

**DELIVERING A FAIRER HEALTHIER SCOTLAND:
OUR DELIVERY PLAN 2016–17
DRAFT**

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1. CHIEF EXECUTIVE'S SUMMARY

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

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

Our focus is on ensuring the causes of these consistent and enduring inequalities in healthy life expectancy are addressed and that the health of all in Scotland is equitably improved. We will continue to work to develop the Inequalities Action Group to ensure that national collaborative leadership and coordination is given to implementing the recommendations from the Ministerial Task Force on Health Inequalities. We also continue to deliver effective communication and engagement activity about new and emerging knowledge of what does and doesn't work to improve health equitably.

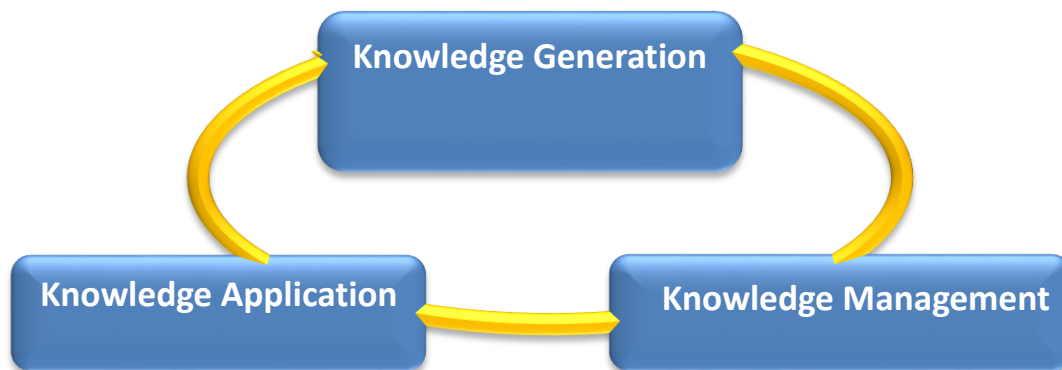
In addition to our work to support health and social care services improve healthy life expectancy, this plan sets out how we have lined up our resources to lead, coordinate and facilitate support for a broad range of the Scottish Government's National Strategic Objectives. We intend to continue do this through leading, promoting and facilitating knowledge into action to address the circumstances that can either create or harm health. Specific areas of work that we will develop further include the work of our Health and Work directorate in alignment with the Fair Work priorities as they emerge, and crucially our support to develop and strengthen the economic leverage of NHSScotland in areas of multiple deprivation.

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

2: INTRODUCTION

2.1 OUR ROLE

NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. Our primary role is to lead the coproduction and improvement needed to translate knowledge of what works, and doesn't work, to reduce health inequalities, and to improve how that knowledge is turned into action. The model we use is shown in the diagram below.



We know that we share the ambition for a fairer healthier Scotland with many organisations and individuals across Scotland. That's why we focus on working with and through national and local partners responsible for public health and public sector improvement. It's why we work with employers in the public and private sector and with providers and caterers of food in both sectors. **We discharge our primary role as follows:**

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

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

Knowledge application: We will work with the Scottish Government to ensure our programmes are designed to improve the rate at which knowledge transfers to practice and to achieve a greater consistency in its application.

2.2 Structured to deliver.....

We have many functions which come together to reach across many thousands of organisations, groups and individuals in Scotland. An overview of our Directorates and the functions they deliver is shown in the table below.

OUR DIRECTORATES	WHAT THEY DO
Public Health Science Directorate Public Health Science	<ul style="list-style-type: none"> • Co-leads ScotPHO (the Scottish Public Health Observatory) with ISD Scotland, and in partnership with the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland • Commissions a wide range of research and evaluation of policy implementation • Hosts and funds ScotPHN (the Scottish Public Health Network), which provides knowledge exchange and joins up all those working on public health in Scotland.
Health Equity Directorate	<ul style="list-style-type: none"> • Shares learning from knowledge application and practice improvement- supporting implementation, monitoring and evaluation of approaches for health equity. • Provides digital and publishing services for a range of health information products, including national immunisation and screening information resources • Provides consultancy support for CPPs and Integrated Joint Boards in developing effective local plans to address health inequalities challenges • Funds and works with CHEX (Community Health Exchange Scotland) to promote community development approaches. • Funds and hosts CFHS (Community Food and Health Scotland) to promote access to healthier foods for geographic communities and communities of interest.
Health and Work Directorate	<ul style="list-style-type: none"> • Leads work with industry, employers and their stakeholders to achieve better and more equitable health outcomes. • Delivers the Healthyliving and Healthy Working Lives Awards, Healthy Working Lives Services and elements of the national Fit for Work Scotland • Uses knowledge and evidence from NHS Health Scotland and its partners to influence for more equitable policy relating to health and work, including in relation to Good Work, income and welfare.
Strategy Directorate	<ul style="list-style-type: none"> • Develops strategic engagement with partners from across government, the public sector and the third sector. • Provides funding to and works in strategic partnership with Voluntary Health Scotland • Leads the dissemination of knowledge to policy and decision makers in Scotland through briefings, public affairs work, social media, events and corporate engagement • Leads strategic planning, resource management and organisational improvement in order to be an excellent and innovative organisation within the EFQM Framework

3. OUR STRATEGIC AND POLICY CONTEXT

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

In September 2013, the World Health Organisation (WHO) European region approved international health policy [Health 2020](#). This emphasised the need for a whole government/whole society approach to addressing the social determinants of health in order to reduce health inequalities. Our strategy (AFHS) is recognised as an example of how the WHO expects countries to fulfil their obligation to implement 2020.

