A Fairer Healthier Scotland– delivering better health for everyone

Delivery Plan 2017/18

CHIEF EXECUTIVE'S FOREWORD

This Plan sets out NHS Health Scotland's delivery commitments for 2017/18. These commitments align with our Strategic Framework for Action 2017-2022 that describes the priority actions and outcomes that we believe will be important to realising a Fairer Healthier Scotland over the next five years.

Our work is set firmly within the Scottish Government planning priorities for NHS Boards described in the Health and Social Care Delivery Plan, particularly the Government's ambition to increase healthy life expectancy for all.

2017/18 will be an important and exciting delivery year. It sees the start of work with the Scottish Government, colleagues in National Services Scotland and others to create a new single national body for public health in Scotland. It also sees work continue with the public health community, the third sector, COSLA and SOLACE to identify and develop a set of coproduced national public health priorities for an integrated public health strategy for Scotland.

We welcome these developments as we believe they will strengthen future work to achieve our vision of a Scotland in which all people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. This plan includes commitments to work openly with our stakeholders and our staff on the developments and transitions ahead. Improving healthy life expectancy means that we must remain true to our ambition in reducing health inequality. However, we also recognise that we do so at a time of change for all those involved in the business of delivering public health. We recognise that to achieve this balance we must adopt an organisational demeanour that keeps our focus on meeting expectations, whilst supporting our stakeholders and our staff to maintain the pace and priority that is necessary to create sustained change together.

We are also very mindful of the ask of Government to work constructively and positively with our NHS partners, particularly other national health boards, to plan and deliver our work with the maximum efficiency and impact and we are committed to playing our part in these developments over 2017/18.

There is change ahead. However, this plan is fundamentally about the work that NHS Health Scotland will deliver and what we will achieve in 2017/18. We hope that the commitments set out in this plan and the ways in which we intend to measure our performance are clear. We also hope it is evident from these documents that our approach to governing our resources is sound. We will continue to approach our work with an open appetite for testing practical approaches to sharing knowledge that is informed by evidence, useful and demonstrates value for public money. We will work within the financial parameters that we have and we will ensure that our workforce is well supported and aligned to our priorities.

INTRODUCTION

DELIVERING BETTER HEALTH FOR EVERYONE IN SCOTLAND

The Strategic Framework for Action 2017-2022 describes the longer term strategic context of this Delivery Plan, including the Health and Social Care Delivery Plan announced in December 2016 and which sets out the Scottish Government's triple aim of:

- Better care
- Better health
- Better value

Our focus as a health board in 2017/18 remains on the national target of increased healthy life expectancy. In particular, our attention and effort is focused on those parts of society experiencing enduring inequalities in health and healthy life expectancy and on the deployment of resources across the social determinants of health.

Our Delivery Plan sets out our commitments for 2017/18 including our pledge to contribute to the Scottish Government Fairer Scotland Action Plan in its ambition to end child poverty in Scotland; and to work in partnership with other NHS Boards to develop national referral pathways between NHS services and local advice services to maximise income and reduce fuel poverty.
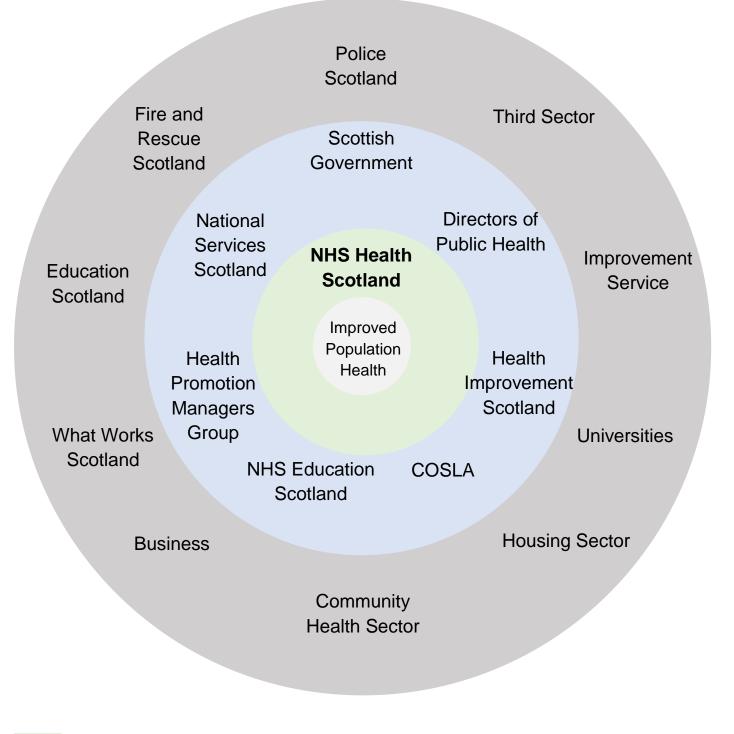
Our delivery commitments are aligned with the five strategic priorities set out in our Strategic Framework for Action 2017-2022, which are based on evidence of what will work to improve health and reduce health inequalities. These are supported by three change priorities, which set out our commitments to how we will drive continuous improvement in the way we deliver our priorities and also secure a focus on fairer health improvement in the new public health landscape.

Our change priorities also include beginning the process of preparing and supporting the organisation through a period of transition and change as the arrangements for the new public health are developed.

Our work has been identified through:

- Local Delivery Planning Guidance for 2017/18
- The feedback we received from Government on our 2016 Annual review
- Engagement and feedback from our customers, partners and stakeholders so that we have a clear analysis of our place in the public health system and what it is that we are best placed to do
- What the evidence indicates will work to improve health and reduce health inequalities
- Alignment with the Scottish Government's Programme for Government
- Ongoing improvement and specific actions to prepare for transition

OUR PLACE IN THE PUBLIC HEALTH SYSTEM

Police
Scotland

Third Sector

Fire and
Rescue
Scotland

Scottish
Government

National
Services
Scotland

Directors of
Public Health

Education
Scotland

**NHS Health
Scotland**

Improved
Population
Health

Improvement
Service

Health
Promotion
Managers
Group

Health
Improvement
Scotland

What Works
Scotland

NHS Education
Scotland

COSLA

Universities

Business

Housing Sector

Community
Health Sector

NHS Health Scotland
Public Health Sector
Wider public health community

ANNUAL REVIEW

The key feedback and recommendations from our 2016 Annual Review have been incorporated into this Delivery Plan and associated delivery commitments for 2017/18. These covered a number of specific areas of improvement: Value for Money: That we determine that we are delivering value for money and are concentrated on outcomes rather than outputs.

- Distinct Contribution: That we continue to establish a transparent understanding of our routes to influence and activity at local, regional or national level.
- Strategic Perspective: That we develop a stronger strategic cross-cutting perspective to our work, including our ambition to embed the right to health, so that our work is fully takes into account and responds to complex and interlinked policy and practice issues.
- Public Sector Reform: That we engage with territorial and special NHS Boards, community planning partnerships and health and social care partnerships to support them in developing responses to tackling determinants of health and wider inequalities.
- Place-based Approaches: That we explore how we can develop a tighter strategic working relationship with local government (and other stakeholders) that allows us a better understanding of issues, priorities and communication of local authorities. We were also asked to identify how we can better support place-based approaches to tackling health and social inequalities through local partnerships and collaboration.
- Measuring Performance: That as well as continuing to make good progress on how we measure our performance focusing on 'outcomes rather than outputs', we contribute to the national review of health and social care targets and measures.

LOCAL DELIVERY PLAN

The Local Delivery Plan Guidance 2017/18 sets out four key measures for all NHS boards in 2017/18. These include:

<u>Increasing healthy life expectancy purpose target</u>

The Scottish Government defines increasing healthy life expectancy as meaning that 'people 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.' In 2017/18, all NHS Boards are expected to set out the actions they will take towards this.

