our public and third sector partners for GBV, sexual health and blood borne viruses, suicide prevention, human rights, alcohol and drug services, and health economics in prevention.  
Evidence that advice, training materials, leadership programmes and guidance is developed in partnership with and relevant to other delivery organisations and is being used locally and nationally.  
Local and national plans recognise and effectively incorporate action to prevent and mitigate impact on inequality on health. |
| Risks | 1.1, 1.4 |
## Workstream 3.2: Public services take a proportionate universal approach

<table>
<thead>
<tr>
<th>Aim</th>
<th>Public policies and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs.</th>
</tr>
</thead>
</table>
| Short-term outcomes                                                 | Tobacco policy and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs.  
Mental health policy and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs.  
Drug, alcohol and sexual health and blood borne viruses policy and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs. |
| Deliverables 2015/16                                                | Effective delivery of services for priority groups through improved tobacco control service planning, design and monitoring.  
Lead a programme of activity that utilises data, evidence and learning to influence practice and service delivery towards improving physical health outcomes for people with severe and enduring mental health problems.  
Commission pilot projects to promote a drugs harm-reduction and recovery approach, and provide networking opportunities and learning sets for ADPs, third sector and Scottish Government; and provide evidence for the harm reduction element of the new Sexual Health and Blood Borne Virus Framework. |
| Performance measures                                               | Health improvement strategies incorporate actions to meet specific needs of groups with higher levels of poor health with a focus on families with young children, people with learning disabilities, people involved in the community justice system, people experiencing homelessness and other vulnerable groups. |
| Risks                                                               | 1.1                                                                                                                               |
**Workstream 3.3: Health improvement policy is integrated across sectors**

<table>
<thead>
<tr>
<th>Aim</th>
<th>Health improvement policies and strategies are integrated across sectors and re-oriented to focus on upstream actions and are delivered in proportion to need.</th>
</tr>
</thead>
</table>
| **Short-term outcomes** | The Health Promoting Health Service (HPHS) drives a stronger focus on health inequalities and health improvement across NHS sectors and is re-oriented to focus on upstream actions and in proportion to need.  
Health improvement policies and strategies for physical activity, public mental health, Childsmile, food and healthy weight are integrated across sectors, re-oriented to provide greater focus on causes of poor health and they encourage more intensive action where necessary.  
Information about screening and immunisation is appropriately targeted for the population and for professionals to facilitate informed choice and to ensure inequalities in uptake are recognised and addressed.  
Increased understanding of the implementation and impact of public health policy on health inequalities and health improvement. |
| **Deliverables 2015/16** | Develop, implement and promote an inequalities framework for the HPHS delivery programme across NHSScotland.  
Lead a system wide programme, based on data and evidence, focusing on strengthening the role of public services and communities in improving public mental health and reducing mental health inequalities.  
Lead the delivery of key actions contained within or directly related to the National Physical Activity Implementation Plan (A More Active Scotland) ensuring health inequalities focused interventions are shaped by evidence, best practice and knowledge of where need is highest.  
Produce and provide materials for Childsmile and NHS Boards in relation to priority groups (older people, homeless, prisoners, HWL) to improve their access to dental care.  
Lead the development of communication strategies and produce a suite of materials to support the delivery of the Scottish Screening and Immunisation Programmes.  
Produce evaluations of the health and inequalities impacts of existing health improvement policies and strategies – alcohol, tobacco control, physical activity, and food and obesity.  
Advise and facilitate partnership working to enable the development and implementation of Scottish Food and Health policy with a focus on improving health and reducing health inequalities.  
To support the implementation of future Healthy Weight/Obesity Strategy. |
| **Performance measures** | Inequalities impact of existing health improvement strategies for alcohol, tobacco, physical activity and obesity measured and mitigated produced.  
Evidence of new actions stimulated for addressing health inequalities within universal strategies, for HPHS, improving public mental health, food and health, and obesity.  
Increased knowledge and awareness of inequalities and new action inspired on inequality within universal health improvement strategies for physical activity and oral health.  
Increased uptake coverage of Childsmile nursery programme across local authority and private nurseries.  
Evidence of improved access to NHS dental care for priority population groups. |
| **Risks** | 1.1, 1.2, 1.4 |
### Workstream 3.4: A common vision for public health delivery in Scotland

<table>
<thead>
<tr>
<th>Aim</th>
<th>To co-produce and sustain a common vision of, and leadership for, effective public health delivery in Scotland.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term outcomes</strong></td>
<td>A common vision of, and leadership for, effective public health delivery is in place in Scotland.</td>
</tr>
</tbody>
</table>
| **Deliverables 2015/16** | In collaboration with others define the Public health workforce and contribute to the UK process to refresh the Public Health Skills and Knowledge Framework.  
Develop new ways of working to sustain and enhance public health leadership and collaboration.  
Carry out a needs assessment, guidance and scoping service redesign action resources etc. |
| **Performance measures** | Increased knowledge of the public health workforce numbers and potential impacts on the Scottish review of public health. |
| **Risks** | 1.1 |
Core programme 4: The right of every child to good health

The Scottish Government’s vision is that Scotland will be the best place in the world for a child to grow up, a place where children can access all the opportunities and support they need, when they need it. From conception onwards, children’s early life circumstances and experiences shape their physical, social, mental, emotional and cognitive development and provide a foundation for their future attainment and health. Inequality is a barrier to the right of every child to good health. This core programme seeks to work with a wide range of stakeholders to support and promote action across the fundamental causes and environmental influences whilst at the same time ensuring that practice to support children, young people and families experiencing inequality is strengthened and improved.