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

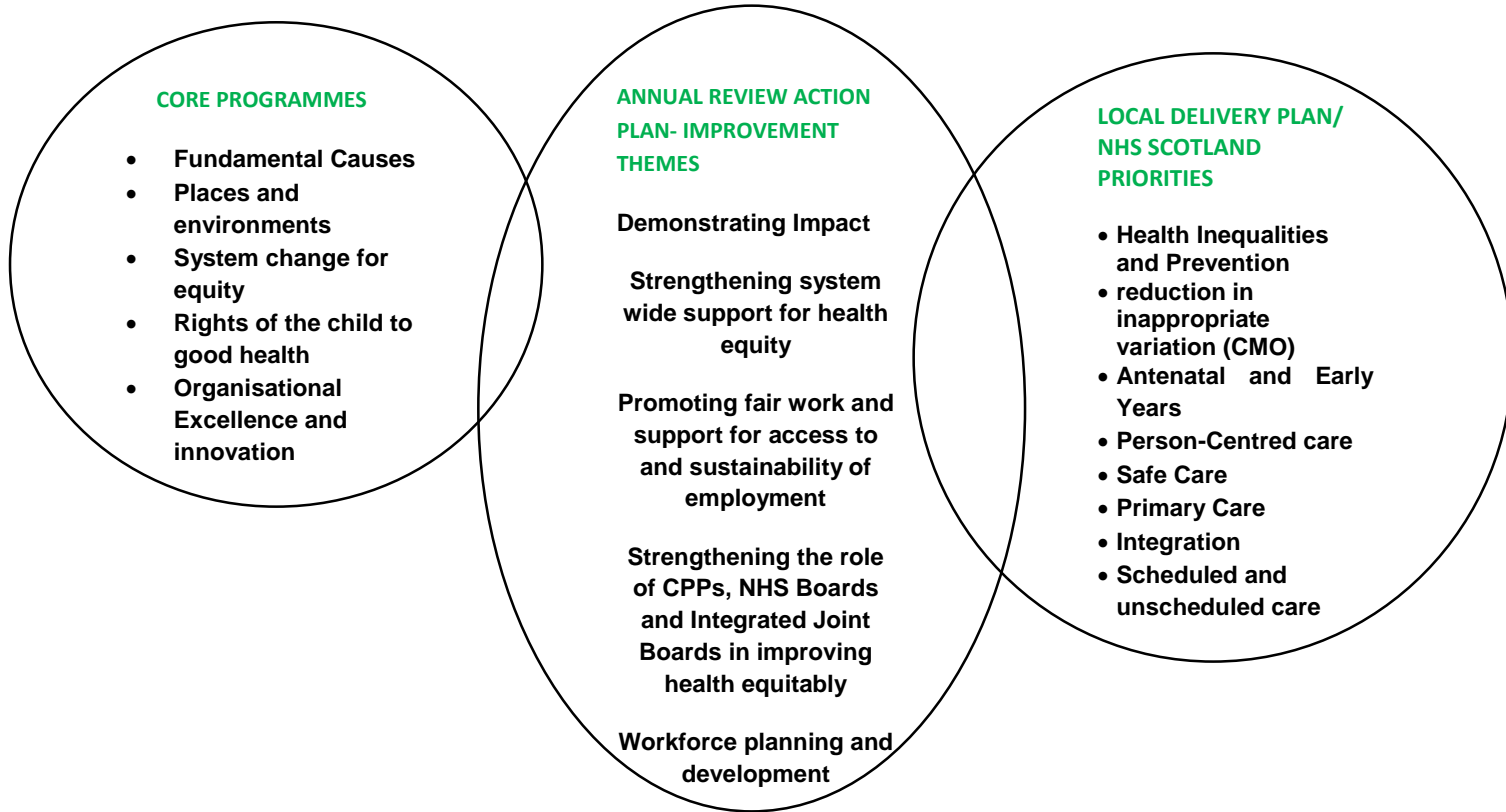
*'Increasing healthy life expectancy will mean that people will live longer in good health, increasing their capacity for productive activity and reducing the burden of ill health and long term conditions on people, their families and communities, public services and the economy generally.'*¹

We have a national leadership role and responsibility to support the Scottish Government achieve this purpose. Central to this is our role in effectively sharing the evidence that there are compelling interdependencies between how the benefits of a thriving economy are shared for health equity. Sharing the benefits of economic growth more equitably, together with other elements of fair work, will in turn improve health which in turn improves productivity. This is consistent with international evidence that has been gathered for more than forty years.

¹ LDP guidance 2016/17

3.1 DELIVERY OF NATIONAL GUIDANCE

A summary at a glance overview



4. SUMMARY OF DELIVERY PRIORITIES

The tables below provides a summary map of HS deliverables in response to both LDP guidance and our Annual Review Action plan (ARAP). **The full list of our deliverables can be found in Appendix A.**

NATIONAL PRIORITIES	DELIVERABLES 2016/17
THE NHS AND INTEGRATION	
NHS procurement policies should support employment and income for people and communities with fewer economic levers	Work with NHS Chief Executives Group and Scottish Government to scope and deliver the application of the economic leverage of NHSScotland within localities of multiple disadvantage.