<u>Health and Social Care Delivery Plan</u>

The Scottish Government's 2020 Vision for health and social care is that by '2020 everyone is able to live longer healthier lives at home, or in a homely setting' and a healthcare system which includes, amongst other things, that:

- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management

The Health and Social Care Delivery Plan signals an expectation of a change of focus in how health boards plan and deliver their services in 2017/18, with an explicit requirement that 'Within their LDP, NHS Boards will set out the practical early steps they are taking to ensure they are prepared to co-operate fully in regional planning and delivery of services during 2017/18.'

<u>National review of targets and indicators for health and social care</u>

The Local Delivery Plan (LDP) Guidance requires NHS boards to continue to work towards LDP standards that are in place but also prepare to be able to respond to revised recommendations on targets and indicators expected from the current national review.
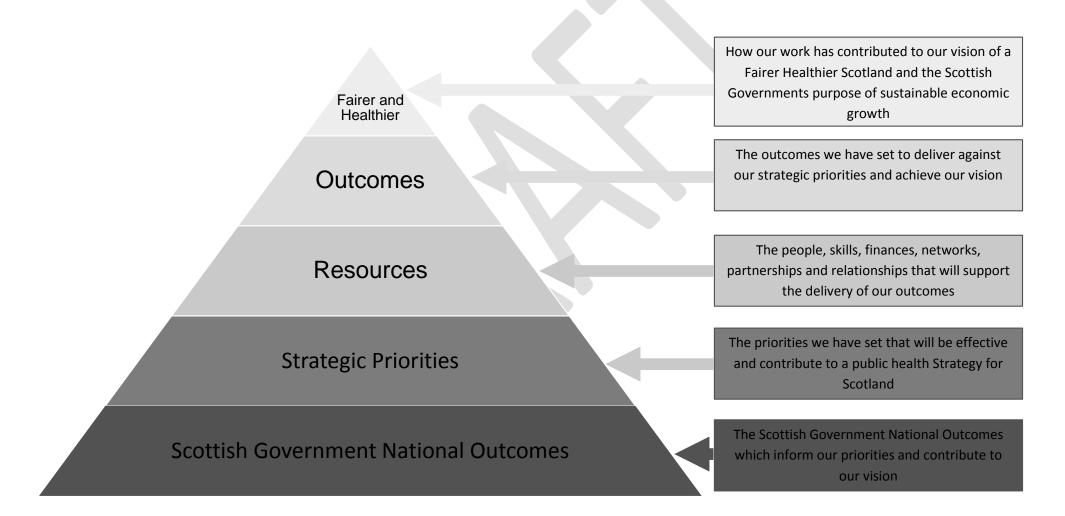
<u>Financial Planning</u>

In December 2016, Draft Budget 2017/18 indicative allocations letters were issued to NHS Boards to assist in the delivery of budget priorities. As per the LDP guidance, this Plan includes our Financial Plans for the period 2017-18 to 2019-20.

Our delivery commitments describe how we will take forward the actions and requirements set by the Scottish Government as set out above.

HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?

Our strategic framework sets out priorities for action and is designed to support the Scottish Governments purpose and National Outcomes. It describes how we will align our work to deliver our vision of a Fairer Healthier Scotland and contribute to sustainable economic growth. Our performance framework sets out measures and indicators to assess our performance and contribution at each level to evidence and demonstrate the impact of our work.

Pyramid Level	Description
Fairer and Healthier	How our work has contributed to our vision of a Fairer Healthier Scotland and the Scottish Governments purpose of sustainable economic growth
Outcomes	The outcomes we have set to deliver against our strategic priorities and achieve our vision
Resources	The people, skills, finances, networks, partnerships and relationships that will support the delivery of our outcomes
Strategic Priorities	The priorities we have set that will be effective and contribute to a public health Strategy for Scotland
Scottish Government National Outcomes	The Scottish Government National Outcomes which inform our priorities and contribute to our vision

OUR DELIVERY COMMITMENTS FOR 2017/18

Our Strategic Framework for Action 2017-2022 describes the five priority areas that will contribute to the realisation of Fairer Healthier Scotland and the long term outcomes that we believe can be achieved in each of these five areas over a five year period. These have been identified through:
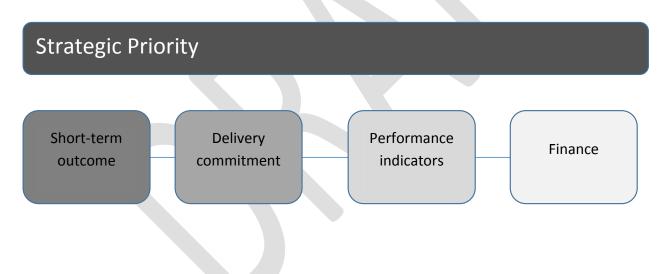
- Engagement and feedback from our customers, partners and stakeholders

- What the evidence indicates will work to improve health and reduce health inequalities

- Alignment with the Scottish Government's Programme for Government

This Delivery Plan describes the practical actions we will take towards these outcomes in 2017/18.

Our delivery commitments also include the actions we will take in 2017/18 to drive continuous improvement and support the organisation respond to the emerging public health landscape. These are set out as Strategic Change Commitments.

We also deliver a number of national, professional and corporate services in overall support of our and our partners' work. These services are set out as Core Delivery Commitments for the implementation of our Delivery Plan in 2017/18.

Our delivery commitments are presented under the relevant priority area, and highlight how they contribute to our outcomes as described below:

Strategic Priority			
Short-term outcome	Delivery commitment	Performance indicators	Finance

Strategic Priority 1: Fairer and Healthier Policy

We have influenced policy areas where the impact on reducing health inequalities and population health improvement is likely to be greatest.

Publish and disseminate comprehensive Burden of Disease estimates by key demographics and implement next phase of the project.

- Phase I estimates by deprivation and Health Board published and disseminated (Q2)
- Published risk factors for alcohol, smoking, obesity and income deprivation (Q4)

Finance

Quantify the impact of interventions on health and health inequalities by developing and disseminating the Informing Investment to reduce health inequalities (Triple I) tool across a range of national and local authority areas.

- Defined list of interventions to model long-term impacts on health and health inequalities finalised (Q2)
- Feedback from stakeholders to inform future use of tool collated (Q3)

Finance

Publish and share evidence on the economics of prevention, including the data from the Scottish Burden of Disease study to influence key policy areas.

- Increased membership of Health Economist Network (Q4)
- Qualitative feedback on capacity building work with NHS Lanarkshire and NHS Tayside and increased uptake from other boards (Q4)

Finance

Strategic Priority 1: Fairer and Healthier Policy

We have supported national policy development and evaluation to influence health outcomes in key health related areas.

Develop and agree a plan for the evaluation of Minimum Unit Pricing (MUP) and the refreshed alcohol strategy and establish processes to implement evaluation.

Evaluation plan for MUP published and disseminated (Q3)

Number of stakeholders aware of the plans for the evaluation of MUP (Q4)

Finance

Produce and disseminate statistics on a range of alcohol-related indicators for policy and strategy audiences.

Establish baseline of product reach using relevant online analytics (Q2)

Evaluation of products by high impact/high influence stakeholders (Q2)

Finance

Provide expertise and advice to inform the Partnership Action for Drugs in Scotland's (PADS) thematic review of drugs policy and practice.

Number of evidence briefings, papers and others submissions provided to review (Q4)

Finance

Strategic Priority 1: Fairer and Healthier Policy

Public Health Networks have greater impact in ensuring evidence is developed and disseminated in a timely manner to influence policy.

Maintain the cross-cutting work of ScotPHN, ScotPHO and associated networks and leadership groups to support delivery of an effective public health function in Scotland.

- Complete feedback on capacity building work with NHS Lanarkshire and NHS Tayside and increased uptake from other boards (Q4)
- Percentage of ScotPhn / ScotPHO outputs delivered on time and in scope (Q4)

Finance

Co-lead the Scottish Public Health Observatory (ScotPHO) collaborative to deliver public health information and support for the Public Health Information Network for Scotland.

