Delivering A Fairer Healthier Scotland:
Our plan 2016/17

NHS Health Scotland
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1. Chief Executive’s summary

This delivery plan sets out the agreement between NHS Health Scotland (HS) and the Scottish Government as to the priorities to be delivered in support of Scotland’s 2020 Vision for Health and Social Care. The Local Delivery Plan (LDP) guidance and our Annual Review Action Plan (ARAP) have a strong and welcome emphasis on the importance of strengthening the contribution of the NHS and the new Integrated Joint Boards to reducing health inequalities. This is clearly articulated in the Scottish Government’s key purpose target to increase healthy life expectancy.

The Scottish Government’s long-term monitoring report on health inequalities demonstrates the extent of the challenge if this target is to be equitably achieved. At present, men experiencing income and area deprivation can expect to live up to 24 fewer years in good health than men living in better-off circumstances; for women the gap is up to 22 years.

Our focus is on ensuring the causes of these consistent and enduring inequalities in healthy life expectancy are addressed and that the health of everyone in Scotland is equitably improved. We will continue to deliver national collaborative leadership and coordination to improve the public’s health in an equitable and evidence-informed way.

In addition to our work to support health and social care services to improve healthy life expectancy, this plan sets out how we will use our resources to lead, coordinate and facilitate support for a broad range of the Scottish Government’s National Strategic Objectives. We intend to continue to do this by promoting and facilitating knowledge and promoting stronger support for action to address the circumstances that can either create or harm health.

Specific areas of work that we will develop further include the process of our Health and Work directorate being aligned with the Fair Work priorities as they emerge, and crucially our support to develop and strengthen the economic leverage of NHSScotland in areas of multiple deprivation.

This delivery plan therefore spans action to work with and through the public, private and third sectors to improve the quality of the services people receive, the places in which they work and live, and the share they have of the money, power and other resources they need for good health and wellbeing. As such, it is consistent with Scottish Government’s Strategic Guidance and encompasses all aspects of Health Scotland activities.

Gerry McLaughlin, Chief Executive

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1Scottish Government Health Inequalities Report
2. Introduction

Our role
We are a national Health Board working with public, private and third sector organisations to reduce health inequalities and improve health. Our primary role is to work with others to produce and share the knowledge of what works, and doesn’t work, to reduce health inequalities, and to improve how that knowledge is turned into action. The model we use is shown in the diagram below.

We know that we share the ambition for a fairer, healthier Scotland with many organisations and individuals across Scotland. That’s why we focus on working with national and local partners responsible for improving the public’s health and improving services to the public. It’s also why we work with employers and food providers across the public and private sectors.

During 2016/17 we will improve how we deliver our primary role as follows:

Knowledge generation: We will 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 about inequality and its impact on health. We will ensure that the knowledge they hold about how to effect change at a local level is built into our knowledge generation and the way in which we work.

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. We will increase our delivery of knowledge exchange seminars and events, as well as the publication and dissemination of key papers and reports.

Knowledge application: We will work with the Scottish Government and public health networks to improve the rate at which knowledge transfers to practice and to achieve a greater consistency in its application.
Structured to deliver

We have the same governance structures and reporting mechanisms as other NHS Boards. Our Chair is accountable to Scottish Ministers and our Chief Executive Officer to Ministers and the Scottish Parliament. Our functions come together to reach and stimulate action across many thousands of organisations, groups and individuals in Scotland. An overview of our Directorates and the functions they deliver is shown in the table below.

<table>
<thead>
<tr>
<th>Directorates</th>
<th>What they do</th>
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| Public Health Science Directorate | • Co-leads ScotPHO (the Scottish Public Health Observatory) with Information Services Division (ISD) Scotland, and in partnership with the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. Commissions a wide range of research and evaluation of policy implementation.  
• Hosts and funds ScotPHN (Scottish Public Health Network), which provides knowledge exchange and joins up all those working on public health in Scotland. |
| Health Equity Directorate | • Shares learning from knowledge application and practice improvement, supporting implementation, monitoring and evaluation of approaches for health equity.  
• Provides digital and publishing services for a range of health information products, including national immunisation and screening information resources.  
• Provides consultancy support for Community Planning Partnerships (CPPs) and Integrated Joint Boards in developing effective local plans to address health inequalities challenges.  
• Funds and works with CHEX (Community Health Exchange Scotland) to promote community development approaches.  
• Funds and hosts CFHS (Community Food and Health Scotland) to promote access to healthier foods for geographic communities and communities of interest. |
| Health and Work Directorate | • Leads work with industry, employers and their stakeholders to achieve better and more equitable health outcomes.  
• Delivers the Healthy Living and Healthy Working Lives (HWL) Awards, Healthy Working Lives services and elements of the national Fit for Work Scotland (FFWS).  
• Uses knowledge and evidence from NHS Health Scotland and its partners to influence for more equitable policy relating to health and work, including in relation to Good Work, income and welfare. |
| Strategy Directorate | • Develops strategic engagement with partners from across government, the public sector and the third sector.  
• Provides funding to and works in strategic partnership with Voluntary Health Scotland.  
• Leads the dissemination of knowledge to policy and decision makers in Scotland through briefings, public affairs work, social media, events, and corporate engagement.  
• Leads strategic planning, resource management and organisational improvement in order to be an excellent and innovative organisation within the European Foundation for Quality Management (EFQM) framework. |
3. Our strategic and policy context

Our strategy **A Fairer Healthier Scotland** (AFHS) sets out a vision for Scotland in which all people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. This vision is based on principles of social justice and human rights, and involves working for the right to health for all, as enshrined in the 1976 International Covenant on Economic, Social and Cultural Rights.

In September 2013, the World Health Organization (WHO) European region approved international 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. AFHS is recognised as an example of how the WHO expects countries to fulfil their obligation to implement 2020.

The Scottish Government has set its ambitions for integrated health and social care services in its **vision for 2020** which sets the purpose of increasing healthy life expectancy:

> ‘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.’

2 LDP guidance 2016/17
4. Delivery of national guidance and priorities

Integrated planning approach

Core Programmes
- Fundamental causes
- Social and physical environments
- System change for equity
- Rights of the child to good health
- Organisational excellence and innovation

Annual review action plan improvement themes
- Demonstrating impact
- System-wide support for health equity
- Promoting fair work
- Strengthening the role of CPPs, NHS Boards and Integrated Joint Boards
- Workforce planning and development

Local delivery plan / NHSScotland priorities
- Health inequalities and prevention
- Reduction in inappropriate variation (CMO)
- Antenatal and early years
- Person-centred care
- Safe care
- Primary care
- Integration
- Scheduled and unscheduled care
5. Our core programmes: aims, rationale, and outcomes

This section looks at the five core programmes we have identified for the period of our current corporate strategy 2012–17. They are predicated on what the evidence base indicates is needed to improve health equality in Scotland.

In addition to evidence we use horizon scanning, analysis of Scottish Government policy priorities, our annual review action plan, and stakeholder engagement to plan and inform our work.