<p>Actions relating to employment policies that support people to gain employment or ensure fair terms and conditions for all staff</p>	<p>Lead the development and promotion of the central role of the NHS in promoting the benefits of good work in creating and protecting mental health and wellbeing.</p> <p>Lead and coordinate a series of strategic discussions, at national and local level, to scope the development of approaches to working age people with mental health problems – supporting people stay in employment and get into employment.</p> <p>Support development and implementation of local NHS Board activity to mitigate the impact of low income and Welfare Reforms on health and health inequalities across Scotland.</p>
<p>Actions to support staff to support the most vulnerable people and communities</p>	<p>Work with NHS Education Scotland and Healthcare Improvement Scotland to develop a health inequalities 'literacy programme' for Integrated Joint Board executive and non-executive directors.</p>
<p>Workforce 2020 Implementation Plan</p>	<p>Ensure all staff are aware of health inequalities and act appropriately to respond to the life circumstances that affect people's health (capability).</p> <p>Work with Scottish Government and NHS Education Scotland, to scope NHS Health Scotland's contribution to the workforce requirements of the public health review</p>
<p>Health improvement actions to promote healthy living and better mental health.</p>	<p>Provide leadership and coordination to a programme of work to maximise NHSScotland's role in promoting good mental health for all</p> <p>Work with Scottish Government policy and local area HPHS leads to provide leadership and coordination for the Health Promoting Health Service programme and strengthen the inequalities focus of HPHS delivery in the hospital sector</p>
<p>Antenatal and early years</p>	<ul style="list-style-type: none"> • Deliver a programme of work, aligned to the Scottish Government's child poverty strategy, focusing on NHS services' contribution to preventing, reducing and mitigating child poverty through increasing financial inclusion and opportunities for improving wellbeing for lone

	<p>parents and families with low incomes.</p> <ul style="list-style-type: none"> • Scope the information, evidence and planning support required by local partnerships, the NHS and LAs to resource proportionate actions to mitigate and prevent adverse family circumstances impacting on the health and wellbeing of young people, children and families, including equity in antenatal service access, educational attainment and play
Transforming Primary Care so that everyone gets the care they need	Work in partnership with the Scottish Government, the Scottish School of Primary Care and the Deep End Practices to scope, define and initiate the development of evaluation, data and knowledge resources aimed at mitigating the impact of inequality on health through the primary care setting
Services are designed with and for people so that everyone gets the care they need through scheduled and unscheduled care	<p>Work with Healthcare Improvement Scotland and National Services Scotland to deliver outcome improvement work that effectively brings together national and local public health capacity to support Integrated Joint boards (IJBs) and Community Planning Partnerships (CPPs)</p> <p>Work with the Health and Social Care Alliance and Strathclyde University to implement the Scottish National Action Plan through the health and social care action group's priority actions for 2016/17 to advance a Human Rights Based Approach within health and social care services.</p>

PLACES AND COMMUNITIES AND HEALTH EQUITY	
Priorities	DELIVERABLES
Food Policy Food poverty	Inform and evaluate new and emerging food policy in Scotland using the best available data and evidence, through working in partnership with Food Standards Scotland, and the Scottish Government.
Obesity	Contribute to the development with partners and stakeholders of an evidence based approach to reduce obesity in Scotland.

Implementation of the Place standard	In partnership with Scottish Government raise awareness and promote implementation of the Place Standard - ensuring its impact is distributed in a way that acts to reduce inequalities
Housing and homelessness	<p>Work with Directors of Public Health, Housing and other key partners on the prevention of homelessness by driving delivery of the recommendations stemming from our ScotPHN report and UK best practice guidelines</p> <p>Generate, synthesise and disseminate knowledge relating to housing and health enabling this knowledge to be translated into action by policy and decision-makers to improve the quality and affordability of housing across Scotland</p> <p>Co-fund the GoWell research and learning programme investigating the impact of investment in housing, regeneration and neighbourhood renewal in Glasgow on the health and wellbeing of individuals, families and communities.</p>
Tobacco	Lead and co-ordinate knowledge into action on further progressing tobacco-free environments, focusing on priority groups with high smoking rates and protecting those at risk from exposure to tobacco smoke in their environment'
Physical Inactivity	Lead and contribute to the delivery of key actions within or directly related to the National Physical Activity Implementation Plan
Alcohol and Drugs	Strengthen the development and implementation of alcohol and drug policy in Scotland by providing the best available evidence and working in partnership with Scottish Government and Alcohol and Drug Partnerships to deliver improvement work.
Improving the health of offenders	<p>Work with the Scottish Government, the Criminal Justice Authority Chief Officers Group and Community Justice Scotland to strengthen action to reduce the impact of offending and reduce inequalities.</p> <p>Collaborate on improvement methodologies to strengthen community justice redesign activity and the transition [[into local Community Planning Partnerships.</p> <p>Produce advice and an improvement framework for NHS Board Leads for Offender Health Improvement and continue to represent health improvement and health inequalities on the National Prisoner Healthcare Network</p>
Support for the Fair Work Convention	Produce a syntheses of evidence on active labour market policies and other briefings ensuring that the relationship between these and children's health are explicitly referenced throughout the convention.

Health and Safety and Fair Work	Coordinate and co-produce a refreshed Health and Safety Action Plan for Scotland - creating an effective interface between health and safety and good work.
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5. SUMMARY OF OUR CORE PROGRAMMES

This section gives an overview of the rationale for and aim of the of the five core programmes that make up our Delivery Plan. The deliverables relating to each of these core programmes can be found in Appendix A. **Further operational detail in relation to each deliverable can be accessed [here](#).**

CORE PROGRAMME 1: FUNDAMENTAL CAUSES

Rationale

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

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

CORE PROGRAMME 2: SOCIAL AND PHYSICAL ENVIRONMENTS FOR HEALTH.

Rationale

Where we live and work – our home, neighbourhood, social meeting places, workplaces and green spaces – has a vital influence on how we live, the quality of our lives, and our long-term health and wellbeing. People also have the right to participate, be included and socialise with others in their community and they need to remain part of that community as personal circumstances change, as they grow older and are in need of more support.

Raising awareness of and supporting the implementation of the place standard and working with the government to ensure fair and equitable workplaces are key priorities within this programme. Improving environments and policies in addressing the needs of key population groups is also covered by this programme- these include people at risk of or experiencing homelessness, people in the criminal justice system and families living in adversity.

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

CORE PROGRAMME 3: SYSTEM CHANGE FOR EQUITY

Rationale

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

This aim of this core programme is to strengthen the potential of services to improve health and to mitigate and prevent inequalities impacting on health.