- 90% of ScotPHO website sections updated to schedule (Q4)
- 80% of ScotPHO profile indicators updated within four months of data publication (Q4)

Finance

Lead the development of the Public Health Network (PHEN) to carry out evidence reviews more rapidly, ensuring evidence informs policy and practice in a timely manner.

- Increased number of reports produced by network (Q4)
- Increase number of citations of network reports in peer reviewed journals (Q4)

Finance

Through ScotPHN, support the delivery of a range of effective, efficient and sustainable public health actions, delivered on a 'once for Scotland' basis.

- Percentage of ScotPHN outputs delivered on time and in scope (Q4)

Finance

Strategic Priority 1: Fairer and Healthier Policy

We have supported the implementation of progressive policy and national strategies and evidence around effective action.

Provide expertise and guidance on policy and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings.

Increase number of convenience retailers achieving Gold standard (Q4)

Number of Health Inequalities Impact Assessments (HIIAs) completed on diet and obesity strategies (Q4)

Finance

Provide expertise and guidance to enhance workforce capacity and improve collaborative relationships across the public and third sectors for public mental health and suicide prevention.

Design of training framework completed for roll out next year (Q4)

80% of collaborative working will be with the Third Sector and integration authorities (Q4)

Finance

Lead the establishment of a multi-sectorial approach to strengthen implementation of the National Strategy on Violence against Women and Girls, including within the NHS.

Number of Health and Social Care Partnerships and Health Boards with plans for roll out of training for Health Visitors (Q4)

Number of Health Visitors trained within each board area (Q4)

Finance

Strategic Priority 1: Fairer and Healthier Policy

Share expert knowledge of the scale, measurement and impact of food poverty and household food insecurity.	Percentage of high influence/high impact stakeholders for this sector participating in HS events (Q4) Organisational position statement on Food Poverty reviewed and disseminated (Q3)	Finance
Implement a 'once for Scotland' approach to improve quality, reduce variation and make tobacco services more accessible to priority groups co-ordinated through the tobacco control networks.	Increase in numbers of users from priority groups accessing tobacco services (Q4)	Finance
Lead, support and advise on the design and implementation of actions relative to the Active Scotland Framework and National Physical Activity Implementation Plan.	Percentage of Health Scotland actions relating to the National Physical Activity Implementation Plan delivered on time and in scope (Q4) Physical Activity Leadership Improvement Model adopted in 2 NHS Board areas (Q3)	Finance

Strategic Priority 2: Children, Young People and Families

Research and evidence has influenced policy and strengthened prevention and early intervention to address health inequalities.

Provide expert input to the design of school surveys to ensure they provide the most relevant health inequalities data for application by local and national partners.

Milestones set in contract for Health Behaviours of School Children survey met (Q4)

Finance

Provide expertise and support for the development and publication of a 10 year Child and Adolescent Health and Wellbeing Strategy.

Policy analysis completed to inform development of the strategy (Q1)

Number of high impact/high influence stakeholders participating in planned consultation activity (Q3)

Finance

Scottish Hub for Adverse Childhood priorities for prevention and mitigation of adverse childhood experiences are reflected in policy and practice.

Establish a Scottish Hub for Adverse Childhood Experiences and identify and agree priority actions for 2017/18.

Number of events and seminars nationally and locally to raise awareness and support action on ACEs (Q4)

Updated report on 'Polishing our Gems' produced and disseminated (Q1)

Finance

Strategic Priority 2: Children, Young People and Families

The Early Learning and Childcare expansion programme has been established and is measuring impact on health and wellbeing of children and parents.

Develop research questions and indicators for the programme and monitoring framework for the Scottish Government Early Learning and Childcare expansion programme.

Research questions and indicators agreed and included in framework (Q4)

Finance

Provide evidence to strengthen community nursing and midwifery policy and strategies on responding to traumatic and adverse circumstances in childhood.

Number of evidence briefings, papers and others submissions produced (Q4)

Finance

The NHS is implementing service improvements that contribute to tackling child poverty.

Deliver our pledge within the Fairer Scotland Action Plan by leading the NHS contribution and actions focused on child poverty in Scotland.

3 case studies competed to support 'Child poverty eLearning module' (Q1)

Each NHS Board lead for child poverty identified and met with (Q4)

Finance

Implement agreed strategies and systems to roll out the learning and principles of Healthier Wealthier Children with local partners.

Report on NHS boards developing or delivering F1 referral pathways (Q1)

National event held on Financial Inclusion Referral Pathways (Q4)

Finance

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Strategic Priority 2: Children, Young People and Families

We have a better shared understanding with the education sector of the connection between health inequalities and educational attainment.

Establish working relationships with the education sector in order to scope and develop a joint approach to addressing health and educational attainment inequality.

Positive feedback on scoping report and recommendations to improve educational attainment (Q3)

Joint actions between education sector and Health Scotland agreed (Q4)

Finance

The public and professionals are more informed on maternal, children, young people and family health through increased uptake of information resources.

Undertake a collaborative review, prioritisation and publish information resources for the public and professionals on maternal, children, young people and family health.

Percentage of publications produced on time and in scope (Q4)

Finance

Continue the redesign of Health Information for Parents (ReHIP) with a focus on parental and professional engagement.

Number of parents have been engaged in phase 2 of the redesign (target minimum 60) (Q4)

Number of high impact high influence stakeholders engaged in consultations (Q4)

Finance

The Child and Adolescent Health Strategy for Europe is more focused on areas where impact on reducing health inequalities is greatest.

Provide the World Health Organization with up to date evidence and technical support for Child and Adolescent health strategy implementation.

Baseline Survey on Implementation of the European Child and Adolescent Health Strategy submitted to WHO (Q3)

Positive feedback from WHO on quality of NHS Health Scotland's contributions (Q4)

Finance

Strategic Priority 3: A Fair and Inclusive Economy

More employers are aware of and engaged in good work practices.

Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline contributing to delivery of national services and the promotion of a learning and development programme for employers.

Increased number of employers and individuals accessing HWL services (Q4)

Increased number of organisations accessing online tools (Q4)

Increased number of users of online and face to face training courses (Q4)

Finance

Work with NHS boards and other partners across the safety and health system in Scotland to deliver agreed support to priority audiences.

Number of new high impact/high influence strategic partners engaged (Q4)

Funding allocations to 14 NHS Health Boards delivered on time and in scope (Q4)

Finance

Launch and develop the Healthyworkinglives.Scot website and other associated e-platforms and online resources for employers.

Increased number of employers and individuals accessing HWL services (Q4)

Increased number of organisations accessing online tools (Q4)

Increased number of organisations accessing online support and training (Q4)

Finance

Strategic Priority 3: A Fair and Inclusive Economy

More organisations have achieved Healthy Working Lives and/or Healthyliving Awards.

Share evidence and experience to encourage strategic engagement, including by local authorities, with the Healthy Working Lives (HWL) and Healthyliving awards.

- Number of high impact/high influence stakeholders engaged (Q4)
- Options paper on healthier eating in schools shared with strategic partners (Q3)

Finance

Maintain and increase the commitment of existing award holders to Healthyliving and Healthy Working Lives good practice and promote the awards to new organisations,

- Increased number of bronze, silver, gold Healthyliving award holders (Q4)
- Increased number Healthy Working Lives award holders (Q4)
- Increased number of SME award holders (Q4)

Finance

We have contributed to the design and launch of a 'single gateway' pilot to deliver better integrated and accessible services with increased uptake.

Provide expert knowledge and advice to the development of 'single gateway' pilot and deliver the agreed NHS Health Scotland contribution to the service.

