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## **Stakeholder Engagement Plan 2018/2019**

### **1. Aim**

The purpose of this Stakeholder Engagement Plan is to summarise NHS Health Scotland's approach to identifying, working with and evaluating our engagement with stakeholders in 2018/19. The plan is intended to:

- Outline an approach to stakeholder engagement that is consistent and structured across NHS Health Scotland and appropriate to the change context in which we will be operating.
- Identify the priority areas and key stakeholders for strategic engagement in 2018/19.
- Provide CMT, the Board and staff with the key messages to support engagement in each of these areas.
- Outline key roles, responsibilities and approaches.
- Outline how feedback on the effectiveness of our approach will be sought and used.

### **2. The 2018/19 Operating Context**

The year ahead will be an extraordinary year for NHS Health Scotland. It will be a year of change, as we implement our 2018/19 Delivery Plan and continue to work towards a vision of a fairer, healthier Scotland.

The coming year is expected to be the final year in which we operate as NHS Health Scotland, the organisation we have been since 2003. From April 2019 fairer health improvement will be part of the remit of a new public health body for Scotland; a body that will bring together all domains of public health in order to build a more coherent public health approach and a stronger public health voice in Scotland, supporting a significant shift towards prevention and addressing the inequalities in Scottish society.

2018/19 will also see the development of closer collaboration and a 'Once for Scotland' approach between national NHS boards in Scotland which will see greater collaborative working through a national and three regional collaboratives for the North, East and West of Scotland. Efficient and effective

use of skills, experience and resources is crucial for the health service to meet the changing health needs Scotland’s communities.

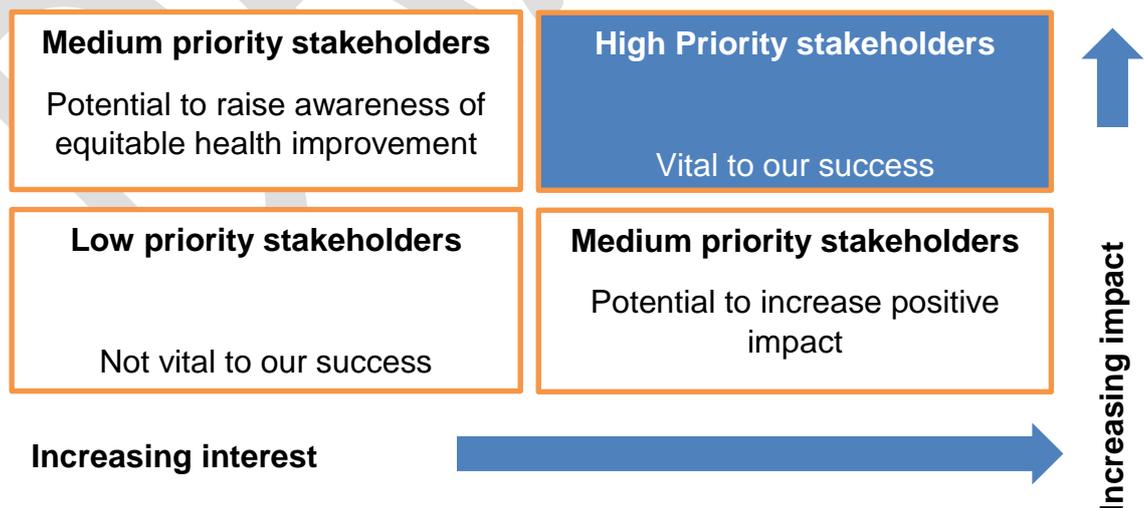
Our work is set firmly within the Scottish Government’s priorities for NHS Boards described in the Health and Social Care Delivery Plan published in December 2016, particularly the ambition to increase healthy life expectancy for all. Our delivery commitments reflect the emerging new national public health priorities for Scotland, developed by the Scottish Government together with the public health community, the third sector, the Convention of Scottish Local Authority (COSLA) and the Society of Local Authorities Chief Executives (SOLACE).