CORE PROGRAMME 4: THE RIGHT OF EVERY CHILD TO GOOD HEALTH

Rationale

The Scottish Government's vision is that Scotland will be the best place in the world for a child to grow up, a place where children can access all the opportunities and support they need, when they need it. From conception onwards, children's early life circumstances and experiences shape their physical, social, mental, emotional and cognitive development and provide a foundation for their future attainment and health. Inequality is a barrier to the right of every child to good health.

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

CORE PROGRAMME 5: ORGANISATIONAL EXCELLENCE AND INNOVATION

We can only deliver effectively if we continuously strive to achieve the goal of being an excellent organisation. An excellent organisation continuously challenges all aspects of the ways it works with the view to improving its delivery.

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

6. PERFORMANCE AND IMPACT MANAGEMENT

6.1 OUTCOME FOCUSED PLANNING

We use logic modelling to plan our work. Developing medium to long term outcomes for all that we do enables us to plan our work on an annual basis with a clear line of sight to the outcomes we have set. Each deliverable in our plan is designed to achieve an identified outcome - this can be seen in more detail in Appendix A.

We use a blended approach in our performance management. The performance management framework is being finalised and will be in the final plan. This framework will bring together our Key Performance Indicator results with a qualitative analysis of our impact through the collection of case studies and performance stories. A blend of quantitative and qualitative measures will give us a rich picture of the impact we are having and the progress we are making in achieving the medium to long term corporate outcomes we have set. These are:

- Fairer Policy
- Stronger Support for Action
- Better Practice
- Organisational Excellence and innovation

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

7: OUR WORKFORCE PLAN

The workplace plan element of our Delivery Plan is developed in partnership and takes into account relevant actions from our National Staff Survey Action Plan, Staff Governance Action Plan, Workforce Development Strategy as well as the priorities identified each year by Scottish Government under the 2020 Workforce Vision. The specific actions are currently being developed and will be reviewed by the Partnership Forum and Staff Governance Committee during February and early March. These will be included in the final version of this plan presented to the Board in March.

We are also finalising details of the workforce budget. These are informed by specific financial and workforce policy assumptions that are reviewed and refreshed in partnership each year and also by the strategic planning reviews still ongoing within the organisation to agree priorities and ensure that our people resource is appropriately aligned with our priorities. Below are the draft Workforce Planning Assumptions, which are to be agreed in partnership by the Partnership Forum in February and will be included in their final form in the March version of this plan.

Workforce Planning Assumptions

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 2016/17. As always, we depend on our workforce to deliver our strategic aims and we believe this is only likely to increase as we continue to focus on advocacy, influence and consultancy and less on the production and dissemination of 'tangible' products.

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 four 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 Planning Group (formerly Workforce Review 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 Team Heads and

Organisational Leads the introduction of the generic aspects has also provided a clearer expectation of leadership for AFHS.

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 2016/17

For 2016/17 our strategic realignment is forecast at around 284 WTE at a payroll cost of £12,457k on a gross basis.

With an assumed 6.5% vacancy factor, the figures are calculated as 266 WTE and £11,648k.

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

- 6.5% vacancy factor calculated for 2016/17
- 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
- To maintain our workforce around the functional realignment outcome levels in 2015/16 for 2016/17 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.
- Efficiency programs in 2016/17 will seek to minimise the impact on these overall staffing levels as far as possible.

Policy & Planning Assumptions 2016/17

Realignment Process

- When we complete the organisational Functional Realignment (assumed end of 2016) we will have an agreed organisational structure and established resource for each Directorate.

Workforce Review Group

- Any further changes to the structure on the completion of realignment programmes and post numbers through the year will be exceptional and will continue to be agreed by the Workforce Planning Group (WPG).
- A further review of resource per Directorate will be carried out by the Workforce Planning Group in early 2016 as part of the Delivery Planning process for 2016/17. This will focus on the availability and location of resource to deliver 2016/17 delivery plan priorities. 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 WPG will consider all vacancies that arise and we will work within our planned vacancy factor of 6.5% for 2016/17 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 Planning Group including staffside.
- 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 Planning 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 Planning 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 and the Workforce Planning Group 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 AfC guidelines indicate otherwise or there are exceptional circumstances. Decisions to appoint new staff above the lowest paypoint are referred to the Director of Strategy and Employee Director to make in partnership. Our policy to start staff at the lowest point on the grade is specifically stated in all job advertisements.
- We have no plans for a voluntary redundancy scheme during 2016/17 and funds to support any individual redundancy requests are yet to be identified.

8: OUR FINANCIAL PLAN

HS

LDP - High Level Workings

Summary analysis

	Assumptions	Notes	2015/16	2014/15	First Draft				
			Bud	F/c	2016/17	2017/18	2018/19	2019/10	2020/21
			£k	£k	Plan	Plan	Plan	Plan	Plan
Income									
Core Funding - Recurring Baseline	1	1	18,037	18,037	18,217	18,399	18,583	18,775	18,968
Non-Core - Earmarked recurring	2	2	266	266	266	266	266	266	266
Non-Core - Subject to annual review	2	2	1,322	1,322	903	863	838	838	838
Depreciation		6	275	275	300	340	365	365	365
Revenue to Capital virement				0					
			<u>19,899</u>	<u>19,899</u>	<u>19,685</u>	<u>19,867</u>	<u>20,051</u>	<u>20,243</u>	<u>20,436</u>
			Rev Bud	F/c					
Expenditure									
Staff Costs (incl dist'n awards)	3	3	11,162	10,912	11,612	11,910	12,213	12,527	12,845
Overheads	4	4	2,087	2,087	1,772	1,772	1,772	1,772	1,772
Programs/Projects	5		6,379	6,529	6,011	5,855	5,711	5,589	5,464
Income - Misc			(4)	(4)	(10)	(10)	(10)	(10)	(10)
Depreciation		6	275	275	300	340	365	365	365
			<u>19,899</u>	<u>19,799</u>	<u>19,685</u>	<u>19,867</u>	<u>20,051</u>	<u>20,243</u>	<u>20,436</u>
Surplus				<u>100</u>					
Capital Program	6	5	<u>100</u>	<u>100</u>	<u>350</u>	<u>250</u>	<u>250</u>	<u>250</u>	<u>250</u>