- Number of employers and individuals accessing and engaged in HWL in pilot areas (Q4)
- Improvements to HWL National Adviceline delivered on time and in scope (Q4)

Finance

Strategic Priority 3: A Fair and Inclusive Economy

The Fair Work Framework has adopted an outcomes approach influenced by evidence on what is most likely to reduce health inequalities.	Develop and disseminate evidence and advice on effective approaches to reduce health inequalities to stakeholders of the Fair Work Framework.	Number of high impact/high influence stakeholders engaged (Q4) Number of evidence briefings, papers and others submissions on Fair Work produced (Q4)	Finance
Planning and implementation of labour market policy and practice by government and employers is based on evidence of what's most likely to reduce inequalities.	Develop and share with government evidence on effective labour market policies to reduce health inequalities.	Number of high impact/high influence stakeholders engaged (Q4) Number of evidence briefings, papers and others submissions on labour market produced (Q4)	Finance
Social security policy is informed by evidence of what is most likely to contribute to a reduction in health inequalities.	Disseminate evidence to stakeholders on the impacts of social security policies on health inequalities and measures that can be taken to mitigate these.	Number of high impact/high influence stakeholders engaged (Q4) Number of evidence briefings, papers and others submissions on social security produced (Q4)	Finance

Strategic Priority 3: A Fair and Inclusive Economy

Economic policy is informed by evidence of what is most likely to contribute to a reduction in health inequalities.	Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy.	Number of high impact/high influence stakeholders engaged (Q4) Number of evidence briefings, papers and others submissions on labour market produced (Q4)	Finance
The future focus of policy, practice and research is informed by increased understanding of the relationship between power and health inequalities.	Collaborate with partners to explore the relationship between power and health inequalities and agree with them specific action for future years.	Number of high impact/high influence stakeholders engaged (Q4) Number of evidence briefings, papers and others submissions on power produced (Q4) Evaluability assessment of Community Empowerment Act completed (Q3)	Finance
NHS Scotland implements improvements to policy and practice to distribute economic expenditure more equitably.	Establish a collaboration with NHS partners to measure the economic impact of the NHS and identify actions for NHS boards.	Report on NHS economic impact produced (Q4)	Finance

Strategic Priority 4: Healthy, Sustainable Places

The Place Standard is being increasingly used in place making.

Lead, support and advise on the coordination, delivery and governance of the Place Standard Implementation Plan.

Number of high impact/high influence stakeholders engaged in Place Standard events (Q4)

Increased number of times the Place Standard has been used across Scotland (Q4)

Finance

Evidence and research generated from GoWell and Clyde Gateway has increased understanding of the health and wellbeing impacts of regeneration programmes.

Develop a Community Health Index based linkage project and provide evaluation advice to the Clyde Gateway Urban Regeneration Company on measuring the impact of regeneration on health and health inequalities.

Research proposal developed with stakeholders (Q2)

Application for data access submitted to Information Services Division (ISD) (Q3)

Finance

Co-fund and contribute to the management of GoWell and disseminate learning from the programme to stakeholders.

Number of reports, briefing papers and journal articles produced by GoWell (minimum target 10) (Q4)

Number of GoWell learning events (minimum target 3) (Q4)

Finance

Strategic Priority 4: Healthy, Sustainable Places

Planners and decision makers are increasingly using housing and health data to strengthen strategic planning at a national and local level.

Provide information on housing and health through establishing a housing section on the SCOTPHO website to assist strategic planners and decision makers.

ScotPHO website housing section published (Q4)

Finance

Coordinate with the Place, Home and Housing Team in iHUB to influence Integrated Joint Boards strategic commissioning plans.

Review of current Housing Contribution Statements completed (Q4)

Actions agreed between HS and iHUB Place, Home and Housing Team (Q4)

Finance

Provide evidence and examples of good practice to ensure local housing strategies fully recognise and take account of their contribution to local health outcomes.

National guidance on production of Housing Need and Demand Assessments reviewed (Q2)

Local Housing Strategies audited and reported to Scottish Government (Q4)

Finance

Practitioners in the health and housing sectors are applying leadership, knowledge and skills to deliver effective, integrated services.

Provide joint national leadership with SHELTER Scotland to develop and deliver training to inform joint planning and delivery health and homelessness.

Mapping of existing courses available on housing and health complete (Q2)

Learning programme agreed and implemented (Q4)

Finance

Strategic Priority 4: Healthy, Sustainable Places

Implementation of Action 17 National Joint Housing Delivery Plan has made a significant contribution to practice on place and community engagement.	Lead the planning and delivery of Action 17 (place and community engagement) of the National Housing Delivery Plan.	Guidance on community engagement in local spatial planning produced (Q2) Guidance piloted and case studies completed and reported (Q4)	Finance
Communities and organisations tackling inequalities in food and health are applying evidence to their learning and practice.	Implement a learning and engagement programme for communities to learn from, and inform evidence and good practice in tackling inequalities in food and health.	Numbers of stakeholders engaged (Q4) 85% participants at events indicate positive intention to apply learning to practice (Q4)	Finance
The community-led health sector is increasingly contributing to the delivery of 'A Fairer Healthier Scotland'.	Commission the Scottish Community Development Centre (SCDC) to deliver a programme on community-led health that supports NHS Health Scotland's priorities.	Programme of work agreed with SCDC and commissioned (Q1) Organisational position statement on community development disseminated (Q3)	Finance
NHS Health Scotland and partners have a better shared understanding of how public health can contribute to improving environmental sustainability.	In collaboration with SMaSH scope out the best available evidence, current policy and stakeholder activity to inform environmentally sustainable approaches to public health.	Paper on the risk of climate change to public health in Scotland produced (Q2) Report produced recommending actions for NHS Health Scotland (Q4)	Finance

Strategic Priority 5: Transforming Public Services

Public service leaders have increased knowledge of what works to improve population health and reduce inequalities.	Produce targeted and tailored publications and briefings on health inequalities and the right to health for public service leaders.	Numbers of publications and briefings produced (Q4)	Finance
Public service leaders better understand how their own leadership contributes to improved population health.	Working with key partners, provide support and input to national planning groups to influence community planning policy and guidance.	Contribution to Improvement Service's Outcomes, Evidence & Performance Board agreed (Q2) Agreed outputs delivered on time and in scope (Q4)	Finance
Public service leaders are taking more collaborative action to mainstream rights based approaches to reduce inequalities.	Lead the development and implementation of a national programme to enable NHS boards to meet their statutory duties and produce action plans in response to the BSL Scotland Act 2016.	Number of NHS boards with agreed action plans (Q4)	Finance
	Provide evidence and advice to Integrated Joint Boards and Health and Social Care Partnerships to influence planning and practice improvement.	Portal for health and social care established (Q2) Number of HSCP guidance documents influenced (Q4)	Finance
	Lead agreed health and social care elements of the Scottish National Action Plan (SNAP) for Human Rights.	Mapping of H&SC policies for human rights based perspective completed (Q2) Human rights based budgeting pilot completed (Q4)	Finance

Strategic Priority 5: Transforming Public Services

Local service planners and commissioners are applying knowledge of what works to enable more equitable access to services for those with the most complex needs.

Provide knowledge and practical support to local planning and service delivery partners to embed a rights based approach to local service design.

Health and Homelessness National Group has delivered improvement actions (Q4)

Audit of our online inequalities sensitive practice content complete (Q3)

Finance

Lead a collaborative to produce and embed a 10-year research and evaluation framework and advise government on gaps and opportunities for transformation in primary care.

10 year Research and Evaluation Framework for Primary Care Transformation approved (Q3)

Qualitative evaluation report on Community Hubs (Q2)

Finance

Deliver tailored support and learning to a number of Community Planning Partnerships (CPPs) to strengthen development of Local Outcomes Implementation Plans (LOIPs).

Health inequalities briefing for elected members published (Q3)

Support delivered to Community Planning Partnerships on LOIPs (minimum target 2) (Q4)

Finance

Deliver agreed actions for the national Cancer Action Plan to ensure more equitable access to screening advice and services.