Workstream 4.1: Partnership strategies are inequality-focused

<table>
<thead>
<tr>
<th>Aim</th>
<th>To establish partnership strategies to improve the health of children and young people and to prevent and mitigate the impact of inequality.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>NHS Health Scotland’s contribution to reducing the impact of inequality on the child’s right to health has been strengthened. Pregnant women and families with young children are able to access financial inclusion services through referral from health visitors and midwives in NHSScotland. Partners will have increased understanding of the factors that give rise to youth health inequalities and how these can be addressed.</td>
</tr>
<tr>
<td>Deliverables 2015/16</td>
<td>Develop and implement an NHS Health Scotland strategic plan in partnership with key partners that articulates how NHS Health Scotland will work with others to promote the rights of children and young people to good health. Develop and implement a national NHS approach for the delivery of financial inclusion services to pregnant women and families with young children. Develop and deliver briefings and events to contribute to implementation of parts of the Children and Young People Act relating to wellbeing, with a particular focus on vulnerable families and addressing health inequalities. Provide data for CPPs on health inequalities and determinants of health of children and young people through community profiles and the Scottish Public Health Observatory website. Lead a programme of work to mitigate the effects of health inequalities among marginalised groups of young people including: those who are looked after; involved in the youth justice system, at risk of poor mental wellbeing/mental health problems, experiencing barriers to service access.</td>
</tr>
<tr>
<td>Performance measures</td>
<td>Evidence that routine enquiry into financial inclusion is integrated into the universal health visitor pathway. Evidence that knowledge and data produced by NHS Health Scotland is used by CPPs in the planning of children and young people’s services and that these data sources are being used to inform policy and planning of services. Learning from local income maximisation projects for families with young children has been shared nationally and influenced how financial inclusion services are planned and delivered. National information resources and learning tools about financial inclusion have been produced and are being used by midwives and health visitors. Evidence that advice and guidance on the implementation of the Children and Young People Act is being used locally and nationally. Increased knowledge among relevant partners and practitioners of the actions required to mitigate the effects of health inequalities among key marginalised groups (i.e. looked-after children), those involved in the youth justice system, those experiencing poor mental wellbeing and/or mental health problems, those with poor attainment and those experiencing barriers to service access.</td>
</tr>
</tbody>
</table>
Aim | To establish partnership strategies to improve the health of children and young people and to prevent and mitigate the impact of inequality.
---|---
Risks | 1.1

### Workstream 4.2: Public services take a proportionate universal approach

**Aim**
Public policies and services for children and young people combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs.

**Short-term outcomes**
Routine enquiry around life circumstances is embedded in the new health visitor pathway.

**Deliverables 2015/16**
- Provide evidence, materials and evaluation for the new health visitor pathway.
- Provide evidence, facilitate networks and co-produce resources for strategies and programmes to reduce inequalities in the antenatal period.
- Work with the Play Strategy Implementation Group to influence planning support for services providing care of children outwith the home.
- Facilitate knowledge into action with the maternal and early years workforce to improve policy implementation and increase focus on addressing inequalities in the early years.

**Performance measures**
- Evidence that routine enquiry on key public health issues — financial inclusion, gender-based violence, substance misuse — is integrated into the universal health visitor pathway.
- Evidence that the impact of Scottish Antenatal Parenting Education Pack resources on delivery of antenatal education is understood and shared with NHS Boards.
- Planning resource on play has been developed and distributed for use by CPPs.
- Evidence that the Early Years Taskforce work on out of school care is informed by evidence and has an inequalities focus.
- Key change areas of the Early Years Collaborative have been influenced by evidence provided by NHS Health Scotland.

**Risks**
1.2, 1.4
## Workstream 4.3: Health improvement policy is integrated across sectors

| **Aim** | Health improvement policies and strategies relevant to children and young people are integrated across sectors and re-oriented to focus on upstream actions and are delivered in proportion to need. |
| **Short-term outcomes** | The teenage pregnancy and young parents strategy has a strong focus on reducing health inequalities. Collaborative capacity to take forward work on youth health improvement has been increased. |
| **Deliverables 2015/16** | Provide evidence, logic modelling and project management support for the development of the Teenage Pregnancy and Young Parents Strategy. Work with the Scottish Infant Feeding Advisor Network and with early years childcare providers to improve the diet and nutritional status of pregnant women, babies and young children. Work with the Youth Health Strategic Leads Group and other partnerships to influence a collective approach to youth health improvement and the reduction of health inequalities. |
| **Performance measures** | An evidence-informed Teenage Pregnancy and Young Parents Strategy has been produced with a strong inequalities focus and a multi partnership action plan is in place to implement the strategy locally and nationally. Childcare providers are accessing the Setting the Table: Nutritional guidance and food standards for early years childcare providers resource. Evidence of increased knowledge and awareness within key partner organisations of the breastfeeding and inequalities evidence base. Increased awareness within the Scottish Government and other key partners of the evidence informed rationale for taking a more integrated approach to youth health improvement. |
| **Risks** | 1.1, 1.2 |
Core programme 5: Developing an excellent organisation

Excellence, innovation and efficiency

NHS Health Scotland can only deliver the ambitious aims of *A Fairer Healthier Scotland* if it achieves the goal of being an excellent organisation. An excellent organisation continuously challenges all aspects of the ways it works with the view to improving its delivery. This involves making the most effective use of our financial and non-financial resources, having a fully engaged and skilled workforce and having processes in place that support the greatest utilisation of the knowledge generated by the organisation.

Workstream 5.1: Improved staff experience

<table>
<thead>
<tr>
<th>Aim</th>
<th>To succeed through the talent of our people.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>NHS Health Scotland’s staff feel more engaged in decisions affecting them.</td>
</tr>
<tr>
<td>Deliverables 2015/16</td>
<td>Deliver the outcomes of the 2015/16 NHS Health Scotland Workforce Plan, so that staff feel confident and capable to deliver their objectives. Sustain excellent customer practices and satisfaction levels based on structured feedback from staff. Lead organisational change in a way that ensures staff are fully involved in decisions that affect them and all changes lead to full alignment with AFHS. Implement an internal communications and engagement plan to ensure staff are well informed and able to engage in decisions affecting them. Ensure all staff have the IT and other necessary support to work efficiently, effectively and productively regardless of location.</td>
</tr>
<tr>
<td>Risks</td>
<td>3.1, 4.1, 4.3, 4.4, 4.8</td>
</tr>
</tbody>
</table>
### Workstream 5.2: Improved planning and use of resources

<table>
<thead>
<tr>
<th>Aim</th>
<th>To have a Delivery Plan that links what we do to our vision of AFHS, so we can demonstrate high performance and making an impact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>We have a set of key performance indicators in place and use a mix of quantitative and qualitative measures to demonstrate our impact on an annual basis. Our Delivery Plan is outcomes focused and developed in collaboration with our partners and we are able to evidence our impact.</td>
</tr>
<tr>
<td>Deliverables 2015/16</td>
<td>Deliver an improved process of accountability, planning and risk management through the implementation of new systems of performance management and management information. Set and meet an agreed group of sustainable and social targets. Deliver an internal development programme for commissioners, team heads and programme managers to strengthen strategic planning and better demonstration of impact. Improve and protect organisational reputation and performance by delivering all of our compliance and governance obligations. Deliver improvements on our planning and delivery of partnership agreements.</td>
</tr>
<tr>
<td>Performance measures</td>
<td>Positive feedback from our Annual Review, sponsor division and AFHS stakeholder performance forum. We have in place integrated workforce, financial and delivery planning. All audit reports and government sign off of workplace plan, staff governance action plan etc. to standards of satisfaction or higher. Financial targets: e.g. variance against planned spend, allocated budget by January.</td>
</tr>
<tr>
<td>Risks</td>
<td>2.1, 2.2, 2.3, 3.1, 4.5, 4.7, 4.8</td>
</tr>
</tbody>
</table>