HS

LDP - High Level Workings

Key Assumptions

- 1 Core Funding - Recurring Baseline
1% increases in funding confirmed for 2016/17 - assumed to continue for each year thereafter
- 2 Non-Core Funding
Non-core funding provided in 2015/16 to remain at same level for 2016/17 and future years other than where funding was one-off
A detailed analysis is provided for non-core funding - see worksheet - Non-core analysis
Work Outstanding - review and assessment of current year non-core funding and projection for future years
- 3 Staff Costs
Assumed to remain around the establishment WTE post functional realignment
This is at a WTE of 280 with a vacancy factor of 6.25% so around 266 WTE are budgeted
Work Outstanding - review of workforce on establishment on completion of functional realignment re WTE and £'000
- 4 Overheads
Assumption is that Meridian Court will reduce in floor usage to one floor from April 2016.
Work Outstanding - Meridian Court use of part floor to be reviewed and assessed re time and cost
- 5 Program/Projects
These include HWL costs at Boards which is under review at present
Work Outstanding - Some assessment of program/projects for 2016/17
- 6 Capital
Assumption is that we will have a IT equipment replacement on a rolling program and a property renewal program on rolling basis also
Work Outstanding - Some review of capital requirements and forward program

7 Efficiency Savings

Work Outstanding - waiting further information from the Scottish Government on recyclable savings

HS		2015/16	2014/15	2016/17	2017/18	2018/19	2019/10	2020/21
LDP - High Level Workings		Bud	F/c	Plan	Plan	Plan	Plan	Plan
NOTES		£k	£k	£k	£k	£k	£k	£k
1	Core Funding - SG							
	PY Baseline	18,898	18,898	18,037	18,217	18,399	18,583	18,775
	Uplift 1%	189	189	180	182	184	192	193
	Savings	(1,050)	(1,050)					
	CY Baseline	<u>18,037</u>	<u>18,037</u>	<u>18,217</u>	<u>18,399</u>	<u>18,583</u>	<u>18,775</u>	<u>18,968</u>

Efficiency savings fixed at £1,050k for 2015/16 then no cash releasing savings

2	Non-Core - see separate analysis							
	Earmarked recurring expected to remain at 2015/16 levels - some inflation but should be low and self funding							
	Non-recurring - any reductions would mean lower spend so should be self adjusting							
3	Staffing - high level changes							
	Prior year Budget at Dec (incl distinction awards)			11,162	11,612	11,910	12,213	12,527
	Add - 1% uplift in full - on baseline re progression (approx 1.6%)			180	182	184	192	193
	Add - 1% NIC re employer			110	0	0	0	0
	Add - 1% inflation			110	116	119	122	125
	Add - Staff Changes to WTE			50	0	0	0	0
		11,162	10,912	<u>11,612</u>	<u>11,910</u>	<u>12,213</u>	<u>12,527</u>	<u>12,845</u>
	Staff Cost % of total costs	56%	55%	59%	60%	61%	62%	63%

Note - Draft salary estimates for 2016/17 are £11,733k (£11,647K + £86k) so around £140k higher than this draft. Under review

Staff numbers	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Establishment	279		280	280	280	280	280
Vacancy factor %	6.25%		6.25%	6.25%	6.25%	6.25%	6.25%
Budget	265		266	266	266	266	266

Intention is to maintain establishment numbers post functional realignment being around 280 WTE
 Vacancy factor at 6.25% as achievable given turnover in recent years

HS

		2015/16	2014/15	2016/17	2017/18	2018/19	2019/10	2020/21
LDP - High Level Workings		Bud	F/c	Plan	Plan	Plan	Plan	Plan
Notes (cont.)		£k	£k	£k	£k	£k	£k	£k
4	Overheads							
	Finance (excl Deprec)	233	233	218	218	218	218	218
	Health Equity - IT	361	361	361	361	361	361	361
	Strategy - Estates - reduction of £300k in 2016/17	1,493	1,493	1,193	1,193	1,193	1,193	1,193
		<u>2,087</u>	<u>2,087</u>	<u>1,772</u>	<u>1,772</u>	<u>1,772</u>	<u>1,772</u>	<u>1,772</u>
5	Capital							
	IT - Rolling Program	30	50	50	50	50	50	50
	IT - New Developments			100	100	100	100	100
	Property Improvements	70	50	200	100	100	100	100
	TOTAL	<u>100</u>	<u>100</u>	<u>350</u>	<u>250</u>	<u>250</u>	<u>250</u>	<u>250</u>
6	Depreciation							
	Deprec Forecasts on asset base at Dec 15	270	270	270	270	255		
	additions as above							
	IT 15/16	5	5	10	10	10		
	IT 16/17			10	20	20		
	IT 17/18				10	20		
	IT 18/19					10		
	Prop 15/16		0	5	5	5		
	Prop 16/17			5	20	20		
	Prop 17/18				5	20		
	Prop 18/19					5		
	Total Depreciation	<u>275</u>	<u>275</u>	<u>300</u>	<u>340</u>	<u>365</u>	<u>0</u>	<u>0</u>