Agreed actions delivered on time and in scope (Q4)

Finance

Strategic Priority 5: Transforming Public Services

Local service planners and commissioners apply increased understanding of inequalities to redesign of services.

Provide evidence and advice to embed inequalities into our national partners' programmes of support for local health and social care partnerships.

Performance reports provided by Integration Authorities reviewed (Q2)

Support provided to integrated authorities (minimum target 3) (Q4)

Finance

Lead the redesign of the health promoting health service (HPHS) framework and performance structure to ensure a stronger inequalities focus.

All NHS Boards HPHS submissions assessed and reported (Q4)

Outcomes for weight management service delivery agreed (Q4)

Finance

Strategic Priority 5: Transforming Public Services

The public service workforce has increased knowledge of their own contribution to reducing inequalities.

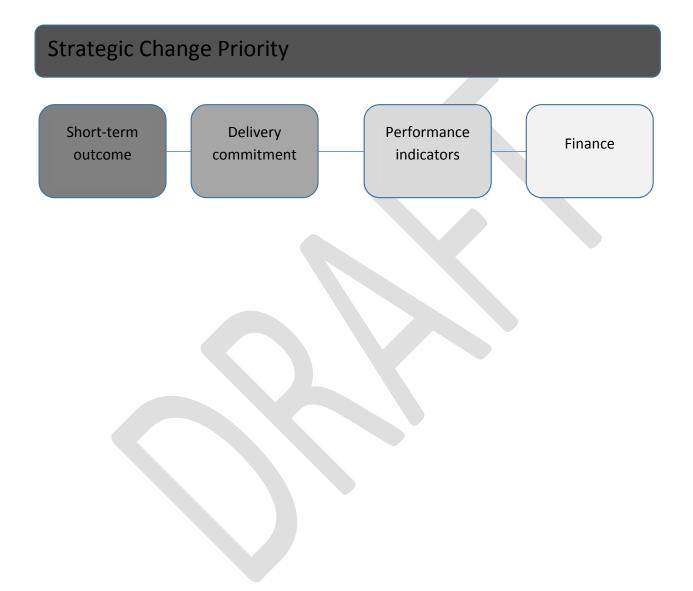| Action	Measure	Lead
Design and disseminate targeted learning programmes to the public service workforce on human rights and inequalities.	Poverty and health learning programme piloted with two workforce groups (Q3) Inequalities human rights course achieves positive NPS score (Q4)	Finance
Produce and make accessible a range of resources to strengthen knowledge and application of what works to reduce inequalities through primary care settings.	Inequalities briefing for primary care settings published (Q4) Primary Care and Health Inequalities web resources published (Q4)	Finance
Develop the public health workforce by delivering support for specialist registration and agree a national approach to strengthen the contribution of the practitioner workforce.	Model to support specialist registration tested and recommendation report produced (Q3)	Finance
Participate as members of the Scottish Government Global Health Collaborative Executive Committee to influence strategic approach to global health in the Scottish health service.	Number of papers, reports and contributions to SG Global Health Collaborative, Global Health Executive and Eurohealthnet (Q4)	Finance
Co-produce a plan that increases the third sector's contribution to the planning, commissioning and delivery of health and social care integration in Scotland.	Action plan with national Third Sector partners agreed (Q3) VAS and 3 Third Sector Interfaces agree Tests of Change (Q4)	Finance

STRATEGIC CHANGE COMMITMENTS

In this section we describe the three areas of change on which we intend to focus our drive for continuous improvement and also how we will begin work to secure a focus on fairer health improvement in the new public health landscape.

Our delivery commitments are presented under each strategic change priority and describe the practical actions we will take forward in 2017/18.

Strategic Change Priority			
Short-term outcome	Delivery commitment	Performance indicators	Finance

Strategic Change Priority 1: Leading Public Health Improvement

Our policy advocacy role is effective and valued highly by our stakeholders.	Develop and implement a targeted development programme, with a focus on influencing skills.	Completion rate (received and expected) for training and development activity identified in PDP (Q3) Reputation and Credibility: Stakeholder overall satisfaction mean score is greater than 7.5 (Q4)	Finance
We are measuring the effectiveness of our stakeholder engagement and applying learning to improve impact.	Develop and implement improved data gathering systems on our stakeholders.	Reputation and Credibility: Stakeholder overall satisfaction mean score is greater than 7.5 (Q4) Our partners see us as the expert/leader in reducing health inequalities (Q4)	Finance
Fairer Health improvement has a significant profile within the new public health landscape and the pace and consistency of evidence into practice is increased.	Work with targeted stakeholders to promote and position fairer health improvement within the emerging public health landscape.	90% of our organisational high impact/ high influence stakeholders engaged (Q4) Our partners see us as the expert/leader in reducing health inequalities (Q4)	Finance
	Implement the findings from NHS Health Scotland's network review to make evidence more readily available to the public health workforce.	Network Maturity Model and Enquiry questions show improvement in participating networks (Q3) 3 tests of change improvement projects tested and evaluated (Q4)	Finance

Strategic Change Priority 1 continued

We have provided a credible and trusted advice and support on the longer-term focus for reforming the Public Health function in Scotland.

Agree and deliver a ScotPHN programme in support of the implementation of the Health and Social Care Delivery Plan.

Percentage of ScotPHN outputs delivered on time and in scope (Q4)

Number of high impact/high influence stakeholders engaged (Q4)

Finance

Broker an agreement between NHS Health Scotland, COSLA and the Scottish Government that describes the local government contribution to improve public health and reduce inequalities.

Agreement in place (Q2)

Finance

Strategic Change Priority 2: Making a Difference

Products and services are designed and created using a consistent approach, using skills from across the organisation.

Develop and roll out a best practice 'life cycle' model for products and services.

Life Cycle model tested on 2 key product developments (Q4)

Stakeholder satisfaction with mean score for 'products and services' is greater than 7.5 (for partners and customers) (Q4)

Finance

NHS Health Scotland has demonstrated the impact of its work and legacy and effectiveness of our contribution to improving population health.

Roll out across the organisation a consistent approach to impact and performance reporting that integrates National Performance Framework and health and social care targets.

Performance Framework approved by Board (Q2)

Our partners see us as the expert/leader in reducing health inequalities (Q4)

Finance

Strategic Change Priority 3: Fit for the Future

A common set of best practice behaviours is valued and practiced across the organisation.

Undertake a programme of learning and support to promote and encourage adoption of key behaviours required for the future context, including working across organisational and agency boundaries.

Maintain iMatter scores within well informed and involved in decision making staff governance standards (Q3)

Reputation and Credibility: Stakeholder overall satisfaction mean score is greater than 7.5 (Q4)

Finance

We have demonstrated an active improvement approach to reviewing our systems and preparing for change.

Undertake a pilot of a systems improvement approach using the corporate planning tool and organisational performance process.

Increase percentage of outputs delivered on time and in scope (Q4)

Reduction in percentage of outputs which do not deliver due to resourcing issues (Q4)

Finance

Leadership of the health improvement agenda inspires confidence and clarity with staff and stakeholders.

Plan and implement a programme to strengthen the organisation's leadership skills and capacity to influence the emerging public health landscape.

Recommendations from leadership impact report implemented (Q4)

Finance

NHS Health Scotland is well prepared for the transition to the new public health body and has contributed effectively to the national shared services agenda.

Develop and start to implement a change and transition plan to support preparation for the new public health body and closer collaboration.

Maintain iMatter scores within well informed and involved in decision making staff governance standards (Q3)

Finance

CORE DELIVERY COMMITMENTS

This section accounts for the national services provided by NHS Health Scotland which are not included in the Strategic Priority or Change Commitments set out in the preceding sections, and the core professional and corporate services which enable the organisation to deliver our strategic aims. The majority of our work is based on knowledge and information. We take great pride in the specialist marketing, publishing, digital and communications expertise that supports us and many of our stakeholders share and utilise high quality and impactful products and services.