### Workstream 5.3: Improving knowledge, better knowledge

<table>
<thead>
<tr>
<th>Aim</th>
<th>To make our internal processes more efficient and effective, so we deliver great value products and services that meet or exceed the needs and expectations of those who use them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term outcomes</td>
<td>Our key stakeholders are better able to access and use the knowledge that NHS Health Scotland has in order to influence action to reduce health inequalities.</td>
</tr>
<tr>
<td>Deliverables 2015/16</td>
<td>Processes are put in place so that knowledge is generated throughout the organisation and in partnership with key stakeholders. Processes put in place so that knowledge can be synthesised and tailored to meet organisational and customer needs. We will deliver a re-designed corporate website suite so that we better engage and influence our key audiences.</td>
</tr>
<tr>
<td>Performance measures</td>
<td>Our stakeholder feedback survey demonstrates we are reaching and influencing our stakeholders and indicates where improvements are needed. Evidence that internal and external collaborative approaches are being taken to generate knowledge. Customer feedback and reach evaluation on effectiveness measures of core programme interventions.</td>
</tr>
<tr>
<td>Risks</td>
<td>2.2, 4.5, 4.7</td>
</tr>
</tbody>
</table>
NHS Health Scotland is a national Health Board, working with and through public, private and third sector organisations to reduce health inequalities and improve health. Our primary role is to lead the co-production and improvement needed to translate knowledge of what works to reduce health inequalities and improve health into action at policy, planning and practice levels.

This document sets out a workforce plan for 2015/2016 that will support the delivery of A Fairer Healthier Scotland. It also provides a detailed commentary on the delivery of the previous Workforce Plan (2014/2015) and the workforce and recruitment profile for the same period.

We published our corporate strategy A Fairer Healthier Scotland in 2012. A Fairer Healthier Scotland sets out our intention to continue in our role as the national agency for health improvement with a focus on reducing health inequalities based on compelling evidence which explains that whilst average population health has been improving health inequalities have increased.

In September 2013 the 53 Member States of the World Health Organization European Region approved the new health policy Health 2020. This emphasised a ‘Whole of Government/Whole of Society’ approach to addressing the social determinants of health in order to reduce health inequalities. A Fairer Healthier Scotland is recognised at an international level as an example of being fully aligned with how the WHO expects countries to fulfil their obligation to implement Health 2020.

NHS Health Scotland has identified three externally focussed corporate outcomes which will help ensure we make a significant contribution to the national performance framework outcomes as shown below.

<table>
<thead>
<tr>
<th>NHS Health Scotland’s Corporate Outcomes 2012–17</th>
<th>Scotland Performs Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved and more equitable policy-making.</td>
<td>We have tackled the significant inequalities in Scottish society.</td>
</tr>
<tr>
<td>Stronger support for action for prevention and better, fairer health.</td>
<td>Our children have the best start in life and are ready to succeed.</td>
</tr>
<tr>
<td>Improved performance and quality in practice.</td>
<td>Our people are able to maintain their independence as they get older and are able to access appropriate support when they need to.</td>
</tr>
<tr>
<td></td>
<td>We live longer, healthier lives</td>
</tr>
</tbody>
</table>

These are underpinned by one internal corporate outcome:

**Organisational Excellence and Innovation:** To drive this, the organisation has to be as efficient and effective as it can be in achieving these aims.

We also have a workforce equality outcome, ‘we have a workforce that welcomes, values and promotes diversity and is competent in advancing equality and tackling discrimination (within and outwith the organisation) and embraces our organisational aim to reduce health inequalities’ and we report workforce composition data in line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
In the following chapters we will capture our progress against the Workforce Plan 2014/15 (Section 6.2), set out our workforce planning assumptions (section 6.3) and outline the key aims and short term outcomes of our workforce plan (sections 6.4 and 6.5).

Progress on last year’s plan

Since last year we have made the following progress:

- We have achieved our efficiency savings targets in relation to staffing by having a robust vacancy management process supported by a joint management staff side group.
- We have further developed our approach towards organisational excellence and have carried out an internal assessment and developed capacity within the organisation and now have eight trained assessors. Using the European Quality Foundation Model (EFQM), nine Improvement Champions have been identified to lead on each aspect of the model.
- We have further improved and integrated our business planning, financial planning and staff budgeting processes.
- We have set up an annual learning cycle aligned with the business planning process.
- We have achieved significant improvement in our staff usage of our key people processes eKSF reviews 91%, objectives agreed 94% Personal Development Plans agreed 93%.
- We have introduced improvements to employee survey action planning and achieved a 90% response rate in the National Staff Survey 2014.
- We have gone live with imatter (on 2 February 2015) with our first phase aimed at how we measure employee experience.
- A comprehensive review of how our organisational structure should be aligned to enable us to deliver A Fairer Healthier Scotland has been taking place during 2014/15. Some of this work is more developed but will continue during 2015/16 as we work through this across the organisation.
- Work to embed our values has commenced and will be a key organisational priority throughout our work.

Workforce planning assumptions

Managing our workforce resource

Like all other NHS and public sector bodies, we are operating within a climate of restrictions to budget and to workforce. We depend on our workforce to deliver our strategic aims and we believe this is only likely to increase as we focus more on advocacy, influence and consultancy and less on the production and dissemination of ‘tangible’ products.

Our workforce decisions need to be fair, follow national policy guidelines, allow flexibility, actively support security of employment within the organisation and create career development opportunities for staff. Partnership working at every level of workforce management is essential.

In the last three years we have moved to minimise the unhelpful effect of ‘chains’ of internal cover arrangements and we currently have a renewed focus on using generic approaches to job descriptions wherever possible in order to improve consistency, quality, flexibility and career development opportunities for our
staff. We have a good policy framework that is consistent with Partnership Information Network (PIN) guidelines and we have an increasingly clear focus on our priorities for reviewing policies and supporting their consistent application.

The measures outlined above are important in enabling NHS Health Scotland to continue to deliver business and optimise the potential of our workforce.

Financial assumptions 2015/16

For 2015/16 our workforce, following conclusion of the current strategic realignment of functions, is forecast at around 275 Whole Time Equivalent (WTE) at a payroll cost of £11,659k on a gross basis.