APPENDIX A: CORE PROGRAMME DELIVERABLES

CORE PROGRAMME 1: FUNDAMENTAL CAUSES

<p>Short term Outcomes</p>	<ul style="list-style-type: none"> • Stakeholder actions, policy and practice are informed by our key messages to support progression of the health inequalities agenda • Availability and accessibility of “what works” evidence is improved • Greater exchange of knowledge and experience about health inequalities; locally, nationally and internationally
<p>Deliverables 2015/16</p>	<ul style="list-style-type: none"> • Provide data, briefings and evidence to key stakeholders identifying challenges priorities to create good work for all in Scotland • Embed good work knowledge into action by supporting implementation of best practice with key stakeholders who can influence good work in Scotland. • Provide a series of high quality data and evidence outputs which describe and explain health and health inequality outcomes in Scotland • Provide data and evidence regarding the impact of the distribution of income and wealth on health and health inequalities, and identify relevant effective interventions. • Deliver a programme of Communication and Engagement aimed at policy and decision makers focused on the fundamental causes of health inequalities and what would work to reduce them. • Exchange knowledge and promote action on the relationship between power and health inequalities in collaboration with local policy and decision makers including Scottish Government, Academics, Oxfam Scotland, Carnegie UK Trust, and Community Planning Partnerships • Provide evidence to policy and decision makers on the impact of austerity and social security changes on health and wellbeing identifying feasible action to mitigate this impact. • Work with policy makers and local leaders to encourage experimentation and evaluation of innovative health inequalities policy and practice, focussing on 4 CPP areas

CORE PROGRAMME 2: SOCIAL AND PHYSICAL ENVIRONMENTS FOR HEALTH

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

2.1 COMMUNITY JUSTICE

Short -term Outcomes	<ul style="list-style-type: none"> • Better community justice planning, practice and collaboration for people in custody and community, through more effective interventions, reduced impact of offending and sentencing and positive, sustainable change.
Deliverables 2016/17	<ul style="list-style-type: none"> • Capture good practice in violence prevention, offender management and prevention of reoffending in local tests of change using improvement methodologies and share with Scottish Government, the CJA Chief Officers Group and Community Justice Scotland to strengthen action to reduce the impact of offending and reduce inequalities.
	<ul style="list-style-type: none"> • Strengthen the focus of the National Prisoner Health & Wellbeing improvement Group on measurable outcomes that impact on health inequalities by rolling out improvement methodologies to strengthen the transition of community justice into local redesign activity.
	<ul style="list-style-type: none"> • Produce advice and an improvement framework for NHS Board Leads for Offender Health Improvement through the National Prisoner Healthcare Network on how to develop local prevention and intervention plans with CPPs to embed action to reduce offending, support victims and reduce the inequalities crime creates. ,
	<ul style="list-style-type: none"> • Work through ScotPHN, with key partners to shape the, public health approach to violence prevention across Scotland, developing new initiatives and projects whilst sustaining existing projects that address the inequalities that underpin violence and health inequality.

2.2 CONNECTED COMMUNITIES

Short -term Outcomes	<ul style="list-style-type: none"> • All stakeholders take into consideration community-led health activity in their area when discussing and planning strategy and when delivering and evaluating programmes and services.
Deliverables 2016/17	<ul style="list-style-type: none"> • Deliver programmes of work that engage disadvantaged communities, including their public and Third Sector partners, in the design and delivery of policy and practice that addresses food poverty and inequalities in health
	<ul style="list-style-type: none"> • Work with stakeholders to agree a Scottish/UK definition, measurement and monitoring of food poverty / household food insecurity.
	<ul style="list-style-type: none"> • Design a programme of activity, with key stakeholders that explores what success would look like for community development and health in Scotland

2.3 NEIGHBOURHOOD & TRANSPORT

Short -term Outcomes	<ul style="list-style-type: none"> • We have used evidence to inform government policy and galvanised action on tobacco control, particularly in response to new legislation and any impact on priority groups. • Communities, CPPs, and the private sector are aware of the place standard, understand it, and use it to drive up place quality and address health inequalities • CPPs, Scottish Government, Local Authorities, 3rd Sector, Communities and Private Sector will have an increased understanding of the relationship between place and health and their specific contribution to tackling inequalities through this route
Deliverables 2016/17	<ul style="list-style-type: none"> • Lead and co-ordinate knowledge into action on further progressing tobacco-free environments, focusing on priority groups with high smoking rates and protecting those at risk from exposure to tobacco smoke in their environment
	<ul style="list-style-type: none"> • In partnership with Scottish Government and others raise awareness and promote implementation of the Place Standard - ensuring its impact is distributed in a way that acts to reduce inequalities
	<ul style="list-style-type: none"> • Generate, synthesise and disseminate knowledge relating to neighbourhood / transport and health, enabling this knowledge to be translated into action by policy and decision-makers to improve the quality of places across Scotland

2.4 WORK STREAM: HOUSING

Short -term Outcomes	<ul style="list-style-type: none"> • Homelessness: Scottish Government Policy leads for homelessness and National NHS Board leads for homelessness are accessing and using Health Scotland's evidence, knowledge and resources to inform and deliver their work. • CPPs, Scottish Government, Local Authorities, 3rd Sector, Communities and Private Sector will have an increased understanding of the relationship between housing and health and their specific contribution to tackling inequalities through this route
Deliverables 2016/17	<ul style="list-style-type: none"> • Work with Directors of Public Health, Housing and other key partners on the prevention of homelessness by driving delivery of the recommendations stemming from the ScotPHN report and UK best practice guidelines.
	<ul style="list-style-type: none"> • Generate, synthesise and disseminate knowledge relating to housing and health enabling this knowledge to be translated into action by policy and decision-makers to improve the quality and affordability of housing across Scotland
	<ul style="list-style-type: none"> • Co-fund the GoWell research and learning programme investigating the impact of investment in housing, regeneration and neighbourhood renewal