Developing medium- to long-term outcomes for all that we do enables us to plan our work on an annual basis with a clear line of sight to the outcomes we have set in A Fairer Healthier Scotland. An overview of the rationale, aims and outcomes for each of our core programmes is set out below.

Core programme 1:
Fundamental causes

The aim of this core programme is to strengthen the evidence base and to effectively support policy and decision makers to take evidence-informed action that will reduce health inequalities and achieve health equity.

Rationale

Health inequalities are primarily caused by social and economic drivers that result in the unequal distribution of power, wealth and income across the population of Scotland. Taking action to tackle these fundamental causes is vital if inequalities in health are to be reduced. Health behaviours are influenced by the circumstances and environments in which people live, work and take recreation – therefore efforts to improve health in an equitable way across the population need to include action to tackle the social and economic drivers of poor health outcomes as well as services, information and support for individuals.

Outcomes

• Stakeholder actions, policy and practice are informed by our key messages to support progression of the health inequalities agenda.

• Availability and accessibility of ‘what works’ evidence is improved.

• Greater exchange of knowledge and experience about health inequalities locally, nationally and internationally.
Core programme 2:

Social and physical environments for health

The aim of this core programme is to ensure that the places and communities in which people live and work support and promote good health.

Rationale

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 have the right to participate, be included and socialise with others in their community and to remain part of that community as personal circumstances change, as they grow older and are in need of more support. Raising awareness of and supporting the implementation of the place standard and working with the government to ensure fair and equitable workplaces are key priorities within this programme. Improving environments and policies in addressing the needs of key population groups is also covered. These include people at risk of or experiencing homelessness, people in the criminal justice system, and families living in adversity.

Outcomes

• Better community justice planning, practice and collaboration for people in custody and community through more effective interventions, reduced impact of offending and sentencing, and positive, sustainable change.

• Stakeholders take into consideration community-led health activity in their area when discussing and planning strategy and when delivering and evaluating programmes and services.

• We have used evidence to inform government policy and galvanised action on tobacco control, particularly in response to new legislation and any impact on priority groups.

• Communities, CPPs, the third and private sectors are aware of the place standard, understand it, and use it to drive up place quality and address health inequalities.

• Scottish Government policy leads for homelessness and National NHS Board leads for homelessness are accessing and using Health Scotland’s evidence, knowledge and resources to inform and deliver their work.

• An increasing number of employers apply good workplace practices to promote health, safety and wellbeing and recognise the principles of good work, engaging in early intervention activities to protect and improve employees’ physical and mental health.

• A refreshed approach to employment and employability services for people with mental health conditions has been scoped and developed.
Core programme 3:

System change for equity
The aim of this core programme is to strengthen the potential of services to improve health and to mitigate and prevent inequalities impacting on health.

Rationale
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.

Outcomes
- The public service workforce has the capacity and capability to deliver public health policy.
- The policies we have influenced demonstrate an awareness of health inequalities and are focused on upstream action.
- Partnerships which can make the greatest impact in addressing health inequalities have an increased understanding and are motivated to take action to promote equity in health and social justice.
- Those designing services demonstrate an understanding of proportionate universalism in their action planning and delivery.

Core programme 4:

The right of every child to good health
The aim of this core programme is to work with a wide range of stakeholders to support and promote action across the fundamental causes and environmental influences that are a barrier to achieving good health while at the same time ensuring that practice to support children, young people and families experiencing inequality is improved.

Rationale
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. Inequalities are a barrier to the right of every child to good health, as a child’s early life circumstances and experiences shape their overall development and provide a foundation for their future attainment and health.

Outcomes
- Families, children and service providers have access to tailored, accurate, relevant and inequalities-sensitive health information.
- Knowledge underpinning action on achieving equity in health and social circumstances is embedded in professional education programmes relating to early years, children, young people and families.
- NHS services understand their role and the interventions that can support lone parents and other families living in poverty to increase financial inclusion.
- A Good Mental Health for All strategy will have tested our approach to collaborative action on early intervention for children and young people living in adverse circumstances.
- Health Scotland and partners have a better understanding of the support required to mitigate and prevent adverse family circumstances.
- Engagement as active international partners influence health in all policies, especially those that influence early years and the wellbeing of young people.
Core programme 5:

Organisational excellence and innovation

The aim of this programme is to manage and develop our funding, people and other resources, so that the organisation is highly effective in generating and sharing the knowledge that is needed to achieve our aims.

Rationale

We can only deliver effectively if we continuously strive to achieve 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.

We use the European Foundation for Quality Management (EFQM) excellence model to assess our strengths and areas for improvement. This helps us systematically identify the best ways to improve our performance. Our approach involves senior managers championing improvement in specific areas to make measurable improvements. In 2016/17 we will be identifying and implementing specific improvements from our next external assessment by Quality Scotland in March 2016.

Outcomes

- NHS Health Scotland staff are valued, supported and actively engaged in decisions affecting them and are appropriately skilled to deliver their role.
- We are exemplary in the way that we embed the Staff Governance Standard into the way we manage and support our workforce.
- We meet or exceed governance standards, regulation and legislation.
- 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.
- Products and services we develop will be based on the needs of our customers.
- We are confidently and successfully delivering our corporate priorities and national leadership role of reducing health inequalities and improving health.
- Public health delivery is focused on achieving health equity.
6. Delivery priorities

The section below maps deliverables from our core programmes (CP) that correspond to the priorities identified in both Local Delivery Plan (LDP) guidance and our Annual Review Action Plan (ARAP).

The core programme from which the deliverable is drawn is represented by (CP1,2,3,4) as appropriate.

