# *'Changing to Deliver'*

# NHS Health Scotland

# Operational Plan 2018/19

**Overview**

This is NHS Health Scotland's Operational Plan for 2018 - 19. The Plan sets out NHS Health Scotland's contribution to the National Boards Collaborative Plan (NBCP) for 2018 - 19.  It is set within the context of the broader and longer term actions we have laid out in our Strategic Framework for Action 2017 - 22: A Fairer Healthier Scotland. It sits alongside our full Delivery Plan 2018 - 19, which details all our planned commitments towards those outcomes, how we intend to allocate our resource and also manage significant change and transition over this year.

NHS Health Scotland is in a very strong position to help partner organisations across health and social care to improve understanding of people's current and future health and social care needs, and to develop whole system pathways within and beyond health and social care. These system pathways, if tailored to meet these needs and address health inequalities, will help reduce demand pressures in acute care settings. An example is our Adverse Childhood Experiences (ACEs) work in partnership with the multi-disciplinary Scottish ACEs Hub. We host this hub, which includes leaders in public health and service delivery from NHS Boards, Local Authorities, education, Scottish Government, Police Scotland, the academic, charity and third sectors. The Hub is working to establish multi-agency, primary prevention in line with UNCRC, WHO, Child Maltreatment Plan and recommendations from the Christie Commission report, while strengthening mitigation of adversity through children's and adult services.

This Operational Plan describes:

- The strategic and operational context in which this plan will be delivered, including the development of Scotland's new public health body, of which NHS Health Scotland will become a part from 1 April 2019.
- A summary of the specific actions we will take during 2018-19 to contribute to the successful implementation of the NBCP developed by the National Health and Social Care Delivery Programme Board.

The Plan is presented under the headings of the NBCP to enable full read across and easy identification for collaborative work with other national boards and partners.

Our financial plans and assumptions, including anticipated out-turn against both resource and capital, and level of savings required to deliver financial balance in 2018-2019, are summarised in the Financial Plan submitted to Scottish Government under separate cover.

## 1. Collaborative Principles

Scotland's 14 territorial and 8 national boards have established national and regional Health and Social Care Programme Boards, or "Collaboratives", as a framework for working together to develop and implement joint plans for transformational change. NHS Health Scotland is a member of the National Boards Collaboration Programme Board and has helped shape the National Boards Collaborative Plan (NBCP). We are also working with the North, East and West Collaboratives to strengthen public health capability, including the promotion and protection of human rights across health and social care. As mentioned above, our major focus this year is working with the Public Health Reform Team in Scottish Government and others to develop a longer term and ongoing strategic public health response. This will help shape and manage demand our health and social care services, and is essential for the future affordability and sustainability of our public services.

Our Operational Plan directly contributes to the three aims of the 2018-19 NBCP, which has been developed by the National Health and Social Care Delivery Plan Programme Board. These are:

1. Improvement, Transformation and Evaluation
2. Digitally Enabled Service Redesign
3. Sustainable Workforce.

They are aimed at helping to address the challenges of health inequality, an ageing population and significant pressure on budgets across the health and social care community and partner organisations in the public, third and charity sectors.
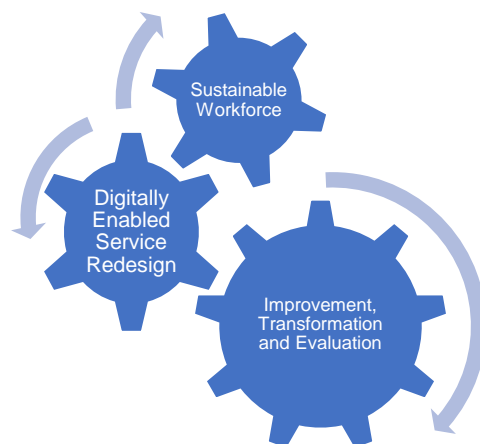
## 2. Improvement, Transformation and Evaluation

### 2.1 Improvement and Transformational Change Support

We will support the implementation of the National Boards Collaborative Plan by helping deliver transformation in service and system redesign. Public health reform provides an opportunity to establish prevention approaches within mainstream practice, allowing more standardisation, quality assurance, effectiveness, efficiencies and stability for service provision. Within these we have a particular aim to provide leadership focus on prevention and human rights based approaches to health, which underpin the ambition to eradicate health inequalities.

We can support the mainstreaming and sustainability of core health improvement services, currently funded at both national and local level. Examples include the identification and follow up of gender based violence, smoking cessation, referral pathways for physical activity, preventative oral health services and community food initiatives.