With an assumed 5% vacancy factor, the figures are 262 WTE and £11,076k.

In agreeing this staffing budget, the following assumptions have been made:

• 5% vacancy factor retained for next three years.
• Incremental progression through AfC grades, as appropriate, has been built into the costs.
• A 1% cost of living increase for all staff has been assumed and built into the costs.
• The impact of efficiency savings for next three years will be differentially targeted (40% of savings through staff budget, 60% of savings through project funds).

Policy and planning assumptions 2015/16

• When we complete the organisational functional alignment (assumed June 2015) we will have an agreed organisational structure and established resource for each directorate. Any further changes to structure and post numbers through the year will be exceptional and agreed by the Workforce Review Group (WRG).

• A further review of resource per directorate will be carried out by the WRG in early 2016 as part of the delivery planning process for 2016/17. This will focus on the availability and location of resource to deliver 2016/17 delivery plan priorities. Any changes of a structural nature would be likely to be localised in nature and not to lead to further realignment across directorates.

• The WRG will consider all vacancies that arise and we will work within our planned vacancy factor of 5% when considering all new posts and vacancies (including maternity leave and posts that have become vacant through internal promotion or sideways recruitment). As a default we will consider alternatives to recruitment, such as deciding a piece of work is no longer a priority, allocating resource from elsewhere in the organisation or providing an acting-up opportunity for development and not necessarily with backfill. Investment in training and development of staff to take up new or different work will also be a priority.

• Where we do decide to recruit, we will always consider staff on the active redeployment register. Where we move to recruitment, we will advertise internally first unless a specific case for an exception is put to and agreed with the WRG.
• Our default position is also not to make decisions that could lead to an increase in the headcount of the organisation, except where we are specifically requested or reach a decision to take on new business for which we do not have the skills or capacity or to take on functions from elsewhere within NHSScotland. Decisions that will take us above the established staff budget for the year for any directorate will have to be taken by the Corporate Management Team rather than WRG.

• We will avoid employing staff through agencies wherever possible and any decision to employ agency or temporary staff will be taken through the WRG. Where agency staff are employed, this will be charged to the staff budget of the recruiting directorate.

• Secondments (in or out) can be beneficial to the organisation and to staff development. Anyone proposing a secondment in or out should have the indicative approval from their director and the WRG wherever possible before any commitment is made. We are unlikely to approve any secondment unless it can be done on a cost neutral basis to NHS Health Scotland.

• We will manage the use of fixed term contracts closely. The main reason to apply them will be where they are a good alternative to establishing a new long term employment commitment.

• We will start all new staff at the lowest paypoint of the grade unless Agenda for Change guidelines indicate otherwise or there are exceptional circumstances which are approved by the recruiting director, Director of Strategy and Employee Director. Our policy to start staff at the lowest point on the grade will be stated in the job advertisement.

• We have no plans for a voluntary redundancy scheme during 2015/16 and funds to support any individual redundancy requests are yet to be identified.

Workforce projections

The table below shows current workforce projections for the next three years. These figures are based on current projections.

We anticipate the headcount of the organisation having to reduce further and a key aspect of workforce planning during 2015/16 will be to develop and agree a target headcount figure and appropriate strategy with our Board and in partnership.

For 2015/16 our strategic realignment is forecast at around 275 WTE at a payroll cost of £11,659k on a gross basis but with a 5% vacancy factor the figures are 262 WTE and £11,076k.

For 2016/17 we anticipate around five posts being lost due to natural turnover with a net budget reduction to £11,036k still retaining the 5% vacancy factor. Please note that the 1% uplift is applied to salaries in full.

For 2017/18 we anticipate around four posts being lost and working with a net budget of £11,073k.
## Workforce plan aims

AFHS is an ambitious strategy. A year on and the importance of this agenda is even clearer, given the new focus on inequality through the Audit Scotland 2012 report, *Health Inequalities in Scotland* and the 2013 review of *Equally Well* by the Ministerial Task Force for Health Inequalities, and the increasing pressures on all public sector organisations to meet the demands of healthcare while mitigating against the impact of societal pressures on inequality.

Our approach as an organisation is changing in order to shift our focus materially and substantially onto the reduction of inequality through delivering the four outcomes stated in Section 1. We have also introduced a functional realignment review to ensure we have an effective structure in place that is fit for purpose. We are also continuing to operate within a climate of reduced resource and drive for improved efficiency. With that in mind we have now completed our move to two sites and continue to strive to maximise the use of available space. In material terms, our overall operating budget has reduced by £1m for 2013/14 and will reduce by a similar amount in 2014/15.

These factors have a significant impact on how we seek to shape and develop our workforce and the skills and competences we expect them to have in order to deliver and it has also significantly informed the workforce planning assumptions set out in Section 2 of this plan.

We have set four workforce priority aims for 2015/2016 and their short-term outcomes, key deliverables and performance measures are covered in more detail in Section 5.

**Aim 1 – Healthy organisational culture:** The vision and values of the organisation are visible in everything we do. The organisation has a culture which promotes learning, continuous improvement and excellence in delivery.

We are aligning our values with those outlined in Workforce 2020 Vision. The underlying Implementation Framework and Plan for Workforce 2020 Vision will be used to shape our short term outcomes. The values will be embedded within the corporate objectives, the Personal Development Plan Review process and within the recruitment process.

Within our commitment we develop more structured feedback loops across all our employee, customer and stakeholder relationships. This is in line with our improvement action plans as part of our ongoing development against the European Foundation for Quality Management’s model.

**Aim 2 – Sustainable workforce:** The shape and size of the workforce supports the delivery of *A Fairer Healthier Scotland*. People have the right skills, in the right place, in the right numbers and are in the right jobs.
We continue to develop our workforce planning approaches and respond to the internal and external landscape. This will ensure appropriate consideration for long-term perspective on the requirements to deliver *A Fairer Healthier Scotland*.

All workforce decisions require the continued provision of up to date and relevant workforce information. We will continue to develop our approach to analysing the learning and development needs on an organisational wide basis and prioritising our budget spend in line with *A Fairer Healthier Scotland* priorities.

**Aim 3 – Capable workforce:** All staff have developed their knowledge, skills and attitudes to support their roles in delivering *A Fairer Healthier Scotland*. All staff are effectively using the appraisal and PDP processes to identify and take responsibility for their own learning.

We have developed our annual learning and development cycle to dovetail it fully to our business planning process so that individual members of staff can link their own personal objectives through to team targets within the business planning tool.