<table>
<thead>
<tr>
<th>Scottish Government priorities</th>
<th>NHS Health Scotland deliverables</th>
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| **NHS procurement policies should support employment and income for people and communities with fewer economic levers** | • Work with NHS Chief Executives Group and Scottish Government to scope and deliver the application of the economic leverage of NHSScotland within localities of multiple disadvantage. (CP1)  
• Provide leadership and coordination to a programme of work to maximise NHSScotland’s role in reducing health inequalities. (CP3)  
• Lead the development and promotion of the central role of the NHS in promoting the benefits of good work in creating and protecting mental health and wellbeing. (CP2)  
• Provide data, briefings and evidence to key stakeholders identifying challenges and priorities to create good work for all in Scotland. (CP1) |
| **Actions relating to employment policies that support people to gain employment or ensure fair terms and conditions for all staff** | • Embed good work knowledge into action by supporting implementation of best practice with key stakeholders who can influence good work in Scotland. (CP1)  
• Work with six local strategic partnerships to produce an online resource containing evidence, learning and practice experience of sustainable approaches that enable working-age people with mental health problems to get into – and stay in – employment, culminating in sharing the resource at a national event. (CP2)  
• Support development and implementation of local NHS Board activity to mitigate the impact of low income and welfare reforms on health and health inequalities across Scotland. (CP2)  
• Produce an evidence report on active labour market policies and other briefings ensuring that the relationship between these and children’s health are explicitly referenced. (CP2)  
• Coordinate and co-produce a refreshed Health and Safety Action Plan for Scotland. (CP2)  
• Work with policy leads in Scottish Government to develop employment support service policy capable of delivering health outcomes and addressing the causes of health inequalities. (CP2) |
| **Actions to support staff to support the most vulnerable people and communities – Workforce 2020 implementation plan** | • Support implementation of the Workforce 2020 plan by leading on initiatives to support all staff to meet the needs of the most vulnerable communities focusing initially on a ‘literacy programme’ for Integrated Joint Board executive and non-executive directors. (CP3)  
• Work with Scottish Government and NHS Education Scotland to scope NHS Health Scotland’s contribution to the workforce requirements as highlighted in the public health review. (CP3) |
<table>
<thead>
<tr>
<th>Scottish Government priorities</th>
<th>NHS Health Scotland deliverables</th>
</tr>
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<tbody>
<tr>
<td><strong>Health improvement actions to promote healthy living and better mental health</strong></td>
<td>• Provide leadership and coordination to a programme of work to maximise NHSScotland’s role in promoting good mental health for all. (CP3)</td>
</tr>
<tr>
<td><strong>Health Promoting Health Service (HPHS)</strong></td>
<td>• Work with Scottish Government policy and local area HPHS leads to provide leadership and coordination to the Health Promoting Health Service programme and strengthen the inequalities focus of HPHS delivery in the hospital sector. (CP3)</td>
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<tr>
<td><strong>Physical activity</strong></td>
<td>• Lead and contribute to the delivery of key actions within or directly related to the National Physical Activity Implementation Plan. (CP3)</td>
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<tr>
<td><strong>Tobacco</strong></td>
<td>• Lead and coordinate knowledge into action on progressing tobacco-free environments, focusing on priority groups with high smoking rates and protecting those at risk from exposure to tobacco smoke in their environment. (CP3)</td>
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<tr>
<td><strong>Alcohol and drugs</strong></td>
<td>• Deliver an evidence review to inform the refreshed alcohol strategy; a Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS) monitoring report and dissemination of existing and new MESAS evidence; the needs of older drug users; disseminate evidence on the naloxone programme to inform drugs policy, and deliver a programme of improvement work in Alcohol and Drug Partnerships (ADPs). (CP3)</td>
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<tr>
<td><strong>Food policy and food poverty</strong></td>
<td>• Inform and evaluate new and emerging food policy in Scotland using the best available data and evidence, through working in partnership with Food Standards Scotland, and the Scottish Government. (CP3)</td>
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<tr>
<td><strong>Obesity</strong></td>
<td>• Facilitate the Child Healthy Weight network and review its remit and resources; provide evidence to inform the obesity strategy in Scotland and develop strategic partnerships and plans with partner organisations. (CP3)</td>
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| **Antenatal and early years** | • Work with partners and stakeholders to develop knowledge-based resources on health for pregnant women, children, young people and families with particular reference to fundamental causes. (CP4)  
• Deliver a programme of work, aligned to the Scottish Government’s child poverty strategy, focusing on NHS services’ contribution to preventing, reducing, and mitigating child poverty through increasing financial inclusion and opportunities for improving wellbeing for lone parents and families with low incomes. (CP4)  
• Scope the information, evidence and planning support required by local partnerships, the NHS and local authorities to resource proportionate actions to mitigate and prevent adverse family circumstances impacting on the health and wellbeing of young people, children and families, including equity in antenatal service access, educational attainment and play. (CP4)  
• Establish a new programme for early intervention for adverse childhood experiences in collaboration with Scottish Government, clinical services and third sector organisations in touch with families living in adverse circumstances. (CP4) |
<table>
<thead>
<tr>
<th>Scottish Government priorities</th>
<th>NHS Health Scotland deliverables</th>
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<tbody>
<tr>
<td><strong>Transforming primary care so that everyone gets the care they need through scheduled and unscheduled care</strong></td>
<td>• Work in partnership with the Scottish Government, the Scottish School of Primary Care and the Deep End Practices to scope, define and initiate the development of evaluation, data and knowledge resources aimed at mitigating the impact of inequality on health through the primary care setting. <em>(CP3)</em></td>
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</table>
| **Supporting Integrated Joint Boards and Community Planning Partnerships to reduce health inequalities and improve health** | • Work with Healthcare Improvement Scotland and National Services Scotland (NSS) to deliver outcome improvement work that effectively brings together national and local public health capacity to support Integrated Joint boards (IJBs). *(CP3)*  
• Work with the Improvement Service, local public health teams, NSS and other partners to influence and contribute to Community Planning Partnerships’ work to address health inequalities. *(CP3)*  
• Work with policy makers and local leaders to encourage experimentation and evaluation of innovative health inequalities policy and practice in four different policy areas (primary care, mental health, education and employment). *(CP3)*  
• Work with the Health and Social Care Alliance and Strathclyde University to implement the Scottish National Action Plan through the health and social care action group’s priority actions for 2016/17 to advance a human-rights based approach within health and social care services. *(CP3)*  
• In partnership with Scottish Government, raise awareness and promote implementation of the Place Standard in a way that acts to reduce inequalities. *(CP3)*  
• Co-fund the GoWell research and learning programme investigating the impact of investment in housing, regeneration and neighbourhood renewal in Glasgow on the health and wellbeing of individuals, families and communities. *(CP3)*  
• Produce knowledge briefings and reports for policy and decision makers on the importance of housing quality and affordability in taking action to improve health and reduce health inequalities in Scotland. *(CP3)*  
• Work with Directors of Public Health, Housing and other key partners on the prevention of homelessness by driving delivery of the recommendations stemming from our ScotPHN report and UK best practice guidelines. *(CP3)*  
• Collaborate with Scottish Government on improvement methodologies to strengthen community justice redesign activity including within local Community Planning Partnerships; produce advice and a framework for NHS Boards for health improvement in community justice, and link to the National Prisoner Healthcare Network. *(CP3)* |
This section gives an overview of those deliverables within each of our core programmes that are either continuing or developmental in nature. A wide range of our work is captured here, including knowledge generation; delivery of our Healthy Award programmes; delivery of our commitments to the National Suicide Prevention Strategy, and our work to promote uptake of immunisation and screening services.

### Core programme 1

- Provide a series of high-quality data and evidence outputs which describe and explain health and health inequality outcomes in Scotland.
- Provide data and evidence regarding the impact of the distribution of income and wealth on health and health inequalities, and identify relevant effective interventions.
- Deliver a programme of communication and engagement aimed at policy and decision makers focused on the fundamental causes of health inequalities and what would work to reduce them.
- Exchange knowledge and promote action on the relationship between power and health inequalities in collaboration with local policy and decision makers including Scottish Government, academics, Oxfam Scotland, Carnegie UK Trust, and Community Planning Partnerships.
- Provide evidence to policy and decision makers on the impact of austerity and social security changes on health and wellbeing, identifying feasible action to mitigate this impact.