Core services also include the resources and functions required to fulfil the organisation's governance obligations, and the national workforce planning and financial planning guidelines laid out in the LDP guidance for 2017/18.

Workforce Planning

Scottish Government's Everyone Matters: 2020 Workforce Vision Implementation Plan for 2017-18 sets out five priority areas and there are specific actions we are asked to take under these in our 2017/18 Workforce Plan. The actions are included in the detail of the delivery commitments outlined in the Plan, as indicated.

- Healthy Organisational Culture: Ensure delivery of their iMatter implementation plans, involve staff in decision making and take meaningful action on staff experience for all staff *(within Workforce planning and resourcing)*

- Sustainable Workforce: Take action to promote the health, wellbeing and resilience of the workforce, to ensure that all staff are able to play an active role throughout their careers and are aware of the support available to them *(within Workforce Engagement)*

- Capable Workforce: Build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning *(within Workforce Engagement and Promote and Encourage key behaviours)*

- Workforce to Deliver Integrated Services: Work across boundaries (between professions, between primary and secondary care, between sectors and so on) to share good practice in learning and development, evidence-informed practice and organisational development *(within Promote and Encourage key behaviours)*

- Effective Leadership and Management: Implement the new development programme for board-level leadership and talent management *(within Implement a programme to strengthen the organisation's leadership skills and Executive and governance)*

The only priority area for which we are not planning to take workforce action relates to the Workforce to Deliver Integrated Services as this is very specifically about local workforce. We, do however, have a number of Strategic Delivery Commitments aimed at supporting the capacity of the health and social care workforce.

Our actions to meet our obligations and improvement work under our Property Assets Management Strategy are also incorporated. Our workforce is by far our single biggest resource. The financial and policy workforce planning assumptions that we have made about our workforce and staff budget for 2017/18 have been agreed in partnership and are set out in Appendix B.

Financial Planning

The Local Delivery Plan (LDP) Guidance 2017/18 sets out the requirement for NHS Boards to provide Financial Plans for a minimum period 2017-18 to 2019-20. The full narrative to support these requirements is contained in Appendix A.

Core Service Delivery Commitments

IT and IM: provide the infrastructure and support needed for staff to make the best use of our technology and systems to work agilely and use and manage information to best effect.

20% increase in the number of Lync video calls per month (Q4)

20% Increase in Virtual Desktop Interface users using the external access service (Q4)

Finance

Planning and Delivery: deliver specific improvements in how we plan so that our delivery and impact is improved.

Increase percentage of outputs delivered on time and in scope (Q4)

Reduction in % of outputs which do not deliver due to resourcing issues (Q4)

Finance

Research and Knowledge Services: provide efficient and effective services in sourcing and making knowledge available through our own resources and through well commissioned research contracts.

Increase in Knowledge and Research NPS Score from customer and services survey (Q4)

Increase in social media engagements (Q4)

Finance

Screening and Immunisation: deliver a national and accessible service to the public and professionals supporting informed decisions on screening and immunisations.

Agreed outputs delivered on time and in scope (Q4)

Finance

Governance: provide the systems and support to ensure the work of the organisation is governed to the highest standards and accountable for our delivery commitments.
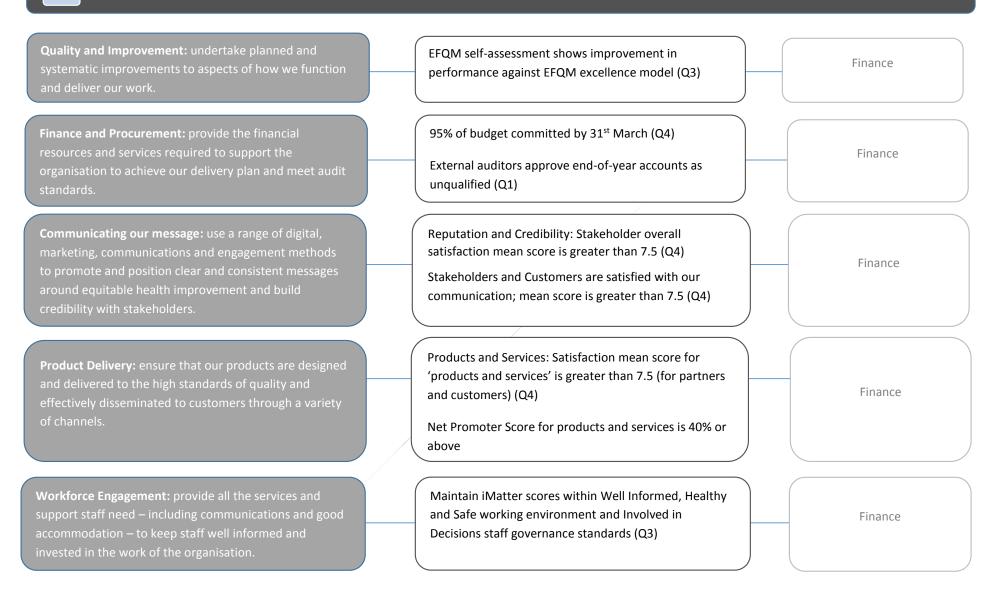
Board has received and approved satisfactory governance assurance reports from each committee (Q1)

All internal audit reports score C or above (Q4)

Finance

Core Service Delivery Commitments

Quality and Improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work.

EFQM self-assessment shows improvement in performance against EFQM excellence model (Q3)

Finance

Finance and Procurement: provide the financial resources and services required to support the organisation to achieve our delivery plan and meet audit standards.

95% of budget committed by 31st March (Q4)

External auditors approve end-of-year accounts as unqualified (Q1)

Finance

Communicating our message: use a range of digital, marketing, communications and engagement methods to promote and position clear and consistent messages around equitable health improvement and build credibility with stakeholders.

Reputation and Credibility: Stakeholder overall satisfaction mean score is greater than 7.5 (Q4)

Stakeholders and Customers are satisfied with our communication; mean score is greater than 7.5 (Q4)

Finance

Product Delivery: ensure that our products are designed and delivered to the high standards of quality and effectively disseminated to customers through a variety of channels.

Products and Services: Satisfaction mean score for 'products and services' is greater than 7.5 (for partners and customers) (Q4)

Net Promoter Score for products and services is 40% or above

Finance

Workforce Engagement: provide all the services and support staff need – including communications and good accommodation – to keep staff well informed and invested in the work of the organisation.

Maintain iMatter scores within Well Informed, Healthy and Safe working environment and Involved in Decisions staff governance standards (Q3)

Finance

Core Service Delivery Commitments

Workforce planning and resourcing: provide the planning, monitoring and decision making systems to ensure that we have in place the workforce we need to deliver this plan.

Planned efficiency saving of 6.25% within staff budget achieved (Q4)

Maintain iMatter scores within treated fairly and consistently staff governance standards (Q3)

Employee Index Score of 69% or above (Q3)

Finance

APPENDIX A

Finance Plan

	2015/16 Act £k	2016/17 Bud £k	2016/17 F/c £k	2016/17 Var £k	**2017/18 Budget £k**	2018/19 Draft £k	2019/20 Draft £k
Income							
Core Funding - Recurring Baseline	18,037	18,232	18,232		**17,914**	18,093	18,274
Non-core - c/f surplus	204	226	226		**175**		
Non-core - ER - Dist Awards	122	122	122		**122**	122	122
Non-Core - Other	1,562	1,051	1,051		**1,095**	1,095	1,095
Depreciation (incl in core funding)		-	-				
Other							
	19,925	19,631	19,631		**19,306**	19,310	19,491
	Act	Bud	F/c				
Expenditure							
Staff Costs (excl Dist Awards)	11,071	11,721	11,796	(75)	**11,895**	12,132	12,375
Staff Costs - Fixed Term/Non-rec					**204**	0	0
Occupancy and Support Costs	2,087	2,185	2,185		**1,927**	1,897	1,854
Contracts - HWL,SAS,DA + App levy	672	852	852		**841**	841	841
Programs/Projects - Core	4,038	3,402	3,152	250	**3,191**	3,191	3,173
Programs/Projects - Non-Core	1,562	1,051	1,051		**973**	973	973
Depreciation	269	420	420		**275**	275	275
	19,699	19,631	19,456		**19,306**	19,310	19,491
Surplus (to carry forward)	226	0	175	175	**0**	(0)	0
Capital Program	53	250	250			600	600	600
Reconciliation							
Per SG allocation to 28 Feb		19,631					

The publication of the new Health and social Care Delivery Plan sets out how NHS Boards will be required to work collaboratively in the planning and delivery of services to achieve efficiencies and drive transformation. The Local Delivery Plan (LDP) Guidance 2017/18 sets out the requirement for NHS Boards to provide Financial Plans for a minimum period 2017-18 to 2019-20.