The knowledge, skills and attitudes essential for the delivery of *A Fairer Healthier Scotland* have been identified and are being used as a basis for our internal course provision. The delivery of *A Fairer Healthier Scotland* will drive the funding decisions on learning. We will continue drive organisational wide change programmes such as Staff Essentials and Management Essentials.

We will continue to develop the ‘learning effectiveness’ skills of managers and staff to ensure the best use of the appraisal and Personal Development Plan processes.

**Aim 4 – Effective leadership and management:** Managers and leaders are champions for *A Fairer Healthier Scotland* and encourage, develop and support their teams effectively against *A Fairer Healthier Scotland* priorities.

We will develop the management skills of all managers across the organisation. In addition we will develop the leadership cohort by supporting the needs of the Corporate Management Team and Corporate Leadership Forum.

We especially want to focus on the managers as role models and as champions of the changes outlined in Workforce 2020.
Short-term outputs and priorities

Deliverable – Deliver the outcomes set by Workforce 2020 Vision and Staff Governance Standards so staff feel confident and capable.


<table>
<thead>
<tr>
<th>Aim 1 – Healthy organisational culture</th>
<th>Outputs</th>
<th>Output Lead</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imputes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outputs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Survey and iMatters 2016</td>
<td>Jim Carruth</td>
<td></td>
<td>NHS Health Scotland staff feel more engaged in decisions affecting them. (ES14)(WF14-1.4)(ARAP) Continue to develop a partnership model of working at the heart of NHS Health Scotland staff engagement. Ensure that data from iMatters and the staff survey are used to drive continuous improvement.</td>
</tr>
<tr>
<td>Improve the health and wellbeing of staff</td>
<td>Josephine White</td>
<td></td>
<td>Ensure the recommendations from the Working Longer Review around occupational health, safety and wellbeing are fully implemented and that flexible approaches are taken(WF15-3) Introduce wellbeing section within intranet and better coordinate wellbeing strands(WF14-1.6)</td>
</tr>
<tr>
<td>NHSScotland Values</td>
<td>Jim Carruth</td>
<td></td>
<td>Promote and recognise the behaviours of individuals and teams at all levels which reflect our values (WF15-1) and exhibit behaviours supportive of A Fairer Healthier Scotland delivery (WS15). To adjust corporate objectives and recruitment in line with this (WF14-1.2). I still intend to be working within my board in 12 months’ time. (ES15) I would recommend my workplace as a good place to work. (ES15) The assessment found no evidence of an approach for generating and sharing ideas, to promote a culture that supports new ideas and innovation. (EFQM15) Support collaborative cross directorate project delivery teams. (WS15) Continue to monitor our staff equality outcome.</td>
</tr>
<tr>
<td>Reasonable adjustments for staff</td>
<td>Kenny McLean</td>
<td></td>
<td>Develop person-centred approach to supporting staff.</td>
</tr>
<tr>
<td>HR service</td>
<td>Josephine White</td>
<td></td>
<td>Further develop caseload approach with clear service delivery standards and improved monitoring.</td>
</tr>
</tbody>
</table>
### Aim 1 – Healthy organisational culture

<table>
<thead>
<tr>
<th>OHS and Employee Counselling Service</th>
<th>Josephine White</th>
<th>Align services more closely with health and wellbeing priority.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to date workforce policies</td>
<td>Josephine White</td>
<td>Staff to follow existing processes (WS15) and ensure policy reviews (e.g. flexible working, redeployment and organisational change) are carried out in partnership, deliver fit for purpose policies and meet the deadlines set (WF14-3.3).</td>
</tr>
<tr>
<td>Agenda for Change processes</td>
<td>Josephine White</td>
<td>Ensure these processes are delivered effectively in partnership and support the organisation.</td>
</tr>
<tr>
<td>Support Governance Committees</td>
<td>Josephine White</td>
<td>Improve coordination, delivery and evaluation of governance committees to ensure effective governance of the organisation (WF14-4.5).</td>
</tr>
<tr>
<td>Communications support</td>
<td>Peter Watson</td>
<td>Implement staff survey communication plan (better way to communicate the findings of the staff survey and raise awareness of the range of data collected by the organisation) (EFQM15). Staff are unsure of our approach to internal communications (EFQM15).</td>
</tr>
</tbody>
</table>

### Aim 2 – Sustainable workforce

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Output Lead</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce planning</td>
<td>Josephine White</td>
<td>Implement commissioner informed workforce planning decisions (WS15). Introduce a consistent approach to flexible working in year decisions at level of manager (WS15) (WF14-1.5). Continue to monitor the effectiveness of functional alignment.</td>
</tr>
<tr>
<td>Appropriate and timely workforce information</td>
<td>Erin Giles</td>
<td>Use high quality workforce data and contextual information to inform local workforce plans (WF15-2). A specific improvement action is to review and implement the data set that is required (for teams, Corporate Management Team, governance committees etc.).</td>
</tr>
<tr>
<td>Delivery Plan is resourced appropriately</td>
<td>Jen Burt</td>
<td>Facilitate movement between directorates by embedding a new approach to creating a greater number of generic job descriptions (WS15).</td>
</tr>
</tbody>
</table>
Aim 3 – Capable workforce

All staff have developed their knowledge, skills and attitudes to support their roles in delivering AFHS. All staff are effectively using the appraisal and PDP processes to identify and take responsibility for their own learning.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Output Lead</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of the learning programme and delivery of staff training</td>
<td>Catriona Macmillan</td>
<td>Develop the skills and behaviours required for working collaboratively and flexibly across primary and secondary care, and across health and social care (WF15-5).</td>
</tr>
<tr>
<td>KSF 90% Review target</td>
<td>Catriona Macmillan</td>
<td>Ensure that everyone has a meaningful conversation about their performance, their development and career aspirations (WF15-4). I am clear what my duties and responsibilities are (ES15). I understand how my work fits into the overall aims of NHS Health Scotland (ES15). Care of patients/service users is my Board’s top priority (ES15).</td>
</tr>
<tr>
<td>Learning and development advice and support to NHS Health Scotland staff</td>
<td>Catriona MacMillan</td>
<td></td>
</tr>
<tr>
<td>Development and delivery of Staff Essentials for all NHS Health Scotland staff</td>
<td>Catriona Macmillan</td>
<td>This will cover any identified priorities e.g. ensuring staff are trained and supported in Freedom of Information implementation and advice (Christine Duncan).</td>
</tr>
<tr>
<td>Coaching service for staff</td>
<td>Catriona Macmillan</td>
<td>Continue to ensure that the coaching, mediation and investigation supports are fit for purpose.</td>
</tr>
<tr>
<td>PhD internships at NHS Health Scotland</td>
<td>Garth Reid</td>
<td></td>
</tr>
<tr>
<td>Outputs</td>
<td>Output Lead</td>
<td>Priorities</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Core line management workshops</td>
<td>Catriona Macmillan</td>
<td>Ensure leaders at all levels and in all professions have the skills to support the workshop through change (WF15-9). Continue to build local management capability (WF14-4.1). When changes are made at work I am clear how they will work out in practice (ES15) and CAG. In change it must be clear to staff what they are to do differently and what they are to give up (WS15).</td>
</tr>
<tr>
<td>Leadership and management development</td>
<td>Catriona Macmillan</td>
<td>Build leadership skills to lead /drive Quality Improvement (WF15-8). The evidence of the assessment was that this rarely drives improvement in performance (EFQM15). There is need for a shared corporate leadership culture where leaders are champions of our reputation and act as role models in terms of behaviours and values (EFQM15)(WS15)(WF14-4.5). Supporting the development of the leadership role and capability of the CLF (WF14-1.5)(Wilma Reid). Greater evidence of collaborative not competitive leadership (WS15).</td>
</tr>
<tr>
<td>Management Essentials Cohort 3</td>
<td>Catriona MacMillan</td>
<td></td>
</tr>
</tbody>
</table>