### 3. Key Stakeholders and Engagement Priorities

Our 2018/19 Delivery Plan and Strategic Framework for Action 2017 – 22 set the backdrop of this Stakeholder Engagement Plan. From these, we have identified three areas as priorities for stakeholder engagement:

- Supporting effective implementation of our 2018/19 Delivery Plan commitments
- Ensuring a strong legacy for fairer health improvement in the future public health landscape in Scotland
- Managing relationships and effective communications as we manage transition into the new public health body and the new landscape of collaborative shared services

We have undertaken a review and refresh of our existing stakeholder analysis to identify the stakeholders that are critical to these three priorities. We used the matrix below to identify those stakeholders who have a ‘high impact’ and ‘high influence’ in these three areas.



From this, we propose that the stakeholders most critical to delivering these priorities will be drawn from:

- Scottish Government
- Scottish Parliament

- Executive Delivery Group and Programme Board for the new public health body
- COSLA
- National Health Service, specifically the National Boards Collaborative Programme Board
- Public Sector
- Third Sector

Within these groupings, and recognising that there will be overlap across the three priority strategic engagement areas, we have identified specific organisations and named individuals with whom we intend to collaborate, consult, involve or inform (Appendix 1).

#### **4. Core Messages for Stakeholder Engagement Priorities**

##### **4.1 Implementing the 2018/19 Delivery Plan**

Our focus as a Health Board is on the national target of increased healthy life expectancy and we focus our resources on people and groups who experience the worst health outcomes as a result of the social determinants of health.

Our delivery commitments are aligned with the five strategic priorities set out in our Strategic Framework for Action 2017–2022, which are:

1. **Fairer and healthier policy**  
We will ensure our knowledge and evidence is used by policy and decision makers. This is so that strategies focus on fairness and influence the social determinants of health and wellbeing.
2. **Children, young people and families**  
We will ensure the knowledge and evidence we provide is used to implement strategies focused on improving the health and wellbeing of children, young people and families.
3. **A Fair and inclusive economy**  
We will provide knowledge and evidence on socio-economic factors and their impact on health inequalities. This is to contribute to more informed and evidence-based social and economic policy reform.
4. **Healthy and sustainable places**  
We will ensure the knowledge and evidence we provide is used to improve the quality and sustainability of places. This will increase their positive effect on health and wellbeing.
5. **Transforming public services**  
We will work in partnership with and support public sector organisations to design and deliver services that have fairer health improvement and the protection of human rights at their core.

Our strategic priorities are supported by three strategic change priorities, which say how we will:

- improve how we work in order to deliver our strategic priorities
- secure the place of fairer health improvement in the new public health landscape
- manage transition into the new public health body and new shared services.

It is crucial that we continue to maintain a strong focus on delivery and impact of our core work over the next 12 months, whilst our operating environment is changing. Our tone for engagement around implementation of the Delivery Plan should be confident, business-like, attune to the context around us and active in seeking feedback.

### **Key Messages:**

- Our focus is on ensuring that the best evidence of what will work to reduce inequalities finds its way into policy and then into practice, led by others, to improve people's lives.
- Our priorities have been developed in collaboration with many of the people with whom we are now working to deliver them.
- The principle of involving our partners from the outset of planning through to reviewing the effectiveness of what we have done is important and something we want to get better at.
- We are particularly aware that many of our partners are under severe financial and resource pressures. This means we need to be realistic about what we can expect people to commit to and deliver.

## **4.2 Ensuring a strong legacy for fairer health improvement in the future public health landscape in Scotland**

The new public health body will have responsibility for a wider public health remit than NHS Health Scotland, incorporating health protection, public health care and health improvement, all underpinned with health data and intelligence. Our Strategic Framework for Action is clear that a major focus of our engagement, as we prepare for the new public health body, is to ensure that fairer health improvement has a significant profile in the future public health landscape. This will be our most important legacy.

Our tone for engagement around the fairer health improvement agenda for the future should be confident in acknowledging what we have achieved and clear that much remains to be done. We should neither shy away from the complexity of the agenda, nor alienate with inaccessible language.

