

## INTRODUCTION

This is NHS Health Scotland's end of year impact report for 2014/15. It focuses on the impact we have had through implementing our Delivery Plan, and is our assessment of the extent to which this is contributing to meeting the ambitions we set out in *A Fairer Healthier Scotland*. Progress and impact relating specifically to our annual review action plan is indicated with (**ARAP**) where relevant.

The vision expressed in our strategy *A Fairer Healthier Scotland (AFHS)* is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

To secure long-term commitment and action to change there are four areas in which, as an organisation, we are seeking to demonstrate improvement and impact over the lifetime (2012-2017) of this strategy:

1. Improved and more equitable **policy making**.
2. Improved performance and quality in **practice**.
3. Stronger support for **action** for prevention and better, fairer health.
4. Organisational **excellence and innovation**.

This report seeks to demonstrate the extent to which we are on track to achieve these outcomes. It does this through an analysis of the context that Health Scotland has been operating in during 2014-15 and how we have responded to the opportunities and constraints of that context. In addition it provides a short overview of factors that have contributed to our capacity to have the impact that we planned to have.

## STRUCTURE OF THIS REPORT

The report has two sections; the first section is a summary analysis of our impact and provides an analysis of:

- Our operating environment
- The impact of our approach to strategic planning
- Our impact

The second section provides:

- A SWOT analysis of our impact capacity during 2014/15
- A selection of impact examples for each of the four AFHS outcomes

Two case studies are presented as flow charts in Appendix A – these will be presented in more detail at the Board meeting on 23<sup>rd</sup> June 2015.

## SECTION 1

### OUR OPERATING ENVIRONMENT

The brief PEST analysis below gives an overview of our operating environment during 2014-15.

<b>Political</b>  2014-15 was a period of intense political activity dominated by run up to the referendum in September and then the UK election in May 2015.  It was also a relatively stable period in terms of new policy development, the SNP being the Scottish Government until May 2016.  Health inequalities, social justice and commitment to the principles of social justice have been a prominent feature of political discourse and are likely to remain so for the foreseeable future.	<b>Economic</b>  2014-15 saw a continued period of economic austerity - this is likely to continue for the foreseeable future.  Public Sector reform in response to demographic and economic challenges driving need for efficiencies, integration and sustainability  People in communities and equality groups across Scotland were and will continue to be affected by austerity measures, most notably those being driven through the reform of the welfare system and welfare benefits.
<b>Social</b>  There was a renewed focus on social cohesion and community empowerment  A sharpened sense of the need to involve communities when planning for improvement  Strong and vibrant civic engagement with the political process	<b>Technological</b>  Digital first strategy.  Investment and innovation in new media and types of communication, whilst being sensitive to the potential impact of a 'digital divide'

### OUR APPROACH TO STRATEGIC PLANNING

We are driving the change we need to deliver AFHS through our strategic planning approach as well as via our wider improvement activity. The introduction of an internal commissioning process and the identification of five core programmes are:

- Bringing our operational planning into much closer alignment with our strategic ambitions.
- Driving closer cross directorate collaboration and this together with our knowledge into action strategy is strengthening our influence and impact.

Central to the commissioning process has been the development of our horizon scanning and public affairs function- using PEST analysis to understand our operating environment so as to align our delivery with this analysis as far as we can.

The impact of this systematic approach has been to increase our reach and influence within the Scottish parliamentary process and with the Scottish Government. In addition we set out and succeeded in negotiating an annual review action plan that provides an authorising environment within which to drive organisational change and strengthen the alignment of our delivery focus with our strategic ambitions.

We also strengthened our approach to identifying short term outcomes for each of the work streams in our core programmes. This is an ongoing and vital improvement process that is not yet as robust as it needs to be. We need to continue to improve our short term outcome setting if we are to demonstrate a clear line of sight between our annual delivery plans and the outcomes set in AFHS; and if we are to demonstrate the impact we are having over the life course of AFHS.

The two case studies in **Appendix A** are examples of cross organisational work and demonstrate the contribution the impact of this work has made to achieving our delivery plan outcomes and medium term AFHS outcomes.

## **OUR IMPACT**

In 2013 our Board agreed a stronger risk appetite for our strategic and reputational work. To enable this to happen and to optimise our impact, we reviewed and strengthened our communications and engagement function, and implemented strategic plans to influence policy and policy-makers. Mindful of our operating environment we have been increasingly framing inequality as a barrier to the right to health and, consequently, to social justice.

Our briefings have been extensively cited, quoted and used by the media and policy and decision makers. The impact of this has placed us in a central position to build stronger support for action to tackle inequalities in Scotland.

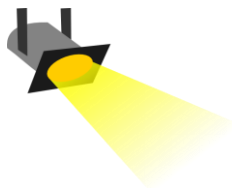
Because of the breadth of interest and nature of our key messages we have worked closely with our sponsor division and Scottish Government communication teams.

We are now recognised by the Scottish Government and other key organisations as the national agency with the remit and skills to influence and assist policy makers in the arena of health inequalities. Scotland is taking a lead in describing the action that can be taken to reduce health inequalities and exploring policy options within the British Isles and have played an important part in influencing UK and international commentary that recognises the country as courageous in its pursuit of progressive public health policy.