### Core programme 2

#### Community justice workstream

- Capture good practice in violence prevention, management of people in the justice system, and reducing the risk of offending in local tests of change using improvement methodologies. Share with Scottish Government, the Criminal Justice Act (CJA) Chief Officers Group and Community Justice Scotland to strengthen action to reduce the impact of offending and reduce inequalities.
- Strengthen the focus of the National Prisoner Health & Wellbeing improvement group on measurable outcomes that impact on health inequalities by rolling out improvement methodologies to strengthen the transition of community justice into local redesign activity.
- Produce advice and an improvement framework for NHS Board leads for Prison and Justice Health Improvement through the National Prisoner Healthcare Network on how to develop local prevention and intervention plans with CPPs to embed action to reduce offending, support victims, and reduce the inequalities created by crime.
- Work through ScotPHN with key partners to shape the public health approach to violence prevention across Scotland, developing new initiatives and projects while sustaining existing projects that address the inequalities that underpin violence and health inequality.
**Connected communities workstream**

- Deliver programmes of work that engage disadvantaged communities, including their public and third sector partners, in the design and delivery of policy and practice that addresses food poverty and health inequalities.
- Work with stakeholders to agree a Scottish/UK definition, measurement and monitoring of food poverty / household food insecurity.
- Design a programme of activity with key stakeholders that explores what success would look like for community development and health in Scotland.

**Neighbourhood**

- Generate, synthesise and disseminate knowledge relating to neighbourhood and health, enabling this knowledge to be translated into action by policy and decision makers to improve the quality of places across Scotland.

**Workplace**

- Deliver a new Healthy Working Lives (HWL) website including an appropriate mix of online diagnostic tools and resources and development of digital services to complement other delivery channels.
- Deliver integrated Scottish workplace health and wellbeing services, assisting employers to understand and implement their role in maintenance of and return to good work.
- Deliver and develop the HWL Award Programme, maximising employer uptake, and ensure employers continue to access advice and support.
- Deliver and develop a range of services to support employers maximise employee mental wellbeing across the workforce.
- Deliver and develop the Healthy Living Award for caterers in the public, private and third sectors, maximising uptake at standard and plus levels.

**Core programme 3**

- Work in partnership with Scottish Government, Healthcare Improvement Scotland, and Integrated Joint Board chief officers to help identify, understand and address health inequalities.
- Lead and contribute to the delivery of key actions within or directly related to the National Physical Activity Implementation Plan.
- Collaborate with Scottish Government, COSLA and national mental health agencies to provide support to local area partnerships to apply data and evidence of effective and efficient interventions aimed at promoting wellbeing, preventing mental health problems and reducing mental health inequalities.
- Develop, disseminate and support action based on evidence-based recommendations for cost-effective policy and practice to reduce health inequalities, working with Government, service delivery and academic partners.
- Host the National Programme for Suicide Prevention on behalf of Scottish Government and deliver our commitments in the current strategy, overseeing the implementation and impact of the strategy through the national group.
- Lead a programme of work with JIT and IJBs to develop, inform and promote an evidence-based, inequalities-focused approach to improving the health and wellbeing of older adults, including those with multiple and complex needs.
- Lead and support improved collaborative relationships across public and third sector agencies in the NHSScotland implementation of the national strategy on violence against women and girls, including enhanced workforce capacity to improve the NHS identification of and response to gender-based violence (GBV).
- Strengthen the role of NHS immunisation and screening services in achieving health equity through informed and increased uptake of these services.
**Core programme 4**

- Support development and implementation of local NHS Board activity to mitigate the impact of low income and welfare reforms on health and health inequalities across Scotland.
- Work with Scottish Government, NHS Education for Scotland (NES), SSSC, Education Scotland, the higher and further education sectors, and third sector, to embed knowledge into action in education, CPD and other training programmes.
- In partnership with the Scottish Government, develop and deliver a new community child health programme.
- Contribute research and evaluation expertise on how to improve child and adolescent health and reduce health inequalities to the WHO Collaborating Centre for Health Promotion and Public Health Development and wider intelligence to international public health decision makers, including Scottish Government, WHO, Eurohealthnet and the International Union for Health Promotion and Education.

**Core programme 5**

**Improved staff experience workstream**

- Develop and deliver an action plan against the Staff Governance standard to ensure staff are well informed.
- Develop and deliver an action plan against the Staff Governance standard to ensure staff are appropriately trained and developed.
- Develop and deliver an action plan against the Staff Governance standard to ensure staff are involved in decisions and to embed partnership working.
- Develop and deliver an action plan against the Staff Governance standard to ensure that staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.
- Develop and deliver an action plan against the Staff Governance standard to ensure staff are provided with a continuously improving and safe working environment.

**Improved planning and use of resources workstream**

- Deliver excellent financial and management information processes and systems including deploying a new planning and staff time-management tool.
- Host an external assessment team to help us continuously improve the performance of the organisation.
- Deliver continuous organisational improvement, including our corporate governance mechanisms and processes.
**Improved stakeholder experience workstream**

- Gather feedback from our stakeholders so that we understand how to engage and influence effectively.
- Develop and implement a Communications and Engagement plan aimed at decision makers, policy makers and practitioners.
- Develop our IT and digital services, published products and marketing materials to meet the needs of our customers, adhering to agreed quality and accessibility standards, evidence and best practice.
- Develop tools and standards for managing and governing knowledge which meet the needs of the organisation and stakeholders.

**National leadership development workstream**

- Develop our internal leadership capability within a clear accountability framework.
- Provide national leadership and coordination to the work of the Inequalities Action Group and to health equity policy and implementation as part of a public health strategy for Scotland.
- Work with Scottish Government, Scottish public health leadership groups, and public health agency stakeholders to provide national leadership for, and development of, innovative and equitable public health delivery across Scotland.
8. Performance management

We use qualitative and quantitative performance information to manage and improve our performance. Our performance management framework was developed with input and scrutiny from our external Stakeholder Performance Forum. We use our quantitative measures with case studies and performance stories to assess the impact of what we deliver. This information will go as an annual Impact Report to our Board and the Scottish Government.

Please contact nhs.HealthScotland-Communications@nhs.net if you would like to receive a copy of our Impact Report for 2015/16 when it is produced.

We use our Impact and Performance reports to assess the progress we are making towards achieving the medium- to long-term corporate outcomes we have set in our strategy. These are that we achieve:

- Fairer more equitable policy
- Stronger support for action
- Better practice
- Organisational excellence and innovation

Our performance management framework

The performance framework has been developed in partnership with key individuals from across the organisation. We have also sought external expertise on the development of the framework through our Stakeholder Performance Forum.

The performance framework is based on the work that we do as an organisation, and articulates the areas of our work upon which we want to measure our performance and impact. The performance framework is designed to support us to measure our performance over the short term (one-year delivery plan periods) and over the longer term of our strategic plans.

The performance framework consists of four domains in which we can consider our performance:

1. Society results
2. Shared results
3. Our results
4. Our enablers

Each domain has a number of sub-domains which explains in more detail the specifics of our work.

So that we can measure our performance against these domains, a suite of Key Performance Indicators (KPIs) has been developed for each.