in Glasgow on the health and wellbeing of individuals, families and communities

2.5 WORK STREAM: WORKPLACES

Short -term Outcomes	<ul style="list-style-type: none"> • An increasing number of employers apply good workplace practices to promote health, safety and wellbeing and recognise the principles of good work, engaging in early intervention activities to protect and improve employees' physical and mental health. • A refreshed approach to Health and Safety for Scotland is in place and aligns with the Fair Work Framework • An increasing number of caterers hold the healthy living award at standard and plus levels • A refreshed approach to employment and employability services for people with mental health problems has been scoped and developed.
Deliverables 2016/17	<ul style="list-style-type: none"> • Deliver a new Healthy Working Lives website including an appropriate mix of online diagnostic tools and resources and development of digital services to complement other delivery channels.
	<ul style="list-style-type: none"> • Deliver integrated Scottish workplace health and wellbeing services, assisting employers to understand and implement their role in maintenance of and return to good work.
	<ul style="list-style-type: none"> • Deliver and develop the HWL Award Programme maximising employer uptake and ensure employers continue to access advice and support.
	<ul style="list-style-type: none"> • Deliver and develop a range of services to support employers maximise employee mental wellbeing across the workforce.
	<ul style="list-style-type: none"> • Coordinate and co-produce a refreshed Health and Safety Action Plan for Scotland - creating an effective interface between health and safety and good work.
	<ul style="list-style-type: none"> • Deliver and develop the Healthy Living Award for caterers in the public, private and third sectors maximising uptake at standard and plus levels.
	<ul style="list-style-type: none"> • Lead and coordinate a series of discussions at national and local level, to scope the development of approaches that enable working age people with mental health problems stay in employment or get into employment.

CORE PROGRAMME 3: SYSTEM CHANGE FOR EQUITY

Short -term Outcomes	<ul style="list-style-type: none"> • The public service workforce has the capacity and capability to deliver public health policy • The policies we have influenced demonstrate an awareness of health inequalities and are focused on upstream action • Partnerships which can make the greatest impact in addressing health inequalities have an increased understanding and are motivated to take action to promote equity in health and social justice • Those designing services demonstrate an understanding of proportionate universalism in their action planning and delivery
Deliverables 2016/17	<ul style="list-style-type: none"> • Work with Scottish Government and NHS Education Scotland, to scope NHS Health Scotland’s contribution to the workforce requirements of the public health review
	<ul style="list-style-type: none"> • Work with policy leads in Scottish Government to develop employment support service policy capable of delivering health outcomes and addressing the causes of health inequalities.
	<ul style="list-style-type: none"> • Provide leadership and coordination to a programme of work to maximise NHSScotland’s role in reducing health inequality
	<ul style="list-style-type: none"> • Strengthen the development and implementation of alcohol and drug policy in Scotland by providing the best available evidence and working in partnership with Scottish Government and ADPs to deliver improvement work.
	<ul style="list-style-type: none"> • Work with the Improvement Service, Local Public Health teams NSS and other partners to influence and contribute to Community Planning Partnerships work to address health inequalities.
	<ul style="list-style-type: none"> • Work in partnership with the Scottish Government, Healthcare Improvement Scotland, Integrated Joint Board Chief officers to help identify, understand and address health inequalities
	<ul style="list-style-type: none"> • Work with Scottish Government policy and local area HPHS leads to provide leadership and coordination for the Health Promoting Health Service programme and strengthen the inequalities focus of HPHS delivery in the hospital sector
	<ul style="list-style-type: none"> • Work in partnership with the Scottish Government, the Scottish School of Primary Care and the Deep End Practices to scope, define and initiate the development of evaluation, data and knowledge resources aimed at mitigating the impact of inequality on health through the primary care setting

	<ul style="list-style-type: none"> • Lead and contribute to the delivery of key actions within or directly related to the National Physical Activity Implementation Plan
	<ul style="list-style-type: none"> • Collaborate with Scottish Government, COSLA and national mental health agencies to provide support to local area partnerships to apply data and evidence of effective and efficient interventions aimed at promoting wellbeing, preventing mental health problems and reducing mental health inequalities
	<ul style="list-style-type: none"> • Inform and evaluate new and emerging food policy in Scotland using the best available data and evidence, through working in partnership with Food Standards Scotland, and the Scottish Government
	<ul style="list-style-type: none"> • Lead the collaborative development with partners and stakeholders of an evidence based approach to reduce obesity in Scotland.
	<ul style="list-style-type: none"> • Develop, disseminate and support action based on evidence-based recommendations for cost-effective policy and practice to reduce health inequalities working with Government, service delivery and academic partners
	<ul style="list-style-type: none"> • Host the National Programme for Suicide Prevention on behalf of Scottish Government and deliver our commitments in the current strategy , overseeing the implementation and impact of the strategy through the national group
	<ul style="list-style-type: none"> • Lead a programme of work with JIT and IJBs to develop, inform and promote an evidence based, inequalities focused approach to improving the health & wellbeing of older adults including those with multiple and complex needs
	<ul style="list-style-type: none"> • Lead and support improved collaborative relationships across public and third sector agencies in the NHSS implementation of the National Strategy on Violence against Women and Girls, including improved collaborative relationships across public and third sector agencies, and enhanced workforce capacity to improve the NHS identification of, and response to, GBV'.
	<ul style="list-style-type: none"> • Strengthen the role of NHS immunisation and screening services in achieving health equity through informed uptake in collaboration with key groups and organisations
	<ul style="list-style-type: none"> • Work with the Alliance and Strathclyde University to implement the SNAP health and social care action group's priority actions for 206/17 to incorporate a Human Rights approach within health and social care services

- Support development and implementation of local NHS Board activity to mitigate the impact of low income and Welfare Reforms on health and health inequalities across Scotland.