The economic context of austerity and public sector funding cuts has put many of our stakeholders in a similar position to ourselves. This has emphasised the importance of collaboration and joint effort to achieve shared outcomes and ambitions. We have used our track record for expertise in outcomes-based approaches and also this renewed focus on social cohesion and community empowerment as a strong platform for developing new and stronger alliances with the third sector and between the third sector and policy makers.

We have also continued to have an impact and build a reputation through our strong brands: Healthy Living Award, Healthy Working Lives, Community Food and Health Scotland, ScotPHO and ScotPHN – although the overall 'Health Scotland' brand is something we recognise that we need to continue to work on to ensure its visibility.

Impact is hard to measure. However, there is good reason to believe that we have had the impact we have set out to achieve in 2014-15, as the spotlight on the examples in the table below demonstrates.



OUTCOME	IMPACT
Improved and more equitable <b>policy making</b> .	Triple I report and MESAS have provided the Scottish Government with evidence to underpin their work to promote the living wage and to defend minimum alcohol price policy at the European court.
Improved performance and quality in <b>practice</b>	We have succeeded in integrating the NHS role in Welfare reform mitigation into the Health Promoting Health Service work.
Stronger support for <b>action</b> for prevention and better, fairer health.	Our briefings have been extensively cited, quoted and used by the media and policy and decision makers
Organisational <b>excellence and innovation</b> .	We have engaged extensively with our staff in order to develop and start to implement important improvement plans for the organisation.

## SECTION 2

The table below is a retrospective SWOT analysis of our capacity to make an impact during 2014-15

<p><b>Strengths</b></p> <p>Significant engagement was undertaken with staff to plan and take forward improvements identified through the 2014 national staff survey and our work with Quality Scotland on EFQM.</p> <p>The commissioning process developed and matured.</p> <p>Several aspects of our structural realignment plans were successfully completed: the communication and engagement functions were integrated with strategic planning; a shared service arrangement, that strengthens our procurement function, was ready to implement on 1 April.</p>	<p><b>Weakness</b></p> <p>The pace of change and movement away from work we no longer prioritise was slower than hoped.</p> <p>We were not always able to react quickly to opportunities on the horizon.</p> <p>Organisational change has sometimes been seen as getting in the way (a reason not to take on new things) rather than as something that will facilitate progress.</p> <p>Although changing slowly, there is still evidence that staff in the organisation experience cultural 'silos' both horizontally and vertically.</p>
<p><b>Opportunities</b></p> <p>Our knowledge into action approach is becoming embedded and is highlighting the need to have greater coherency, articulation and collaboration across our knowledge generation and delivery functions.</p> <p>The European Foundation for Quality Management (EFQM) and other initiatives and frameworks have shown promise as tools to help us drive systematic approaches to improvement.</p> <p>The review of public health presents the opportunity to develop our role in the health inequalities element of the function.</p>	<p><b>Threats</b></p> <p>The uncertain public sector landscape, the review of public health and the shared service agenda; the challenges imposed on public spending by austerity, together with a challenging political calendar, may have constrained our capacity for innovation and the development of our position.</p>

Whilst recognising the issues and challenges in our SWOT analysis, we believe that the examples-in-brief given in the next part of this section demonstrate steady and growing progress towards all four outcomes set within AFHS.

## Improved and More Equitable Policy Making: Examples of Impact

*NHS Health Scotland aims to influence and shape policy, enabling people to be healthy across the social and economic spectrum. It aims to do so through structural changes and influences on the wider environment, as well as encouragement to change at the community and individual level.*

### Informing Investment for Inequalities (III) Tools (Core Programme 1)

- The Informing Investment for Inequalities (III) tools and commentary were published in December 2014. In the 6 weeks following publication there were 2,304 hits on the webpage with a total of 834 downloads of the commentary. The report was disseminated to health boards, local authorities, the Scottish Government, the Scottish Parliament and to the press, and as a result was reported extensively in the print and television media.
- ***Recently, payment of the living wage has been assessed to be “one of the most effective interventions to tackle inequalities, and particularly health inequalities”*** - a reference to the ScotPHO Triple I study by the Minister for Public Health. The SNP also put out a [press release](#) welcoming the *ScotPHO Informing Investment to Reduce Health Inequalities* (Triple I) report.

### Fair Work (ARAP) (Core Programme 2)

- We began engagement with the new Fair Work, Skills and Training Directorate within the Scottish Government and are working with them to determine the role NHS Health Scotland might play in supporting its work and that of the Fair Work Convention. **(ARAP)**

### Place Standard (Core Programme 2)

- We successfully collaborated with Scottish Government and Architecture and Design Scotland on a new Place Standard. This has the ambition of raising the quality of neighbourhoods through evidence-informed consultative agenda-setting in communities and will offer opportunities to empower communities to be involved in plans to improve their physical environments.