By assessing our performance against these domains as a collective, we will be able to have a robust assessment of our performance and impact as an organisation.
Table 1: Performance framework

<table>
<thead>
<tr>
<th>Collaborative performance</th>
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| **Performance domain 1: society results** | Scotland Performs: National Performance Framework – wealthier; smarter; healthier; safer and stronger; greener  
We have tackled the significant inequalities in Scottish society. We live longer, healthier lives. |
| **Performance domain 2: shared results** | Reduced inequalities in health  
Reduced inequalities in society |
| **Performance domain 3: our results** | Stronger system-wide support for action  
More equitable policy  
Improved capacity to deliver effective actions in practice |
| **Performance domain 4: our enablers** | Organisational reputation and credibility  
Customer results, engagement and satisfaction  
Programme results: fundamental causes, system change for fairness and equity, places and communities the right of every child to good health, the right of every child to good health |
| | People/workforce  
Finance/resources |
Collaborative performance

Table 1 above illustrates that society results and shared results are understood as collaborative performance. This recognises that we are one of many organisations trying to address the issues contained within these domains, and therefore performance in relation to these domains does not lie directly within our control.

For the purposes of this performance framework and suite of KPIs, we will separate out our collaborative performance from our organisational performance. It is however important to maintain an overview of the collaborative performance so that we can relate our contribution to the wider outcomes which sit within the National Performance Framework.

<table>
<thead>
<tr>
<th>Sub-domain</th>
<th>KPI</th>
</tr>
</thead>
</table>
| Society            | • Trends in income Gini coefficient (i.e. distribution across the population)  
                     • Trends in wealth Gini coefficient (i.e. distribution across the population)  
                     • Trends in the percentage of the population living in households below 60% of the UK median income (i.e. relative poverty threshold)  
                     • Trends in the percentage of children living in households below 60% of the UK median income (i.e. relative child poverty threshold)  
                     • Trends in the proportion of the working-age population employed full time or to their part-time preference  
                     • Trends in the Slope Index of Inequality (SII) in S4 tariff scores across SIMD quintiles  
                     • Trends in the Relative Index of Inequality (RII) in S4 tariff scores across SIMD quintiles  |
| Health Inequalities| • Trend in the SII in mortality across Scottish Index of Multiple Deprivation (SIMD) deciles among those aged <75 years  
                     • Trend in the RII in mortality across SIMD deciles among those aged <75 years  
                     • Trend in SII in healthy life expectancy  
                     • Trend in RII in healthy life expectancy  
                     • Trend in SII in Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)  
                     • Trend in RII in WEMWBS  |
Key performance indicators 2016/17

The measures identified in the following framework are the ones intended to assess our organisational impact over 2016/17.

Table 2: Key performance indicators

<table>
<thead>
<tr>
<th>Sub-domain</th>
<th>KPI</th>
</tr>
</thead>
</table>
| More equitable policy             | We have evidence that we have influenced policy makers to ensure that they consider the impacts on health inequalities and ensure policy is more equitable.  
• We have supported four local partnerships to tackle health inequalities.  
• There is a 5% increase on baseline of NHS Health Scotland work being referenced in Scottish Parliament (2015/16 baseline: 12 mentions per month on average).  
• NHS Health Scotland staff present at over 20 national level conferences/events which are relevant to our corporate priorities.  
• We have responded to 95% of relevant stakeholder consultations.  
• We engaged with the consulting organisation in 85% of relevant consultations. |
| Stronger support for action       | • We have successfully developed stronger support for action among high-impact and high-influence stakeholders.  
• We have an NPS of 20% or above in relation to our contribution to strategic partnerships.  
• 85% of participants at our events indicate that they express a positive intention to apply the learning/tools/resources from the event to their practice.  
• We have engaged with 90% of our identified high-interest and high-impact stakeholders.  
• All of our published inequality briefings have been developed with input from identified policy and decision makers.  
• Handling plans including engagement events/meetings have taken place for 85% of all of the inequality briefings that are being published in 2016/17.  
• We have established a baseline for our engagement through social media. |
| Improved capacity to deliver effective action in practice | We have enabled identified local and national partners to improve their capacity to deliver effective actions within their practice to reduce health inequalities in Scotland.  
• We will run events in four CPP areas to build local capacity around outcomes planning and evaluation.  
• We will work with four CPP areas to ensure that their Local Outcomes Implementation Plans (LOIP) include evidence-based actions to reduce inequalities.  
• We will monitor our web statistics (in particular pathways and search terms) to better understand our users and ensure easy access to key evidence. |
<p>| Customer results                  | • The Net Promoter Score (NPS) for our products and services is 47% or above.                                                                                                                                                                                                                                                    |</p>
<table>
<thead>
<tr>
<th>Sub-domain</th>
<th>KPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership, organisational reputation and credibility</td>
<td>Key stakeholders with high impact and influence are positive about the work of NHS Health Scotland and provide positive feedback on our work. NHS Health Scotland are seen as leaders in the field of health improvement and health inequality reduction.</td>
</tr>
<tr>
<td></td>
<td>• We have engaged with the Public Health Network at least four times in the implementation of the Public Health Review.</td>
</tr>
<tr>
<td></td>
<td>• We have engaged with 90% of our identified high-impact and high-influence stakeholders in the development of our 2017–22 strategic plan.</td>
</tr>
<tr>
<td></td>
<td>• 5% increase on baseline of NHS Health Scotland work referenced in Scottish Parliament. (2015 baseline: 12 mentions per month on average.)</td>
</tr>
<tr>
<td></td>
<td>• There is evidence of NHS Health Scotland's influence in the outcome improvement plans of the four CPPs that we have committed to work with.</td>
</tr>
<tr>
<td></td>
<td>• We have an organisational NPS of 20% or above among policy and decision makers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core programme results</th>
<th>Core programme 1 – 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Each of the indicators below will be tailored from data captured on each of the individual core programmes.</td>
</tr>
<tr>
<td></td>
<td>• 90% of our identified high impact and high interest stakeholders rate their engagement with us positively.</td>
</tr>
<tr>
<td></td>
<td>• 100% of all core programme work has been through a screening or full HIIA.</td>
</tr>
<tr>
<td></td>
<td>• 100% of outputs/deliverables score &gt;11 and 33% of outputs/deliverables score &gt;= 17 in the prioritisation process.</td>
</tr>
<tr>
<td></td>
<td>• 85% of outputs will be delivered on time and on scope.</td>
</tr>
<tr>
<td></td>
<td>• 5% increase on baseline in core programme work being referenced in Scottish Parliament and in identified local plans. (2015/16 baseline: 12 mentions per month on average.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core programme 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>This core programme combines a mixture of internal organisational improvement workstreams and externally focused leadership work. To avoid duplication, each of the workstreams have KPIs within the following sub-domains:</td>
</tr>
<tr>
<td>• Improved staff experience: people/workforce</td>
</tr>
<tr>
<td>• Improved planning and use of resources: finance and resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core programme 5</th>
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<tbody>
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</tr>
<tr>
<td>• Improved staff experience: people/workforce</td>
</tr>
<tr>
<td>• Improved planning and use of resources: finance and resources</td>
</tr>
<tr>
<td>• Improved stakeholder experience, better knowledge: improved capacity to deliver effective actions in practice and leadership, organisational reputation and credibility</td>
</tr>
<tr>
<td>• Collaborative leadership: people/workforce and leadership, reputation and credibility.</td>
</tr>
<tr>
<td>Sub-domain</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Finance and resources</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>People / Workforce</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Managing our workforce resources

In June 2016 we expect to have completed a two-year programme of realignment of functions across and within several directorates. This is to ensure that we have the optimal structure to deliver our strategic ambitions and maximum efficiency. The salary budget of £12.289m and headcount of 280 wte projected for 2016/17 reflect this revised structure and it is our intention that the permanent headcount and established salary budget (other than inflationary increases) do not rise through 2016/17. We believe this is prudent within the current operating climate.