Managers and Leaders are champions for AFHS and encourage, develop and support their teams to deliver effectively against AFHS priorities. Focus on leadership for change.
Delivering and monitoring this workforce plan

This Workforce Plan sits alongside the Delivery Plan 2015/16 and the Staff Governance Action Plan 2015/16.

The drive towards improving our approach against EFQM model has also led to the development of a number of action plans which will have links to the workforce plan. Many of the actions, but not exclusively so, sit with the People and Performance team to lead but each of them requires cross-organisational commitment and leadership.

NHS Health Scotland works in partnership to ensure the development, implementation and monitoring of this Workforce Plan relies on strong and consistent partnership working. Progress against the development priorities in the Workforce Plan will be reported through routine reporting to every meeting of the Partnership Forum through the year. The Partnership Forum has also formally reviewed the Workforce Plan in March 2015 and use this as the basis on which workforce development priorities for 2015-16 are proposed.

This plan also includes the following key targets:

- That a 5% efficiency saving will be achieved in the staff budget during 2015/16.
- That 90% of staff will have completed their eKSF review, signed off their PDP and personal objectives by 30 May 2015.
- That the organisational sickness absence level continues to stay below the national HEAT standard of 4%.

Progress towards the efficiency saving will be monitored monthly by the CMT and in partnership and reported to the Board on a quarterly basis. Progress towards the eKSF target will be reported to the Partnership Forum and Staff Governance Committee at every meeting.

The Staff Governance Committee will oversee progress and risks to delivery through oversight of the same Workforce Plan Monitoring reports received by the Partnership Forum and review of risks relating to workforce and workforce statistics at each meeting. There is also close alignment with the Staff Governance Action Plan, as several of the actions directly relate to the organisation being able to show maintenance of and improvement against one of the five Staff Governance Standards, including a focus this year on supporting staff to deliver on their new responsibilities under the revised Staff Governance Standards, published in June 2012.

Margaret Burns CBE
Chair

Gerald McLaughlin
Chief Executive

Final Draft – 13 March 2015

This financial plan is subject to Board approval with the next scheduled meeting being the 27 March 2015 at which this final draft will be presented.

NHS Health Scotland has prepared a draft LDP Delivery Plan for 2014/15 which is supported by this financial plan. The financial plan covers the three years 2014–2017 with the capital extended by a further two years to 2019 as requested.

This is the final draft as further work has been undertaken to finalise the numbers notably on non-recurring funding, staff changes as we are in the midst of a strategic realignment process, and our savings plans as certain decisions will need to be taken on office space at Meridian Court.

Assumptions

NHS Health Scotland expects to break even over the 2015/16–2017/18 period although as noted below this is dependent on securing additional non-core income to maintain our income position and the implementation of a savings program equivalent to the reduction in our core funding over the period.

The Core Revenue Allocation for 2014/15 has been notified to us (Letter from Paul Gray dated 6 Feb 2015) as £18.037m. This is a net 4.6% reduction using the baseline allocation and the fifth consecutive year we have received a reduced core allocation.

Non-core allocations (both earmarked recurring and non-recurring) have been listed and updated from the first draft as additional funding has been secured.

We have assumed that the core allocation will increase by 1% per annum and following a Board Seminar and internal management discussions a savings target of 3% (£550k) in 2016/17 and 2% (£350k) in 2017/18 will be difficult to achieve but possibly attainable. The Board has concluded that savings of £1,050k beyond 2015/16 are not sustainable but that a reduced target is still possible given the current economic pressures which we need to contribute to.

Workforce planning

We are progressing with a strategic realignment process which affects a significant number of staff in the organisation. This was to partially restructure the organisation with to ensure maximum alignment with our strategic objectives and to ensure maximum effectiveness and efficiency within and across a reduced number of Directorates. Certain assumptions have been made on the outcome of this process so that we can operate within the financial staff budget for 2015/16. We are on target to manage within this figure but the process will continue well into the financial year.
This strategic realignment will reduce our staff numbers for the medium term, which is the period of our plan. We believe a further reduction in staff numbers beyond those in 2015/16 would be difficult to achieve and still deliver our business goals.

The confines of national workforce policy also restrict the options open to us to reduce staffing costs, other than through active vacancy management, which we have been and will continue to pursue. We are also actively engaged in and open to all opportunities to contribute to current shared services discussions.

Savings plan

An efficiency savings plan to support the reduction in funding of £1.050m has been built into budget expenditure assumptions for 2015/16. Savings will come from a balance between workforce and programme reductions following the realignment noted above although additional savings through possible reductions in office space at Meridian Court in 2015/16 are to be explored. Savings in the later years will be very difficult to achieve given the reductions over the last five years and as noted in assumptions above savings of £0.55m (3%) and £0.35m (2%) in 2016/17 and 2017/18 are considered difficult but attainable.

Performance

It is expected that spend against budget will show a small underspend for the first quarter of the year but this will then gradually reduce over the year to break-even in the final quarter.

We have built in a carry forward surplus of £0.25m to allow for the fact that some project spend will trip over the year end each year but we will agree this with the Scottish Government in due course.

Capital planning

On review we expect to manage within a £0.25m capital allocation each year being a reduction from the £0.7m allocation in the letter of 6 February 2015 identified above.