Over and above this and in line with the call to action from the Christie Commission on the future of public services, public health can make a significant contribution to preventing problems before they occur. Examples include drug and alcohol misuse, obesity and mental ill health. Our aim is to work with partners to transform services so that they are based on underlying need and are sensitive to the points in people's lives where they are most vulnerable to being disempowered from accessing or benefiting from services - and therefore more vulnerable to experiencing poor health.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Provide evidence and practical support to inform and influence strategic direction, set priorities and build system improvement that builds collaborative leadership on the right to health and inclusion health. | • Focus on supporting the development of the person centred approach of Health Promoting Health Service.<br>• Disseminate ScotPHN research on learning disabilities to Health & Social Care.<br>• Develop human rights based approaches in Health & Social Care settings.<br>• Provide focus on health inclusion to improve the impact of the Homelessness, Community Justice and New Scots strategies. | Q4<br><br>Q4<br><br>Q4<br><br>Q4 |
| Develop collaborative learning to integrate the Scottish context of inequalities into Quality Improvement. | • Deliver joint action plan with Healthcare Improvement Scotland.<br>• Develop and test an evaluation framework for community planning. | Q3<br><br>Q3 |

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Support implementation of the National Strategy on Violence against Women and Girls. | • Support all NHS Boards to have an action plan aligned to the national implementation plan for Equally Safe.<br><br>• Increase the number of health visitor and mental health staff trained in routine enquiry and risk assessment of abuse. | Q4<br><br><br>Q4 |
| Lead, support and provide advice on the design and implementation of actions relating to the Active Scotland Framework and National Physical Activity Implementation Plan. | • Support partners to strengthen their strategic and operational plans for physical activity. | Q4 |

## 2.2 Data and Intelligence for Scenario Planning

Through our core role in the analysis and interpretation of public health data, we improve understanding of the causes of poor health and health inequalities and the consequential demands that places on the health and social care system. This is essential in contributing to a reduced demand for services in the medium and long term.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Progress the Scottish Burden of Disease (BoD) study, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions. | • Publish local area and deprivation BoD reports. | Q1 |
| Through our BoD projections work help identify the workforce that will be needed in the future if current burden trends continue. | • Publish BoD projections and scenario reports. | Q4 |

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Through our work in the Scottish Health Observatory (ScotPHO) improve the interpretation and use of health and social data to inform strategies, planning and decision making across policy and practice and national, regional and local levels, including local partnerships. | • Continue to support the Public Health Evidence Network (PHEN).<br><br>• Update ScotPHO website sections and profiles. | Q4<br><br>Q4 |
| As a lead national agency for the Place Standard, continue to support communities gather intelligence about the quality of local places to inform a range of local decisions and plans, such as Local Outcome Improvement Plans, Locality Plans and Local Development Plans. | • Increase the number, range and purpose of Place Standard applications across Scotland, UK and Europe.<br><br>• Monitor and report progress against each of the Place Standard Implementation Plan actions. | Q3<br><br><br><br>Q4 |
| Continue to lead the national Health and Homelessness Group, which uses intelligence to inform national policy and practice across a wide range of stakeholders. | • Revise Local Housing Strategy guidance.<br><br>• Hold 3 regional events for local housing and public health leads. | Q4<br><br>Q3 |

## 2.3 Research and Evaluation Support

Through strong academic links and considerable experience of policy evaluation, we have an important contribution to make in the multi-disciplinary evaluation and impact assessment of the complex change happening across health and social care. In particular, we can provide evaluation of data to anticipate and influence changes in

health needs and health behaviours, with the direct benefit of reducing pressure in the acute healthcare sector.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Implement the evaluation plan for Minimum Unit Pricing (MUP) for alcohol, establishing, managing and coordinating component studies, and engaging with stakeholders. | • Publish the 5 year MUP Evaluation Plan | Q3 |
| Contribute to the design and launch of the Scottish Government's two year Single Gateway (Scottish Health and Work Service) pilot project. | • Provide the functionality for the Healthy Working Lives National Adviceline.<br><br>• Increase the number of employers and individuals accessing the Single Gateway Adviceline in pilot areas. | Q2<br><br><br>Q4 |
| Through our expertise in Evaluability Assessment provide a robust framework for policy development and evaluation. | • Conduct Evaluation Assessments, including on the refreshed Drugs Strategy, Obesity Strategy, Part 2 of the Community Empowerment Act and Universal Basic Income Pilots. | Q4 |

## 2.4 Public Health Reform

Scotland's public health reform programme brings a very welcome and exciting opportunity to reframe the relationship between acute and service-based care and systems that create and sustain a population that improves in health and wellbeing. The National Collaborative Plan recognises the need to improve public health and create the conditions for good health. As currently the only national board solely focused on public health, our contribution is key and we are in a strong position to leverage our expertise in health inequalities to share learning and embed effective policy advocacy and Human Rights Based (HRB) approaches with key public health reform stakeholders.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Work with and through the Public Health | • Undertake effective stakeholder engagement with the EDG and other | |