### **Key Messages:**

- Health inequalities are not inevitable.
- We have achieved a great deal and are proud of the influence we believe we have brought to bear.
- A Fairer Healthier Scotland remains an important and valid vision for the future.

- Improving health in a way which includes the most disadvantaged people in our society is complex, long term and requires action across sectors and across the whole public policy agenda.
- A focus on prevention and on tackling problems upstream will remain critical to achieving real change and to improving healthy life expectancy
- We are proud of the leadership role we have played in human rights and health over the last few years and are committed to seeing human rights based approaches further embedded in health improvement in the future.

### **4.3 Preparing for transition to the new public health body and the new landscape of collaborative shared services**

While discussions are ongoing as to the specific nature of the new public health body, we know that the main functions of NHS Health Scotland will become part of this new organisation. A significant focus of our engagement in 2018/19 will therefore be building and managing those stakeholder relationships necessary to contribute effectively to the planning for and implementation of the new body. We will take our lead on this from the Public Health Reform team in Scottish Government.

It is also important to ensure that the National Health and Social Care Delivery Plan for 2018/19, known as the National Collaborative Plan 2018/19, also describes how national NHS boards will work together to prevent ill health, improve health and access to health care for all and secure efficiencies and greater service transformation through collaboration and shared services.

Our tone for engagement around the new public health body and the national collaborative plan should be positive, engaged and constructive. We should be clear and consistent of opinion if asked, but also respectful that there are other constituents and different opinions.

#### **Key Messages:**

- We welcome the announcement of the new body and the emphasis on strong public health leadership for the future.
- We welcome the main thrust of the Scottish Government's argument to bring together the key elements of national public health, namely: health intelligence, health protection, health improvement and health care public health.
- We believe strongly that public health can and should make a significant contribution to the transformation of public services. Partners beyond the NHS – particularly local government and the third sector – are therefore very important to us.
- We believe we have a lot to bring and to contribute, as do others.
- Our Board and our senior management team are committed to doing everything we can to support the success of the new body.
- We recognise that complex and multiple functions and cultures will need to be brought together within this new body. We believe it is as important to pay attention to that part of the task as to the structures and processes.

- We are also influencing the public health agenda through the National Collaborative Plan for 2018/19 to maintain focus on prevention and reducing health inequalities.
- We are constructively involved in and contributing to preparation for further collaboration through shared services as part of the National Collaborative Plan and also through NHS wide approaches.

## 5. Roles and Responsibilities

All our staff have a role in stakeholder engagement: for example, through engaging with people in planning their work, presenting messages to external audiences, and supporting events.

There are also specific roles and responsibilities to highlight in this plan:

### The Board

- Keep generally up to date with Board business, current topics and opportunities drawing on resources such as *The Week That Was* and forward events planner.
- When attending events or networking with key stakeholders, promote and position NHS Health Scotland using the key messages in this plan and, where appropriate, specific briefings provided by staff.
- Provide regular focus and scrutiny through the Board and its Committees on how we are engaging with our stakeholders in the delivery of our plan and in the due diligence of our change processes.

### Corporate Management Team

- Systemically use and review the list of key stakeholders in Appendix 1 and engagement approaches in Appendix 2 to be proactive in engaging our high influence/high impact stakeholders and record engagements to monitor our performance and impact.
- Input to events, meetings and networks to follow through on specific plans with regards to each of the three stakeholder engagement priorities, particularly promoting the legacy of fairer health improvement and managing transition.
- Lead by example in the promotion of key messages internally and externally.

### Commissioners/Service Heads

- Develop and maintain stakeholder mapping and analysis for respective Strategic Priorities and work with communications and strategy staff to develop and follow through bespoke messages and practices.
- Input to events, meetings and networks to follow through on specific plans with regards to each of the three stakeholder engagement priorities.
- Ensure engagement is consistent with organisational policies and guidance.
- Support teams in the use of core messages in relation to both delivery and change and transition.

- Support teams to put in place and record measures of impact related to customer and stakeholder feedback.