Based on this capital projection we expect to manage within a Depreciation RRL profile of £0.275m/£0.3m/£0.325m over the period.

Risk

As stated above the 2015/16 plan is dependent upon securing additional income and realising savings during the year notably on staffing. The position will be closely monitored throughout the year.

Andrew Patience
Executive Finance and Procurement Manager
13 March 2015
Appendix A: NHS Health Scotland Annual Review Action Plan 2014/15

NHS Health Scotland Annual Review 2014

I am writing to you, following the NHS Health Scotland Annual Review on 30 September 2014, to summarise the main points discussed and actions arising from the review.

As you are already aware, I am keen to ensure the rigorous scrutiny of NHS Boards’ performance, whilst encouraging as much direct dialogue and accountability between stakeholders and Boards as possible. For this reason, Ministerial attendance at Board annual reviews tends to be biennial. As one of the Boards which had a review chaired by a Minister last year, you conducted this year’s non-Ministerial review in public. I was pleased to see that, as with your 2012 annual review, you invited a stakeholder panel to lead the Q&A session and that you also took the opportunity, following the formal review, to hold a stakeholder engagement event, helping to both provide a constructively critical review of NHS Health Scotland’s activities over the past year, and to encourage greater stakeholder involvement in formulating plans for the future.

I would like to acknowledge the contribution of the Stakeholder Panel, under Ian Welsh’s chairmanship, to a successful Annual Review.

Introduction and opening comments

As in previous years, all Boards were expected to submit a written report to Ministers on their performance over the course of the year. Your self-assessment gave a detailed account of the specific progress NHS Health Scotland had made in a number of areas, most specifically around the actions identified in the 2013 annual review. This was made available to members of the public and to your stakeholder panel to inform the discussion.

In your self-assessment you clearly outlined progress and challenges, and you noted that in the coming year you intend to focus on the development of a systematic approach to collecting stakeholder and partner feedback and working to achieve stronger support for action. I also note your continued focus on improving staff engagement.

I asked Government officials to attend the Annual Review in an observing role and this letter summarises the main points and actions arising from the meeting.

Demonstrating Impact

The panel, chaired by Ian Welsh, the Chief Executive of the Health and Social Care Alliance, began by querying how NHS Health Scotland demonstrates the impact it is having. It was noted that it is often difficult to quantify the specific contribution being made by Health Scotland, which largely has an influencing role. Also, many outcomes need to be considered over the longer-term, as they cannot be measured over a single year.
It was suggested that some of the metrics, and also some of the language, used within the self-assessment were difficult for the lay person to understand. NHS Health Scotland took this point on board and noted that a stakeholder forum has been set up to identify more appropriate metrics.

It was noted that it is difficult to benchmark NHS Health Scotland against other Boards or organisations, as they are unique in the type of work they do, although some areas, such as the staff survey results, could be benchmarked.

**Staff survey**

The stakeholder panel had some questions on the staff survey, particularly around staff engagement. It was reported that every manager within NHS Health Scotland has an objective to work with staff, however many staff still do not feel involved in decisions. It was noted that a number of actions for improving communications and engagement with staff at all levels have been identified and that work is also being done to further break down the survey results to identify areas for additional action. The Partnership Forum has been playing a key role in helping to identify what is going well and what needs improvement.

**Healthy Working Lives**

It was reported that NHS Health Scotland are focussing more on responding to customer needs and are carrying out more market research to find out what these needs are. Further to this, consideration is also being given to where investment is needed most and to how things can continue to be done to the same standard at lower cost.

In relation to the new Fit for Work Service, it was noted that the Centre for Healthy Working Lives has a key role to play.

**Reach and engagement**

There was some discussion around work being done in remote and rural areas and other hard to reach areas, and it was noted that there are lessons to be learned from how services in these areas have addressed their challenges.

**Efficiency savings**

It was recognised that NHS Health Scotland is working to reduce costs through reviewing and better prioritising the work it does, and delivering efficiency savings.

**Health inequalities**

There was discussion around the need to achieve a balance between the work on the drivers of health inequalities with the work to mitigate the impact of these inequalities.

It was noted that NHS Health Scotland inequality impact assesses all new programmes of work, although its intention is not to avoid actions which may improve population health at the cost of increasing health inequalities, but to perhaps consider modifying the means of communicating to better suit a different audience.

In relation to the guidance produced for Non-Executive Directors on what they could do to help reduce health inequalities, questions were raised around whether this was reaching a wide enough audience and around how its impact could be measured. However, this document generally received a lot of praise.
**Welfare reform**

The issue of welfare benefits reform came up in both the panel session and the audience Q&A session. NHS Health Scotland noted that it provides evidence to Government on the impact of welfare reform on health inequalities and that it has also held many workshops and briefings, engaging with a number of groups with an interest in this issue. In particular, there is a focus on the effects of welfare reform on children and consideration is being given to issues around those in poverty who are in work, as well as those who are out of work.

**Health Promoting Health Service (HPHS)**

It was reported that there had been good progress in HPHS over the past year, particularly in relation to smoke-free grounds and work on promoting healthy catering and retailing, however there are still challenges around getting clinical buy-in and leadership. NHS Health Scotland noted that it would continue to work closely with the Scottish Government to move this agenda forward.

**Partnership working**

It was reported that many Community Planning Partnerships (CPP) now consider NHS Health Scotland to be a ‘critical friend’ and that the Board has shared its delivery plan with all CPPs to encourage further engagement.

Questions were raised around what more NHS Health Scotland could do to improve communication with the third sector. It was noted that NHS Health Scotland are moving towards a stronger and more strategic approach with regards to collaboration with the third sector and had recently done a lot of work with the Alliance and had set up a new Third Sector Programme, aimed at bringing in more lived experience.

**Conclusion**

I would like to thank you and your Board, and the staff of NHS Health Scotland, for their continued commitment and hard work over the last year. The referendum highlighted the importance that the people of Scotland place on social equality and it is, therefore, now more important than ever that we work to reduce health inequalities and improve health. With this in mind, I have outlined a number of actions in the following annex, which I expect NHS Health Scotland to deliver over the coming year.

Michael Matheson MSP
Theme 1: Demonstrating impact

Outcome
NHS Health Scotland has a set of key performance indicators in place and uses a blend of quantitative and qualitative measures to demonstrate its impact on an annual basis.

Actions
- Work with the AFHS stakeholder performance forum to develop a set of measures including KPIs.
- Ensure the Delivery Plan for 2015/16 has SMART short-term outcomes for each core programme (including key impact measures) and is clearly aligned with an improvement approach to stakeholder engagement.