However, we have an ambitious plan and delivery priorities agreed with Scottish Government and we are aware that effective delivery of these priorities depends to a significant extent on staff resource. In preparing this delivery plan we have identified critical capacity issues for delivery. These gaps include: health economics; public health science evidence generation; web-based design and delivery; research commissioning; general project planning and delivery capacity in some specific teams in Health Equity; occupational health advisory capacity in specific areas of employability.

The specific teams and directorates concerned have been asked to identify plans that would boost workforce capacity in areas where gaps have been identified. Strategies that we expect to be deployed include inward secondments, fixed-term contracts or the commissioning of work to other agencies. An additional £1.125m has been allocated for this purpose. These plans are due to be identified by mid-March 2016 and implementation will begin by 1 April 2016, or earlier in some cases. These plans are informed by specific financial and policy workforce planning assumptions, which have been refreshed, in partnership, for 2016/17.

Workforce support and development

The workplace plan element of our delivery plan is developed in partnership and takes into account relevant actions from our National Staff Survey Action Plan, Staff Governance Action Plan and Workforce Development Strategy, as well as the priorities identified by Scottish Government under the 2020 Workforce Vision. The specific development actions for 2016/17 – under these 2020 Workforce priorities of healthy organisational culture, sustainable workforce, capable workforce and effective leadership and management – will be finalised and agreed in partnership, endorsed by the Staff Governance Committee and submitted according to Scottish Government workforce planning guidelines in June 2016.
## 10. Our financial plan summary

**Core revenue outturn statement**

### 2015 – 2016

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core RRL Expenditure</td>
<td></td>
</tr>
<tr>
<td>Core Revenue Resource</td>
<td></td>
</tr>
<tr>
<td>Outturn</td>
<td>19,430</td>
</tr>
<tr>
<td>Core Revenue Resource</td>
<td></td>
</tr>
<tr>
<td>Limit (RRL)</td>
<td>19,656</td>
</tr>
<tr>
<td>Saving / (Excess) against Core RRL</td>
<td>226</td>
</tr>
</tbody>
</table>

### 2016 – 2017

<table>
<thead>
<tr>
<th></th>
<th>Recurring £000s</th>
<th>Non-recurring</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core RRL Expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Revenue Resource</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outturn</td>
<td>18,217</td>
<td>730</td>
<td>18,947</td>
</tr>
<tr>
<td>Core Revenue Resource</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limit (RRL)</td>
<td>18,217</td>
<td>730</td>
<td>18,947</td>
</tr>
<tr>
<td>Saving / (Excess) against Core RRL</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### 2017 – 2018

<table>
<thead>
<tr>
<th></th>
<th>Recurring £000s</th>
<th>Non-recurring</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core RRL Expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Revenue Resource</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outturn</td>
<td>18,399</td>
<td>690</td>
<td>19,089</td>
</tr>
<tr>
<td>Core Revenue Resource</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limit (RRL)</td>
<td>18,399</td>
<td>690</td>
<td>19,089</td>
</tr>
<tr>
<td>Saving / (Excess) against Core RRL</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### 2018 – 2019

<table>
<thead>
<tr>
<th></th>
<th>Recurring £000s</th>
<th>Non-recurring £000s</th>
<th>Total £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core RRL Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Revenue Resource Outturn</td>
<td>18,583</td>
<td>665</td>
<td>19,248</td>
</tr>
<tr>
<td><strong>Core Revenue Resource Limit (RRL)</strong></td>
<td>18,583</td>
<td>665</td>
<td>19,248</td>
</tr>
<tr>
<td><strong>Saving / (Excess) against Core RRL</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Non-Core RRL Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2015–2016 Total £000s</th>
<th>2016–2017 Total Non-Recurring £000s</th>
<th>2017–2018 Total Non-Recurring £000s</th>
<th>2018–2019 Total Non-Recurring £000s</th>
<th>2019–2020 Total Non-Recurring £000s</th>
<th>2020–2021 Total Non-Recurring £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Core RRL Expenditure Capital Grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation/Amortisation</td>
<td>275</td>
<td>275</td>
<td>330</td>
<td>355</td>
<td>355</td>
<td>355</td>
</tr>
<tr>
<td><strong>Total Non-Core RRL Expenditure</strong></td>
<td>275</td>
<td>275</td>
<td>330</td>
<td>355</td>
<td>355</td>
<td>355</td>
</tr>
</tbody>
</table>

### Infrastructure Investment Programme

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Resource Limit (CRL)</td>
<td>100</td>
<td>350</td>
<td>250</td>
<td>250</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>SGHSCD formula allocation</td>
<td>100</td>
<td>350</td>
<td>250</td>
<td>250</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>Revenue to capital transfers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Capital Resource Limit</td>
<td>100</td>
<td>350</td>
<td>250</td>
<td>250</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td><strong>Saving / (Excess) against CRL</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
# Summary of NHS Health Scotland corporate risk register