### **Strategic Development and Communications and Engagement teams**

These teams, along with the Change Support Team and Change Oversight Group, will:

- Monitor our operating environment to identify opportunities to influence key stakeholders and support our leaders with consistent, co-ordinated messages, particularly with regards to our future and our legacy.
- Support colleagues to identify and record impact and influence with stakeholders.
- Support colleagues and the Board to provide clear and influential reports of our impact. Monitor the effectiveness of engagement across the three priority areas.
- Coordinate internal staff communications, promoting opportunities for staff to engage in transformational change with leaders and peers, within and beyond NHS Health Scotland.
- Support the implementation of the Effective Influence Protocol to manage risk and maximise opportunity for effective influence.
- Support and guide staff around promoting, positioning and protecting the organisation and the evidence we provide.
- Lead on corporate horizon scanning and provision of weekly public affairs updates.
- Co-ordinate the corporate events function.

### **Organisational Improvement**

- Ensure our learning on stakeholder engagement is captured to keep enhancing our ability to influence during this year of transformational change.

## **6. Governance and Risk**

This plan is an important response to the Board's open appetite to risk in order to have maximum influence and impact. It is also an important general mitigation against the risks described in the 2018/19 Corporate Risk Register. The Standing Committees, on behalf of the Board, will receive regular updates with regards to all these risks, with a particular emphasis on how the legacy of NHS Health Scotland is being protected through effective stakeholder engagement.

## **7. Measuring the Effectiveness of our Stakeholder Engagement**

Our 2018/19 performance framework includes a number of improvements to how we measure our impact and influence at an organisational and strategic priority level. It particularly aims to strengthen the role of stakeholder feedback in measuring our performance and impact.

Throughout this year we will consider how our approaches to monitoring performance and organisational impact can be shared with others to shape the performance management processes of the new public health body.

We intend to work collaboratively with NSS to consider similarities and differences in our approach to stakeholder engagement and to identify areas of best practice which can be taken into the new public health body.

In September 2017, we sought feedback from some of our key customers and partners on what they thought of some of our products and services, and of the organisation. Overall, the results were positive, but with room for improvement. Headline findings are summarised below:

- Of those who responded, **overall satisfaction with NHS Health Scotland** was 7.85 out of 10 compared to 7.73 in 2016. Customers rated us higher than partners (Customers 7.94 and Partners 7.36 out of 10).
- The overall score for the **likelihood of customers and partners to recommend NHS Health Scotland** was 8.05 out of 10 (7.91 in 2016).
- Organisational and Strategic Priority KPI targets for 2017 were set for the Customer and Partner survey results. Customer results met 7 out of 8 KPIs set for 2017 and partners met 5 out of 8 KPIs.

Valuable qualitative feedback was received from respondents about what **NHS Health Scotland does well**, including:

- NHS Health Scotland staff are friendly/approachable
- NHS Health Scotland is a good source of information/knowledge
- NHS Health Scotland offers good resources/ material/ posters/ leaflets
- NHS Health Scotland is supportive/helpful/responsive.

Three themes have been identified as the focus for our improvement work in 2018/19. These are:

- **Communication:** Better communication/keeping customers and partners informed
- **Processes:** More flexibility/recognise business realities
- **Products/Services:** Format of resources/relevance
- **Our role:** Explain what we do/have a more clearly defined role

## Appendix 1: Stakeholder Analysis

As at March 2018, these are the key stakeholders identified. In different ways, they are important to each of the three strategic engagement priorities.