Commentary on Table

1. Income

1.1 Baseline Uplift

1% uplift confirmed for 2017/18

2018/19 and 2019/10

Further uplift of 1% pa assumed

1.2 Non-recurring income

2017/18 to 2019/20

Similar levels to 2016/17 excluding one off funding.

Detailed workings are available on an excel format for this income.

2. Expenditure

2.1 Salaries

2017/18

Post strategic realignment taken as base point for 2017/18. A summary of this in WTE and finance terms on establishment and vacancy is noted in the worksheet in the Excel working file.

As the realignment was only completed in December 2016 no major changes are now anticipated ahead of the set-up of the new public health body and the Specials/Nationals collaborative working initiative which commenced in late 2016/17 to identify a collective £15m saving in 2017/18.

Establishment and budget (93.75% of establishment, vacancy factor of 6.25%) are expected to remain in place with any changes from leavers either contributing towards the vacancy factor or providing some funding towards staff pressure areas for one-off during 2017/18.

The Workforce Review Group will be reviewing all proposed changes in staffing, and will resist any upward requests without due cause and support. This group will work in conjunction with the Commissioners Group to ensure that aspects of staff capacity identified as critical to either maintain or boost in order to deliver on strategic priorities are given the right level of attention. The starting principle is that any upward impact on budget from bids will need to have compensating savings identified.

As a result of this no efficiency saving is expected in salaries as the vacancy factor of 6.25%, which equates to near £800k on establishment, will be monitored and reported to the Partnership Forum and CMT.

2018/19 and 2019/20

Increases in staff costs of 2% pa (1% increase and 1% net increment) has been built into costs. Any changes in staff numbers will be from the NHS Structural review but no assumptions on savings have been projected.

2.2 Overheads

2017/18

NHS HS has overhead costs of £2m mainly in Estates being the occupancy costs of Meridian Court (£563k) and Gyle Square (£425k). A significant saving of £300k in 2015/16 – 2016/17 was achieved by reducing our occupancy of part of the 6th floor at MC. Going forward the only major saving would be in NSS renegotiating the leases over a longer period and while this is currently under review the benefit would be under the shared service review for savings from 2017/18 onwards.

An overhead review of the remaining costs in CEO – Finance, Governance (including Board costs) and Staff Side, Strategy – People & Workplace, Communications and Strategy, and Health Equity - IT has identified £100k on the remaining near £1m of overheads being a saving of over 10%. This saving is subject to review during 2017/18.

Please note that the UK Government Apprentice Levy of 0.5% of payroll less £15k has resulted in a £40k pa costs from 2017/18 with little benefit expected from any potential schemes identified at this stage.

2018/19 and 2019/20

Further savings of around 2% pa (£40k) are projected although these will be challenging.

2.3 Contracts

2017/18

Contracts re HWL – Boards, SAS procurement, and Distinction Awards have little scope for savings as £600k of costs were taken from HWL – Boards with the reconfiguration of services in 2015/16.

2018/19 and 2019/20

As 2017/18 so no changes are anticipated

2.4 Projects – Core

2017/18

The balance of resources between staff and projects is under constant review in order to achieve our strategic priorities. In 2016/17 it was decided to increase the staff resource and reduce the project commitment in order to better achieve our objectives. This managed rebalancing continues into 2017/18 as our staff resource is now at 62% compared to 60% in 2016/17, but is still within our manageable tolerance. The external funding of core projects has reduced from an actual of

£4m in 2015/16 to £3.4m in 2016/17 and is projected to be £3.2m in 2017/18, being a managed reduction in this resource in line with our strategic planning.

Staff costs of £12m v the external costs of projects at £3m means it is important that we focus and prioritise staff resources on our strategic priorities.

2018/19 and 2019/20

It hoped to manage and retain this budget at £3.2m for these years

2.5 Projects – Non-core

2017/18 to 2019/20

The external costs of non-core projects are funded from non-recurring income as identified in 2 above with the part exception of the Fit for work service which funds a small element of our salaries.

2.6 Depreciation

2017/18 to 2019/10

Deprecation is part of our baseline funding but is not separately identified as such so any reduction will release resource for other requirements.

In 2016/17 we took a one-off impairment adjustment of £130k in writing off the remaining net book value (NBV) of the leasehold improvements of the vacated part floor of Meridian Court. This impairment enabled us to reduce our future depreciation by £35k for future years to give on ongoing charge of £275k pa

No major changes are now expected although the extension of our property leases will provide a deprecation saving as our capital costs can be allocated over a longer period.

2.7 Capital

2017/18 to 2019/20

With the office improvements to Meridian Court and Gyle Square in 2016/17 we expect no other major changes to property in the next three years. Any further property changes will be part of the shared service review which is expected to standardise property occupation and support across the NHS estate.

We have reserved our capital expenditure provided through the formula allocation by the Scottish Government at £600k for office accommodation and IT investment on a rolling basis.

3. Efficiency Savings

2017/18

Our share of the £15m savings target to the Nationals/Specials is expected to be £500k. This is split £100k overheads and £400k from core projects with no saving from staff for the reasons mentioned above.

The National/Specials Working Group has identified £7.9m of efficiency saving from individual plans, £1.6m as a contribution from the National Waiting Times being a saving to territorial boards, and £2.15m as a saving from collaborative initiatives in 2016/17 which will start in 2017/18 with completion in 2017/18 which has a target of £15m. These total £11.65m of the £15m with the remaining £3.35 expected to come from Capital savings, further savings from Boards individual plans and further savings from collaborative plans to be identified in the period to 30 September.

2018/19 and 2019/20

No efficiency savings forecast as will be part of the Nationals/Specials Collaborative Working Group.

APPENDIX B

Workforce Planning Assumptions 2017/18

The following assumptions have been discussed and endorsed by the Partnership Forum and have been used to establish the staff budget included on p.38 and will inform in-year resourcing decisions.

Managing our Workforce Resource

Like all other NHS and public sector bodies, we continue to operate within a climate of restrictions to budget and workforce throughout 2017/18. As always, we depend on our workforce to deliver our strategic aims. In 2017/18 in particular we need to both support and prepare our staff to do this and also support and prepare, with our staff, for the transition to the proposed new public health body.

In line with Partnership Information Network (PIN) guidelines our workforce decisions need to be fair, allow flexibility, actively support security of employment within the organisation and create career development opportunities for our workforce. Partnership working is key at every level of workforce planning and continues to be fully integrated to our workforce planning approach within Health Scotland.

In the last few years we have moved to minimise the unhelpful effect of 'chains' of internal cover arrangements and the closer management of in year workforce changes through a cross organisational and partnership-based Workforce Resource Group.