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Owner</th>
<th>Response Coordinators</th>
<th>Governance Committee</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>As a result of ineffective performance management:</td>
<td>DoS</td>
<td>Organisational Leads for Strategic Development</td>
<td>TBC</td>
<td>• % corporate priorities delivered on time, scope and budget</td>
</tr>
<tr>
<td></td>
<td>• our performance doesn’t improve</td>
<td></td>
<td>Head of People &amp; Improvement</td>
<td></td>
<td>• % deliverables fully delivered</td>
</tr>
<tr>
<td></td>
<td>• we don’t deliver our corporate priorities on time and on scope.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>As a result of not aligning staffing and financial resources to corporate and in-year emerging priorities:</td>
<td>DoS</td>
<td>Head of Strategy and Communication</td>
<td>TBC</td>
<td>• % corporate priorities not delivered because of resourcing issues</td>
</tr>
<tr>
<td></td>
<td>• we do not make the best use of our resources</td>
<td></td>
<td>Head of People &amp; Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• we have less impact than we might</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• our reputation is damaged.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Description</td>
<td>Owner</td>
<td>Response Coordinators</td>
<td>Governance Committee</td>
<td>Metrics</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>----------------------------------------------</td>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 3  | Because the knowledge we produce and share about health inequalities is correct but sometimes not followed up with support to apply the knowledge:  
• we do not give the people who can act to reduce health inequalities what they need when they need it  
• and so they do not act to reduce health inequalities. | DPHS/DHE                     | Organisational Lead for Practice Improvement | TBC                   | • Net Promoter Score for individual products                            |
| 4  | As a result of our inability to quickly respond to the new political administration and changing landscape:  
• we fail to meet expectations of our funders and stakeholders  
• we lose the ability to secure our national position. | DoS                          | Organisational Lead for Strategic Development | TBC                   | • % of new outputs created in year delivered on time, scope and budget |
| 5  | As a result of not responding quickly enough to our changing financial situation:  
• we do not act quickly enough to deliver against strategic opportunities  
• we do not meet our financial targets. | HF&P                         | Executive Finance Manager                   | TBC                   | • Financial KPIs                                                         |
<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Owner</th>
<th>Response Coordinators</th>
<th>Governance Committee</th>
<th>Metrics</th>
</tr>
</thead>
</table>
| 6  | As a result of not aligning and adapting our language to the prevailing public and political discourse:  
• there is a risk that we lose our ability to influence our key stakeholders  
• and therefore fail to make an impact.                                                                                                                       | DoS             | Organisational Lead for Communications and Engagement                                  | TBC                  | % of NHS Health Scotland work being referenced in the Scottish Parliament                                       |
| 7  | As a result of ineffective engagement with high influence and interest stakeholders:  
• we do not articulate our new strategic ambitions effectively  
• we do not secure a national leadership position for reducing health inequalities.                                                                           | DoS             | Organisational Lead for Strategic Development                                         | TBC                  | % of high influence, high interest stakeholders engaged on AFHS 2                                                |
| 8  | As a result of lack of capacity in the Web and Digital team:  
• they cannot deliver in response to demand  
• resulting in failure for the organisation to deliver on commitments.                                                                                   | DHE             | Head of Digital & Creative  
Organisational Lead for People & Workplace                                               | TBC                  | Number of days of vacancies in Web & Digital  
Difference in % turnover between Web & Digital and all Health Scotland mean turnover  
Outputs at risk of delivery specifically because of capacity issues in this team |
| 9  | As a result of not properly concluding the functional realignment:  
• there is a risk that we don’t see the improvements we expect from it as quickly as we need.                                                           | DoS             | Organisational Lead for People & Workplace                                              | TBC                  |                                                                                                                  |
<table>
<thead>
<tr>
<th>No</th>
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<th>Metrics</th>
</tr>
</thead>
</table>
| 10 | As a result of not having structured but flexible approaches to project management:  
  • there is a risk that we don’t deliver on time, scope and budget, resulting in not delivering on our commitments. | DoS (TBC) | Organisational Lead for Improvement | TBC | • % of outputs delivered on time, scope and budget |
| 11 | As a result of financial and workforce related issues linked to the partnership-based delivery of Healthy Working Lives services:  
  • we may fail to meet the expectations of our customers in terms of the responsiveness of our services  
  • we may not achieve the outcomes we have agreed with our stakeholders. | DH&W | Head of Health & Work Services | TBC | • HWL Customer Results KPIs  
  • Performance against Partnership Implementation Plan |
NHS HEALTH SCOTLAND ANNUAL REVIEW 2015

I am writing following my chairing of NHS Health Scotland’s Annual Review on 26 August 2015.

I would like to start by thanking you, the Board members, Corporate Management team and staff for a very efficient, effective and successful day. I would ask you to pass on my appreciation for the effort that must have gone into the day.

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. I was, therefore, very pleased to see the level of turnout of stakeholders for the public session and the high level of engagement and dialogue that followed.

Showcase and Marketplace

I enjoyed the opportunity to learn more about some of NHS Health Scotland’s activities through the showcase presentations and in the marketplace. In particular I noted the links between work and improved mental health and I observed the importance of engaging with employers on this. I would like to see NHS Health Scotland continue to lead collaborative approaches to good mental health for all at both local and national levels.

NHS Health Scotland played an important leadership role in the implementation of NHS smokefree grounds this year, in particular the successful development and delivery of the
national campaign on smokefree grounds. I look forward to NHS Health Scotland’s support for NHS Scotland’s commitment to this policy.

I am encouraged to see a substantial reduction in smoking rates in the most deprived areas of Scotland and ask NHS Health Scotland to retain a focus on smoking cessation with priority groups who have very high smoking rates. I would also welcome your support in facilitating consideration of emerging evidence around e-cigarettes. In particular, help to develop a consistent NHS Scotland-wide approach to the provision of cessation support for those people that choose to use e-cigarettes and to support NHS Boards to continue to develop their position on outdoor e-cigarette use within NHS grounds.

I recognise NHS Health Scotland’s investment to date on Active Scotland Outcomes and the deliverables outlined in the National Physical Activity Implementation Plan (A More Active Scotland). This work should be further strengthened through a particular focus on supporting inactive populations at most risk of poorer health outcomes within health and social care, community and work place settings.

I appreciate the ongoing work on MESAS and I would stress the continuing importance of HS’s support for SG in the provision of evidence to back Scotland’s developing alcohol strategy, and in particular the case for MUP. The evaluation of the What Works (and what doesn’t) in Alcohol strategy will be influential in identifying future policy options and I would ask that HS continue to provide SG with up-to-date evidence to support the on-going development and implementation of alcohol policy.

Your work on promoting health diet through the promotion of the Healthy Living Award is commendable. I will expect you to continue to work with catering outlets in the public, private and third sectors to promote, support and maximise uptake of the award at Standard and Plus levels.

Public Session

Introduction and opening comments
As in previous years, all Boards are 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 2014 annual review.

In your presentation you clearly outlined progress and challenges. You described the wide range of issues that NHS Health Scotland addressed in 2014-15, in working with and supporting external partners, informing the wider causes of health inequalities, while also working to improve your performance as an organisation. In particular you have reported good progress in engaging and working with staff.

Audience Questions
I was impressed by the quality of questions from the audience. NHS Health Scotland clearly has a well developed relationship with their stakeholders.

Amongst the points I took away was the important one of ensuring that NHS Health Scotland’s work, with Scottish Government policy teams and with territorial Boards on new initiatives, needs to take account of timing to ensure that you are in a position to offer support to Boards when they are expected to roll-out the new approach.
Your work on mental health, particularly in young people, on human rights and on improving the visibility of public health in the new health and social care partnerships was touched on. I would commend you for your work to date and hope that you will continue to work with partners on these important issues.

**Private Session**

I found the discussion with the full Board very useful and informative. I am pleased to note that the Board feel that they are seeing more evidence of the impact that NHS Health Scotland is having and that the focus is on getting things right rather than avoiding getting them wrong. I agree with the point made about the need for NHS Health Scotland to be ahead of the curve in tackling health improvement and inequalities, and I would like to see the Board build and enhance its reputation with its stakeholders.

You suggested that the Board would like to recruit non-Executive members with ‘lived experience’. This is a laudable ambition and I trust that you are successful as this would significantly enhance the perspective of the Board.