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Reform Executive Delivery Group (EDG) and Programme Board to contribute to the formation of a new public health body and public health landscape. | stakeholders to influence public health improvement priorities and public health reform.<br>• Actively engage in the Commissions that will be set up to advise on the functions of the new body over 2018 - 19. | Q4 |
| Provide specific support to the Public Health Oversight Board, the Shared Services Programme and the Scottish Directors of Public Health to ensure effective developmental work across the public health community in support of public health reform. | • Support the Scottish Directors of Public Health work programme through the Scottish Public Health Network (ScotPHN).<br>• Take a lead role in the shared services programme for public health. | Q4<br><br>Q4 |

## 3  Digitally Enabled Service Transformation

We can support a Digital First approach to service improvement and transformation by ensuring that the national and regional approach to digitally enabled services is underpinned by the right to appropriate and quality services for all. This means maintaining the focus towards reduced health inequalities and not inadvertently increasing them, for example, by reducing access to health and social care for those people without access to digital assets.

### 3.1    Elective Care and Outpatient Services

We can contribute by sharing our own data, improving the effectiveness and reach of our own digital services and promoting work by organisations such as the Carnegie Trust on Digital Exclusion and the third citizen's panel from Our Voice on the use of digital health and care technologies.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Ensure that the learning from our DNA inequalities audit is applied to new national approaches to DNA reminder systems. | • Secure participation in the national working group addressing DNA issues. | Q4 |
| Play a leading role in eReferrals for physical activity and for HPHS referrals, linking in with National boards systems (via NSS) to provide referrals from primary and secondary care. | • Establish a delivery mechanism for e-referral, for additional health needs from primary to secondary care. | Q3 |
| Develop the HWL website to support a service redesign to help shift people away from phone and face-to-face interactions to using the digital resources, freeing up the phone service for tailored support and those who can't engage digitally. | • Deliver a fully functioning HWL.scot web site. | Q4 |
| Produce public and professional facing information and guidance, in order to advocate for and support informed and equitable access to immunisation and screening services. | • Continue to improve access to immunisation and screening services. | Q4 |

### 3.2 Primary and Unscheduled Care

The current changes in primary care and health and social care have significant implications for how public health healthcare is provided and for how health inequalities are addressed. We will support primary care transformation by using leadership, research and evaluation to monitor and assess new models of care though the Primary Care Transformation Monitoring and Evaluation Strategy and our Primary Care Evidence Collaborative.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Develop a pilot of ACE enquiry in general practice | • Commence a pilot of 'ACE Enquiry' in general practice. | Q3 |
| | • Explore readiness for routine enquiry in early years settings. | Q4 |
| | • Agree actions for ACE-informed policy and practice with key customer groups. | Q2 |
| Provide local and national support for primary care research and evaluation | • Agree initial priorities for research and evaluation with Scottish Government. | Q4 |
| | • Scope the production of GP cluster evidence briefings, based on LIST reports. | Q4 |
| Monitor and evaluate Community Link Worker services | • Complete a minimum core dataset for Link Workers | Q4 |
| | • Work with local Link Worker teams to use data to inform learning and service development. | |

### 3.3 Mental Health

Mental health issues are critically important to the wellbeing of people in Scotland, including our NHS workforce.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Support the *Mental Health Pathways* project to help prevent mental ill health and improve access to early intervention for all people experiencing problems with mental health including at work. | • Commission a new integrated mental health learning programme for roll out in 2019 - 20. | Q4 |
| | • Continue to provide evaluation support to the Distress Brief Intervention pilots | Q4 |

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Support NHS Ayrshire and Arran and the Health and Safety Executive's pilot to identify actions to maintain a mentally healthy workplace. | • Implement a health literacy e-learning module for H&SC staff in partnership with SG and NHS Ayrshire and Arran. | Q4 |
| Work with Scottish Government and national partners to influence the contents of the new Suicide Prevention Action Plan and support the ongoing implementation of the Mental Health Strategy. | • Influence the development of the new national Suicide Prevention Action Plan.<br>• Support local multi agency suicide prevention partnerships to use the Locations of Concern guidance. | Q4<br><br><br>Q3 |

## 3.4    Older People

We will contribute to the National Collaborative Plan's aims to better meet the needs of older people through improved understanding of loneliness and social isolation.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Help health and social care partners better meet the needs of older people through improved understanding of loneliness and social isolation | • Scope out actions to address loneliness and social isolation as part of the Scottish Government strategy. | Q4 |