<b>Involve/Consult</b>	<b>Collaborate/Empower</b>
<ul style="list-style-type: none"> <li>• Director-General Communities (Sarah Davidson)</li> <li>• Head of Health and Social Care Analysis (Pete Whitehouse)</li> <li>• Chief Medical Officer (Catherine Calderwood)</li> <li>• NHS Chairs</li> <li>• NHS Chief Executives</li> <li>• Director General Health and Social Care (Paul Gray)</li> <li>• SOLACE</li> <li>• Scottish Human Rights Commission</li> <li>• Scottish Council for Voluntary Organisations</li> <li>• The Health and Social Care Alliance</li> </ul>	<ul style="list-style-type: none"> <li>• SG policy leads listed in Policy Leads Matrix</li> <li>• Director of Population Health (Andrew Scott)</li> <li>• Head of Health Improvement Division (Daniel Kleinberg)</li> <li>• Head of Health Protection Division (Gareth Brown)</li> <li>• Directors of Public Health</li> <li>• Health Promotion Managers Group</li> <li>• Convention of Scottish Local Authorities (COSLA)</li> <li>• Glasgow Centre for Population Health</li> <li>• Head of Public Health and Intelligence, NSS (Phil Couser)</li> <li>• Medical Director, Health Protection Scotland and Information Services Division (Prof Mahmood Adil)</li> <li>• Co-Directors of the Delivery Group for Public Health Reform (Marion Bain/ Eibhlin McHugh)</li> <li>• Public Health Reform Programme Board</li> </ul> <hr/> <p>National Boards Collaborative Chief Executives:</p> <ul style="list-style-type: none"> <li>• Chief Executive, NSS (Colin Sinclair)</li> <li>• Chief Executive, HIS (Robbie Pearson)</li> <li>• Chief Executive, NES (Caroline Lamb)</li> <li>• Chief Executive and Programme Board Chair, SAS (Pauline Howie)</li> <li>• Chief Executive, NHS 24 (Angiolina Foster)</li> <li>• Chief Executive, NHS Golden Jubilee Foundation (Jill Young)</li> <li>• Chief Executive, NHS State Hospital (James Crichton)</li> </ul>

	<p>Regional Collaborative Implementation Leads:</p> <ul style="list-style-type: none"> <li>• Chief Executive, NHS Grampian and Regional Implementation Lead for the North of Scotland (Malcolm Wright)</li> <li>• Chief Executive, NHS Lothian and Regional Implementation Lead for the East of Scotland (Tim Davidson)</li> <li>• Chief Executive, NHS Ayrshire and Arran, and Regional Implementation Lead for the West of Scotland (John Burns)</li> </ul>
<p><b>Inform</b></p> <ul style="list-style-type: none"> <li>• Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison)</li> <li>• Cabinet Secretary for Communities, Social Security and Equalities (Angela Constance)</li> <li>• Minister for Public Health and Sport (Aileen Campbell)</li> <li>• Cabinet Secretary for the Economy, Jobs and Fair Work (Keith Brown)</li> <li>• Minister for Social Security (Jeane Freeman)</li> <li>• Health &amp; Sport Committee</li> <li>• Health Inequalities CPG</li> <li>• Improving Scotland's Health: 2021 and Beyond CPG</li> <li>• Directors of Planning Group</li> </ul>	<p><b>Consult</b></p> <ul style="list-style-type: none"> <li>• Food Standards Scotland</li> <li>• Health &amp; Social Care Partnerships</li> <li>• Improvement Service</li> <li>• The Poverty Alliance</li> <li>• Poverty and Inequality Commission</li> <li>• Joseph Rowntree Foundation</li> <li>• Obesity Action Scotland</li> <li>• Shelter Scotland</li> <li>• Voluntary Health Scotland</li> <li>• CHEX</li> <li>• Public Health England</li> <li>• Public Health Wales</li> <li>• Universities/Academic Public Health</li> <li>• Care Inspectorate</li> <li>• Voluntary Action Scotland</li> <li>• Scottish Community Development Centre</li> <li>• Child Poverty Action Group</li> <li>• Oxfam Scotland</li> <li>• Alcohol Focus Scotland</li> <li>• ASH Scotland</li> <li>• Consultants Dental PH Group</li> <li>• Health Promotion Managers</li> <li>• GoWell Steering Group</li> <li>• SMaSH group</li> <li>• Scottish Public Health Network</li> <li>• Fuel Poverty Advisory Panel &amp; Partnership Forum</li> <li>• Saheliya</li> <li>• Faculty of Public Health (Scotland)</li> <li>• UK Faculty of Public Health</li> <li>• Institute of Occupational Medicine</li> <li>• Scottish Human Rights Commission</li> </ul>