We have also moved to a generic approach to job descriptions in order to improve consistency, quality, flexibility and career development opportunities for our staff. The introduction of the generic job descriptions and portfolios will provide clarity to all staff on their personal strategic alignment to AFHS. For Heads of Service and Organisational Leads the introduction of the generic aspects has also provided a clearer expectation of leadership for AFHS. The completion of the job description review within Public Health Science will ensure that every job description within Health Scotland is in the generic format.

We have a good policy framework that is consistent with PIN guidelines and we have an increasingly clear focus on not only our priorities for reviewing policies within the Organisational Policy Subgroup but also supporting their consistent application operationally.

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

Financial Assumptions 2017/18

For 2017/18 our strategic realignment is forecast at around 287 WTE (16/17 284 WTE) at a payroll cost of £12,698k (16/17 £12,457k) on a gross basis. In addition we have fixed term staffing which will cost us around £204k (8 posts with various end dates) being a commitment from 2016/17 ongoing into 2017/18. It is not expected that these posts will continue beyond their term but this will be reviewed nearer their end points.

With an assumed 6.25% (2016/17 6.25%) vacancy factor, the figures are calculated as 269 (16/17 266 WTE) and £11,895k (16/17 £11,648k).

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

- 6.25% vacancy factor calculated for 2017/18.

- A higher level vacancy factor of 7.5% would achieve an additional £160k of savings but the related actions would mean delays in appointing posts and severe restrictions on using temporary staff to cover vacancies.
- A higher vacancy factor contributes around 3.66 WTE at the average £44k/WTE being £160k.
- 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. (Please note that a 1% cost of living increase from 1 April 2017 has still to be announced by the Scottish Government).
- To maintain our workforce around the functional realignment outcome levels in 2016/17 for 2017/18 some movement will be required in some areas. However, we aim to offset any increases with decreases as our workforce will need to be flexible and react to demand as far as possible.
- A review of existing vacancies and those that arise during the year could contribute a 1.5% saving being around 4.5 WTE overall which would provide a £200k saving. It is expected that most of this 4.5 WTE overall saving would come from a number of post holders reducing their hours over the year.
- Efficiency programs in 2016/17 will seek to minimise the impact on these overall staffing levels as far as possible.

    - Fixed term posts are not expected to be renewed once their term is complete but will be reviewed
    - A net saving of £5k on the budget of £204k on these posts would be possible if closely managed.

Policy & Planning Assumptions 2017/18

Alignment with Organisational Strategic Aims

- We have completed the organisational functional realignment and now have an agreed organisational structure and established resource for each Directorate. An evaluation of the realignment process will be completed in Health Equity and Health and Work in early 2017.

- Our Commissioning Group meet monthly to discuss, recommend and manage the delivery of strategic delivery outcomes for the organisation. These recommendations and management decisions include recommendations about workforce gaps and priorities, which the Workforce Resource Group are asked to take into account.

Workforce Resource Group

- Any further changes to the organisational structure will be exceptional and will continue to be agreed by the Workforce Resource Group, working closely with the Commissioning Group with regard to emerging or changing organisational priorities.
- The annual review of resource per Directorate will be carried out in early 2017 as part of the Delivery Planning process for 2017/18. This will focus on the availability and location of resource to deliver Health Scotland's 2017/18 five key strategic priorities. It is anticipated that any changes in structure would be likely to be localised in nature and not lead to further realignment across Directorates.
- The WRG will consider all vacancies that arise and we will work within our planned vacancy factor of 6.25% for 2017/18 when considering all new posts and vacancies (including maternity leave and posts that have become vacant through internal promotion or sideways recruitment).

- 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 Workforce Resource Group (with staffside in attendance).
- 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 NHS Scotland. Decisions that will take us above the established staff budget for the year for any Directorate will be taken by the CMT rather than Workforce Resource Group.
- We will avoid employing staff through agencies wherever possible and any decision to employ agency or temporary staff will be taken through the Workforce Resource Group. 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 within or outwith should have the indicative approval from their Director 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. Decisions to appoint new staff above the lowest paypoint are referred to the relevant Director and, if supported, then to the Director of Strategy and Employee Director to make the decision in partnership. Our policy to start staff at the lowest point on the grade will remain specifically stated in all job advertisements.
- We have no plans for a voluntary redundancy scheme during 2017/18 and funds to support any individual redundancy requests are yet to be identified.

APPENDIX C

NHS Health Scotland Statement of Risk

NHS Health Scotland has set an ambitious vision for a Scotland where all people and communities have a fairer share of the opportunities and resources to live longer, healthier lives. To achieve it, we need to be prepared to act in new ways and try new things, some of them untested, and to be prepared for some of them to be contested. In other words, our general appetite for risk has to be high.

Risk Categories and Appetite

We define our risks under the following four Categories. We do not assign each Category with a fixed appetite for risk as we believe this could falsely curtail the opportunities arising within that activity area. However, we do use the statements below as the starting point to guide the assessments we would make about any risk falling into that individual category.

Business: We encourage innovation and creativity to in order to have impact in delivering A Fairer Healthier Scotland. This means we want to be open to exploring opportunities to improve current services, taking on new roles and also being prepared to move away from roles and services that no longer have impact.

Finance and Governance: We encourage innovation and recognise that resources and decision making needs to support that. However, we also expect the activities to be carried out within the financial and regulatory parameters set.

Workforce: Our people are critical to achieving our vision. We therefore encourage initiatives and opportunities which support and empower our staff to be innovative and influential, whilst ensuring that we retain a safe and well governed working environment.

Reputation and Quality: We strive to have profound influence over how our stakeholders think and act to reduce inequalities in health. We therefore encourage messages that are bold, challenging of the status quo and designed to achieve change. However, we know that we can only achieve that level of influence if we have and retain a reputation for high quality, factual and useful information and engagement.

Managing and Governing our Risks

Each risk has to be assessed individually for its negative impact. However, there are two general principles which we believe will help mitigate against many of our risks. These are: ensuring that all of our activities are evidence informed, and being committed to be able to demonstrate value for public money in all of work.

We have well managed governance arrangements in place to manage our risk exposure at corporate level. The risks are included on the corporate risk register and managed through the appropriate governance committees.

APPENDIX D

Corporate Risk Register 2017/18

No	Description	Owner	Response Coordinators	Governance Committee	Metrics
1	As a result of not being able to capitalise fully on the policy direction laid out in the Scottish Government's Health & Social Care Delivery Plan and other national policy developments: - Momentum for reducing health inequalities stalls - Our influence, and impact in improving health equitably, is reduced.	CEO/ DOS	Strategy Team Head	Board (and/or SGC)	
2	As a result of not being sufficiently astute or open in the management of our relationships with key national partners, including Scottish Government, in supporting the development of the new public health body: - We harm our reputation and opportunities for influence - We do not make the most of the opportunities available in consolidating and building expertise, leadership and impact in improving Scotland's health equitably.	DOS/ DPHS/ DHE	Strategy Team Head	HGC	
3	As a result of failing to engage with and effectively influence changes in the way roles are agreed and resources are allocated across NHSScotland national boards: - We miss out on opportunities for greater efficiency and better ways of working - Our ability to deliver on our ambitions is hampered.	DHE Andrew Patience	George Dodds/Andrew Patience	AC	
4	As a result of ineffective management of our stakeholder relationships: - We limit our ability to influence key stakeholders to make the best use of the knowledge we generate - We do not meet the expectations of key customers and other stakeholders in terms of responsiveness of service	DOS	Mark McAllister	HGC	

	• We do not maintain a national leadership position in public health improvement				
5	As a result of not sufficiently matching our resources to priorities, both in planning and responding to in year demands: • We have limited impact in the things that matter • We do not get the best results from our resources	DOS	Jim Carruth/ Tim Andrew/ Andrew Patience	HGC/AC	
6	As a result of failing to engage staff effectively in plans to transition towards the new public health body by 2019: • How we manage the change distracts from decision-making and delivery • Staff engagement and morale declines and we lose staff assets	DOS/Employee Director	Jim Carruth/ Josephine White	SGC	