Theme 2: Strengthening system-wide support for action to reduce health inequalities

Outcome
Key stakeholders are better able to access and use the knowledge that NHS Health Scotland has on how to reduce health inequalities.

Actions
- NHS Health Scotland to ensure that an improved website is in place – ensuring that it is developed and tailored to fulfil its strategic purpose with all key stakeholders.
- NHS Health Scotland has a communication and engagement plan that prioritises engagement work with policy makers, health and social care partnerships, CPPs and third sector organisations.
- NHS Health Scotland develops a model, materials and funding for a ‘listening to the people of Scotland’ programme delivered through the local community and voluntary sector.
**Theme 3: Rebalance NHS Health Scotland’s delivery priorities in order to build fairer health outcomes into local planning and practice**

**Outcome**

NHS Health Scotland has rebalanced its delivery focus to release capacity to work collaboratively with policy makers, CPPs and Health and Social Care Partnerships (HSCPs) to reduce health inequality.

**Actions**

- NHS Health Scotland provides specialist health inequalities knowledge and delivery support to the Inequalities Action Group, focusing on planning for health equity within CPPs and HSCP.

- NHS Health Scotland’s internal realignment process leads to a rebalance of staff resource and capacity towards working collaboratively with policymakers, CPPs and Health and Social Care Partnerships to reduce health inequalities and improve health.

- NHS Health Scotland to work with its sponsor and other policy leads in Scottish Government to agree work to be prioritised and negotiate appropriate exit strategies as required.

**Theme 4: Welfare reform, poverty and austerity – working with the public, private and third sectors to promote good work and support for access to and sustainability of employment**

**Outcome**

An increasing number of Employers are using HWL and FFWS.

An outcome-focused programme to mitigate the impact of welfare reform and poverty on health has been scoped for delivery through primary care services.

**Actions**

- NHS Health Scotland to work with, and support development and implementation of, FFWS and to identify opportunities for synergies with the activities of HWL, ensuring effective promotion and uptake of the services by employers.

- Scope and develop a programme, in partnership with primary care and the third sector, with a focus on:
  - Mitigating the impact of welfare reform and poverty on the health of young people, pregnant women, families with very young children and older people.
  - Mitigating the impact of fuel poverty and homelessness on health outcomes within these groups.
**Theme 5: Strengthening the role NHS Boards and HSCPs in reducing health inequalities and improving health**

**Outcome**
A leadership programme for reducing health inequalities, targeted at executives and non-executives of NHS Boards and HSCP, has been scoped and developed.

**Actions**
- Work with key national and local partners to scope the development support needs of executive and non-executive directors in local partnerships.
- Working with key partners, lead the development of an NHS ‘manifesto’ for health improvement building on the HPHS framework, focusing on strengthening the role of NHS services in promoting health and reducing inequalities in health outcomes.
- Scope a strategic programme of collaborative work with primary care services focusing on design and evaluation support for initiatives designed to address the inverse care law, including building on the learning from Keep Well and the Link Worker programmes.

**Theme 6: Engaging NHS Health Scotland staff**

**Outcome**
NHS Health Scotland staff feel more engaged in decisions affecting them.

**Actions**
- Continue to develop a partnership model of working at the heart of NHS Health Scotland staff engagement.
- Ensure that data from imatters and the staff survey are used to drive continuous improvement.
## Appendix B: Summary of NHS Health Scotland corporate risk register

Published 14 April 2015

<table>
<thead>
<tr>
<th>Ref</th>
<th>Potential threat or risk identified</th>
</tr>
</thead>
</table>
| Reputational Risks  
Appetite – Open (Target score 12–16) |
| 1.1 | As a result of unsuccessful strategic engagement or national positioning, there is a risk that we will not have the influence required to effect the changes needed to improve policy, practice and support for action at national level or that some current delivery partners will disengage. |
| 1.2 | As a result of a political climate or policy development that is unfavourable towards addressing the fundamental causes of health inequalities, including political decisions that continue to lead to a negative impact of welfare benefit reform on the health of the disadvantaged, there is a risk that our influence will be limited to downstream actions that mitigate but do not reverse health inequalities. |
| 1.3 | Closed |
| 1.4 | As a result of an ambitious strategy that relies on the contribution of many agencies to effect real reduction of inequality in health, there is a risk that the organisation cannot demonstrate measurable impact. |
| Financial Risks  
Appetite – Cautious (Target score 5–10) |
<p>| 2.1 | As a result of inadequate financial planning and performance management, there is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation. |
| 2.2 | As a result of changing political priorities impacting on spending plans and efficiency targets, there is a risk that our financial planning assumptions may become unrealistic. |</p>
<table>
<thead>
<tr>
<th>Ref</th>
<th>Potential threat or risk identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>As a result of poor planning or prioritisation processes, there is a risk that our financial resources will not be spent on the most important or effective things to achieve a reduction in health inequalities.</td>
</tr>
<tr>
<td>3.1</td>
<td>As a result of inadequate management of processes for corporate governance and compliance, there is a risk that we will not meet our regulatory, legislative or business continuity obligations.</td>
</tr>
<tr>
<td>4.1</td>
<td>As a result of unsuccessful change management processes, there is a risk that staff will not feel engaged with organisational aims.</td>
</tr>
<tr>
<td>4.2</td>
<td>As a result of changing strategic direction and economic constraints, there is a risk that our workforce resource is not aligned with our priorities or not sufficient.</td>
</tr>
<tr>
<td>4.3</td>
<td>As a result of recruitment challenges in an improving employment market there is a risk that we are unable to attract and retain the right staff to implement AFHS.</td>
</tr>
<tr>
<td>4.4</td>
<td>As a result of actual or perceived lack of partnership working, there is a risk that employee/employer relations will be impaired.</td>
</tr>
<tr>
<td>4.5</td>
<td>As a result of not continuing to improve ways of introducing and maintaining technology in a coordinated and consistent way, there is a risk that our technology footprint will become disjointed and the risks will not be fully articulated and managed.</td>
</tr>
<tr>
<td>4.6</td>
<td>Closed</td>
</tr>
<tr>
<td>4.7</td>
<td>As a result of limited experience or expertise within a small organisation, there is a risk that contracts and SLAs have been or will be entered into that are not appropriate or have significant flaws.</td>
</tr>
<tr>
<td>4.8</td>
<td>As a result of reduced financial allocation we will not be able to do the range of work necessary to achieve our corporate ambitions.</td>
</tr>
</tbody>
</table>