We discussed your work in collaboration with partners. Your work to date has provided you with valuable lessons and I would encourage you to continue to develop this, particularly in regard to health and social care partnerships.

The issue of child poverty was raised. NHS Health Scotland is engaging with international partners but it was agreed that it is an issue that you could be working more closely with the Scottish Government on. Child poverty is an issue that it is critical to address in order to give our children the best start in life. I would encourage NHS Health Scotland to explore with Scottish Government policy leads what your contribution to this important area should be, particularly in improving the contribution of NHSScotland.

I am pleased with the progress that NHS Health Scotland has made in working with, and supporting, your staff. You should continue to work to improve engagement, using the feedback from staff surveys and keeping a close eye on sickness absence levels.

The annex to this letter sets out in more detail the actions I would like NHS Health Scotland to take forward over the coming year. I recognise that you will develop more focussed plans that will support delivery of these.

Again, I would like to thank you and your team for organising this year’s annual review, and I look forward to hearing about the progress made.

Yours sincerely,

Jamie Hepburn
Minister for Sport, Health Improvement and Mental Health
Annex A

NHS HEALTH SCOTLAND ANNUAL REVIEW 2015 - ACTIONS

Theme 1: Demonstrating Impact

OUTCOME
NHS Health Scotland work has had a measurable impact across Scottish Government health, welfare reform, employment and housing policy domains.

KEY ACTIONS
- Establish health equity outcomes through the A Fairer Healthier Scotland (AFHS) stakeholder performance forum that require collaborative action across the public, private and third sectors and inform the review of the National Performance Framework Indicators.
- Provide national leadership and coordination of health equity policy and implementation as part of a public health strategy for Scotland.
- Work with Scottish Government (SG) policy leads to support the introduction and evaluation of innovative policy ensuring evidence of what works and why is gathered and shared at national level through the Inequalities Action Group.

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

OUTCOME
Policy makers, planners and practitioners are able to access and turn the knowledge about what works for health equity into action

KEY ACTIONS
- Support SG with the analysis and dissemination of the relational aspects of the fairer and healthier conversations—integrating the results of HS conversation work with the national conversations.
- Demonstrate that NHS Health Scotland’s knowledge and delivery plan is communicated effectively to target audiences.

Theme 3: NHS Health Scotland’s delivery priorities are aligned with improvement support activity for Community Planning Partnerships and Integrated Joint Boards in order to build health equity outcomes into local planning and practices

OUTCOME
NHs Health Scotland (HS) resources (workforce and financial) focus on deliverables that are most likely to have the greatest impact on health equity at national and local policy, planning and practice levels

KEY ACTIONS
- Lead the further development of the Inequalities Action Group as a collaborative endeavour between HS, SG, CoSLA, Directors of Public Health and other key partners.
- Jointly plan with the Improvement Service in relation to Community Planning Partnerships (CPPs) and with Healthcare Improvement Scotland in relation to Integrated Joint Boards (IJBs) to deliver outcome improvement work that bring together, effectively, national and local public health capacity.
Theme 4: The Impact of welfare reform, poverty and austerity on health-working with the public, private and third sectors to promote Good Work and support for access to and sustainability of employment

OUTCOME
An increased number of employers apply good workplace practices to promote health, wellbeign and safety and recognise the principles of good work.

KEY ACTION
• Develop the synergy across Scottish workplace health and wellbeing services, assisting employers to understand and implement their role in maintenance of and return to, good work.

OUTCOME
A refreshed approach to employment and employability services for people with mental health problems has been scoped and developed.

KEY ACTION
• Lead and coordinate a series of strategic discussions, at national and local level, to scope the development of approaches to working age people with mental health problems – supporting people stay in employment and get into employment.

OUTCOME
Equality and equity outcomes are central to employment and procurement policy and practice within the NHS in Scotland.

KEY ACTIONS:
• Work with NHS Chief Executives Group and SG to scope and deliver the application of the economic leverage of NHSScotland within localities with multiple disadvantage.
• Lead the development and promotion of the central role of the NHS in promoting the benefits of good work in creating and protecting mental health and wellbeing.
• Align local support work with that being undertaken by the Improvement Service where possible.

OUTCOME
A refreshed approach to Health and Safety for Scotland aligns with the Fair Work framework

KEY ACTION:
Healthy Working Lives will take a pivotal role in the coordination and co-production of a refreshed Health and Safety Action Plan for Scotland - creating an effective interface between health and safety and good work.

OUTCOME
The relationship between income maximisation (including social security and fair work) and health outcomes for children is clear and well understood - stimulating action to address child poverty at national and local levels

KEY ACTIONS:
• Support the Fair Work convention through syntheses of evidence on active labour market policies and other briefings ensuring that relationship between these and children’s health are explicitly referenced.
• Work with education providers for undergraduate and CPD programmes for health visiting, midwifery and potentially school nursing to develop competences and learning materials on child poverty and its impact on health and to provide related practice sharing events.
• Establish a work stream focused on lone parents, and parents with young children, on low incomes in order to contribute to mitigating the impact of the economic downturn and ongoing austerity. Use routine data to explore the links between work, poverty and health outcomes for parents and their children (particularly lone parents).

Theme 5: Strengthening the role of NHS Boards and Integrated Joint Boards in improving health equitably

OUTCOME
Develop, in partnership with HIS and local public health teams, an improvement programme targeted at strengthening the role of executive and non-executive directors of NHS Boards and IJBs in preventing and mitigating the harm to health caused by inequality.

KEY ACTIONS
• Lead the collaborative development and production of an NHSScotland strategic statement for equitable health improvement, focusing on strengthening the role of NHSScotland in achieving health equity.
• Ensure close alignment of the NHSScotland strategic statement development with 2030 vision and other strategic NHSScotland policy developments as a result of the national conversations.
• Work closely with Primary Care leaders and policy makers to ensure inequalities is a strong theme in development of the sector within Health & Social Care integration.

Theme 6: Workforce Planning and Development

OUTCOME
NHS Health Scotland’s workforce aligns with and meets the ambitions of both A Fairer Healthier Scotland and Workforce 2020.

KEY ACTIONS
• Complete and evaluate the realignment of NHS Health Scotland’s functions and structure within available budget and in order to support delivery of AFHS.
• Refresh performance management processes to ensure staff have a clearer understanding of their contribution to the delivery of AFHS.
• Review the KSF Framework to ensure staff can access the training and development they need to align their work with NHS Health Scotland’s strategic aims.

OUTCOME
Through joint work with NHS Education Scotland, NHS Health Scotland has made a clear, constructive contribution to the development of the public health workforce in Scotland.

ACTIONS
• Shape national scheme for developing elements of the public health workforce
• Engage fully in the public health review and implementation of agreed recommendations.
• Work in partnership with NES and employers to ensure that core PH workforce development is supported
• Work with NHS Education Scotland and Healthcare Improvement Scotland to develop a health inequalities ‘literacy programme’ for IJB executive and non-executive directors.