## 3.5    *Digital First* Service Redesign

We will promote an approach to *Digital First* service redesign, which considers digital exclusion issues so that the approach meets its aims of improving access to services for all and helps everyone manage their own health.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Play a lead role in developing content governance standards, including a digital version of British Sign Language services. | • Draft a national policy of translation and interpretation. | Q4 |
| Deliver Phase 1 of Redesigning Health Information for Parents (ReHIP). | • Complete print version of re-designed ReHIP.<br>• Distribute ReHIP to all eligible Pregnant Mums in Scotland. | Q4<br><br>Q4 |

| Our Actions | Our Outputs | Complete by |
|---|---|---|
|  |  |  |

## 3.6    National Business Systems

We will support the aims of the National Collaborative Plan in implementing the vision of a hybrid digital landscape for national business systems by collaborating in all appropriate improvement programmes.

## 3.7    A Digitally Enabled Workforce

We will support the national collaborative plan for digital leadership and a digitally enabled workforce in three ways.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Continue to move the provision of our resources to the health and social workforce towards a Digital First route, while supporting our own workforce to be digitally agile. | • Increase the number of Lync video calls per month and<br>• Virtual Desktop Interface users using the external access service. | Q4 |
| Actively support the transition to a digitally-enabled workforce in the new public health body by sharing good practice and positively contributing to relevant collaborative programmes. | • Promote our European Foundation for Quality Management (EFQM) self-assessment experience in performance improvement. | Q3 |
| Maximise the use and quality of digital channels in response to customer preferences for accessing Healthy Working Lives services. | • Increase the number of employers and individuals accessing HWL services. | Q4 |

## 4    A Sustainable Workforce

150,000 staff work across the NHS Scotland, with another 200,650 staff working in social care. This workforce comes from all social and economic backgrounds and communities. Our contribution to the National Board Collaborative Plan's aim of having the right workforce in the right places is through our leadership to promote the health and wellbeing of our public sector workforce, thus supporting resilience and retention.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Provide 'Once for Scotland' strategic and delivery support for a refreshed Health Promoting Health Service (HPHS) framework. | • Carry out actions, once agreed with Scottish Government, in response to NHS Health Scotland proposals for staff health and wellbeing. | Q4 |
| Collaborate with key stakeholders to support the strategic development of the core public health workforce in Scotland | • Develop a Once for Scotland model for the registration and revalidation of public health practitioners and specialist support staff. | Q3 |

### 4.1    Staff Rostering

Staff rostering has an important work on staff health. We will support the introduction of *eRostering* by promoting the principles of good work within the NHS.

### 4.2    Health and Care Careers

Health and care careers cover much more than directly providing services. We will contribute to people seeing the full breadth and potential of health and social care to improve health and create a more equal society by improving access to health for all.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Promote the health needs of the population and the value of prevention to the current and future health and social care workforce. | • Promote fairer health improvement in the public health priorities. | Q4 |
| Work in collaboration with key stakeholders to support the strategic development of the core public health workforce in Scotland. | • Develop a plan on workforce development opportunities for public health in local government through working with national bodies (COSLA, SOLAS, etc.) | Q4 |

### 4.3    Youth Employment

We will support the National Boards Collaborative Plan in helping young people into employment by pursuing our own modern apprentice scheme, focusing on young people with care experience.

### 4.4    Education and Training

The *National Health and Social Care Workforce Plan* highlights opportunities for a more consistent national approach to education, training and workforce development to help develop a more sustainable 'pipeline' of skilled staff for the health and care services of the future. The public health workforce is included in this.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Promote a more consistent national approach to education, training and workforce development to help develop a more sustainable "pipeline" of skilled staff for the health and care services of the future. | • Continue to work closely with NES in setting standards and commissioning training for the public health workforce. | Q4 |

### 4.5    Online Learning Management

Underpinning improvement and transformation is a requirement for modern and easily available learning and knowledge services. We will work collaboratively with NES and others to support these initiatives.

### 4.6    Leadership and Talent Management

Developing a workforce that is focused on improvement and open to transformational change is central to the *Health and Social Care Delivery Plan*. Leadership in public health is a key component.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Promote and evaluate The *A Place to Be Programme* to develop public health leadership and talent and promote succession planning and a sustainable cohort of public health leaders. | • Make improvements to future programmes based on participant feedback.<br>• Improve succession plans to help broaden and sustain the pool of public health leaders in Scotland. | Q4 |

## 4.7    Flexible Employment Models

Scottish Government policy is moving towards national models of employment in partnership with regions and stakeholder groups.

| Our Actions | Our Outputs | Complete by |
|---|---|---|
| Support the NHS to be an exemplar employer through the promotion of Good Work principles. | • Deliver agreed support to priority audiences in the agriculture, construction, hospitality, care, retail and logistics sectors.<br>• Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline. | Q4<br><br><br><br><br>Q4 |