CORE PROGRAMME 4: THE RIGHT OF EVERY CHILD TO GOOD HEALTH

Short -term Outcomes	<ul style="list-style-type: none"> • Families, children and service providers have access to tailored, accurate, relevant and inequalities-sensitive health information • Knowledge underpinning action on achieving equity in health social circumstances is embedded in professional education programmes relating to early years. children, young people and families • NHS services understand their role and the interventions that can support lone parents and other families living in poverty to increase financial inclusion. • A <i>Good Mental Health for All</i> strategy for children and young people will have tested our approach to collaborative action on early intervention for children and young people living in adverse circumstances • Health Scotland & Partners have a better understanding of the support required by local partnerships and actions to mitigate & prevent adverse family circumstances in relation to information, evidence and planning • Engagement as active international partners influences health in all policies, especially those that influence Early Years and the wellbeing of Young People, and improves learning for better policy and practice in Scotland.
Deliverables 2016/17	<ul style="list-style-type: none"> • Work with partners and stakeholders to develop knowledge based resources on health for pregnant women, children, young people and families with particular reference to fundamental causes.
	<ul style="list-style-type: none"> • Work with Scottish Government, NES, SSSC , Education Scotland, the higher & further education sector, and third sector to embed knowledge into action into education, CPD and other training programmes
	<ul style="list-style-type: none"> • Deliver a programme of work, aligned to the Scottish Government’s child poverty strategy, focusing on NHS services’ contribution to preventing, reducing and mitigating child poverty through increasing financial inclusion and opportunities for improving wellbeing for lone parents and families with low incomes.

	<ul style="list-style-type: none"> • Establish a new programme for early intervention for adverse childhood experiences in collaboration with Scottish Government, clinical services and third sector organisations in touch with families living in adverse circumstances.
	<ul style="list-style-type: none"> • Scope the information, evidence and planning support required by local partnerships, the NHS and LAs to resource proportionate actions to mitigate and prevent adverse family circumstances impacting on the health and wellbeing of young people, children and families, including equity in antenatal service access, educational attainment and play
	<ul style="list-style-type: none"> • In partnership with the Scottish Government develop and deliver a new community child health programme.
	<ul style="list-style-type: none"> • Contribute research and evaluation expertise on how to improve child and adolescent health and reduce health inequalities to the WHO Collaborating Centre for Health promotion and Public Health Development and wider intelligence to international public health decision makers including the Scottish Government, WHO, Eurohealthnet and the International Union for Health Promotion and Education.

CORE PROGRAMME 5: Excellence, Innovation and Efficiency

5.1 IMPROVED STAFF EXPERIENCE

Short -term Outcomes	<ul style="list-style-type: none"> • NHS Health Scotland staff are valued, supported and actively engaged in decisions affecting them and are appropriately skilled to deliver their role. • We are exemplary in the way that we embed the Staff Governance Standard into the way we manage and support our workforce.
Deliverables 2015/16	<ul style="list-style-type: none"> • Develop and deliver an action plan against the Staff Governance standard to ensure staff are well informed
	<ul style="list-style-type: none"> • Develop and deliver an action plan against the Staff Governance standard to ensure staff are appropriately trained and developed
	<ul style="list-style-type: none"> • Develop and deliver an against the Staff Governance to ensure staff are involved in decisions and to embed partnership working
	<ul style="list-style-type: none"> • Develop and deliver an action plan against the Staff Governance standard to ensure that staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
	<ul style="list-style-type: none"> • Develop and deliver an action plan against the Staff Governance standard to ensure staff are provided with a continuously improving and safe working environment

5.2 IMPROVED PLANNING & USE OF RESOURCES

Short -term Outcomes	<ul style="list-style-type: none"> • Our resources deliver the greatest impact possible. • We meet or exceed governance standards, regulation and legislation
Deliverables 2015/16	<ul style="list-style-type: none"> • Deliver excellent financial and management information processes and systems including deploying a new planning and staff time management tool
	<ul style="list-style-type: none"> • Host an external assessment team to help us continuously improve the performance of the organisation • Deliver continuous organisational improvement including our corporate governance mechanisms and processes

5.3 IMPROVED STAKEHOLDER EXPERIENCE

Short -term Outcomes	<ul style="list-style-type: none"> • Our key stakeholders are better able to access and use the knowledge that NHS Health Scotland has in order to influence action to reduce health inequalities
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	<ul style="list-style-type: none"> • The products and services we develop will be based on the needs of our customers
Deliverables 2015/16	<ul style="list-style-type: none"> • Gather feedback from our stakeholders so that we understand how to engage and influence effectively
	<ul style="list-style-type: none"> • Develop and implement a Communications and Engagement plan aimed at decision makers, policy makers and practitioners
	<ul style="list-style-type: none"> • Develop our IT and digital services, published products and marketing materials to meet the needs of our customers adhering to agreed quality and accessibility standards, evidence and best practice.
	<ul style="list-style-type: none"> • Develop tools and standards for managing and governing knowledge which meet the needs of the organisation and stakeholders.

5.4 NATIONAL LEADERSHIP DEVELOPMENT

Short -term Outcomes	<ul style="list-style-type: none"> • We are confidently and successfully delivering our corporate priorities and national leadership role • Our position as the national agency responsible for reducing health inequalities and improving health is strengthened. • Public health delivery is focused on achieving health equity
Deliverables 2015/16	<ul style="list-style-type: none"> • Develop our leadership capability within a clear accountability framework
	<ul style="list-style-type: none"> • Provide national leadership and coordination to the work of the Inequalities Action Group and to health equity policy and implementation as part of a public health strategy for Scotland
	<ul style="list-style-type: none"> • Work with Scottish Government, Scottish Public Health Leadership Groups, and Public Health agency stakeholders to provide national leadership for, and development of, innovative and equitable public health delivery across Scotland

Appendix B: Summary of NHS Health Scotland Corporate Risk Register

Under revision.