## **IMPROVED PERFORMANCE AND QUALITY IN PRACTICE: Examples of Impact**

*Improved quality and practice involves working with national and local partners to ensure the planning and delivery of services intended to improve health are focused on reducing the inequalities gradient.*

### **Fit for Work Scotland Service: Advice line (ARAP) Core Programme 2**

- The Advice Line element of the new Fit for Work Scotland Service, for which Health Scotland is responsible, went live on schedule in January 2015.

### **National Smoke Free NHS Grounds Core Programme 3**

- We led the development and delivery of a national smoke free NHS grounds campaign. This aimed to raise mass awareness that all NHS grounds in Scotland are totally smoke free, why this is important and to ensure people understand it is now unacceptable to smoke on NHS grounds. Feedback from Boards indicated recognition as a national campaign and numbers of smokers across a number of NHS sites has reduced

### **Health Promoting Health Service (ARAP) Core Programme 3**

- Our work on hospital demographics has enabled discussions on use of data and approach to inequalities at local level. We influenced the CMO's letter to all NHS Boards indicating plans to update the CEL for 15/16 with focus on inequalities and secured the requirement for NHS Boards to provide access to financial advice. This has set a platform for us to now take forward broader strategic work in preparation for 16/17 by developing a manifesto for the NHS contribution to reducing inequalities.

### **Health Improvement in Prisons : Core Programme 3**

- We worked with partners to deliver two national seminars on substance use and on health improvement in prisons. We led the drafting and submission of a paper via the Director for Health and Justice at the Scottish Government and the Justice Minister on the priorities for health improvement for offenders and informed the overall health recommendations of the Ministerial Group on Offender Reintegration.
- This has set us up to continue to work on a joint substance use protocol development and lead a new framework for health of offenders in communities.

#### Early Years Core : Core Programme 4 (ARAP)

- As a result of our influence specific topics highlighted for routine enquiry by Health Visitors will include financial inclusion and domestic abuse.
- The Care Inspectorate has adopted our report '**Setting the Table**' to monitor the quality of this aspect of childcare provision.
- As a result of our influence with the Scottish Qualifications Authority (SQA), the revised SVQ Children and Young People and the HNC Childhood Practice courses now incorporate content on health inequalities.

Resources developed to support the antenatal HEAT target have had the following impact.

- A 4 minute film guide to 'what happens at your booking appointment' developed and disseminated across the EY network in February and achieving 1,540 views on You Tube.
- 30 second cut-down version of above had 30,653 views across a four week period in March – this is the highest ever amount of views of any of our film products

#### Gender Based Violence (GBV): Core Programme 3

- We have continued to raise the profile of gender based violence as a public health issue and one which is closely connected with several other aspects of health inequality. Local capacity to deliver training on GBV and to promote greater collaboration between the NHS and women's organisations has been increased
- Evaluation responses from the students affirm that the quality and content of the training is highly valued
- Collaboration between RCGP, NHS GBV Leads, local women's organisations, GP practices and Health Scotland has been further developed

#### Suicide Prevention: Core Programme 3

Feedback from Orkney Blide Trust, a third sector organisation providing support for people in distress or mental health problems:

- *'Since the start of the campaign (we) noticed a considerable rise in traffic to our Facebook page, the RBTL poster got 22 likes and the poster*

*reached over 9,000 people. We were contacted by three people as a direct result of the poster campaign (and were able to support them through difficult times). There has been increased awareness... in our experience people are starting to talk about (suicide) in a more open way in Orkney.'*

## **STRONGER SUPPORT FOR ACTION FOR PREVENTION AND BETTER, FAIRER HEALTH: Examples of Impact**

*Stronger Support for Action means using our skills and knowledge to advocate for and build the will amongst senior Scottish Government policy leads, other national organisations and leaders in local government, business and the NHS in order to collaborate on delivering the health action needed to undo, prevent or mitigate the impact on inequality on health.*

### **Physical Activity**

- As a result of our successful negotiation with SportaUk, the national association of leisure and cultural trusts, a consistent approach to health improvement and inequalities interventions will be increased in local areas.

### **CPP (ARAP) Core Programme 3**

- Following receipt of our delivery plan and initial discussions Inverclyde CPP requested Health Scotland input to develop actions to support their Health Inequalities group scrutinise the plans of their thematic groups from an inequalities perspective. The manager requesting the support from Health Scotland has given a 10 out of a scale of 10 for all aspects of the support received to date. We are therefore assuming that our work will have an impact on future planning and delivery within the partnership. We will look for evidence of this over 2015/16.

### **Public Affairs: All Core Programmes**

- Work is being developed in 2015/16 to measure the impact we have had through Our public affairs activity has not been captured centrally before November 2014. However since November:
- 38 **consultations** responded to since April 2014 – May 2015
- 8 **calls for evidence** since January 2014.
- We have given **oral evidence** to parliamentary committees twice

- There were **six explicit references** to the work of Health Scotland and **two implicit references to Triple I** in the health inequalities debate in parliament.
- We were referenced during the mental health debate and the in-work poverty debate in parliament
- 3 further calls for evidence currently being written for submission by July 2015

#### Media: All Core Programmes

- NHS Health Scotland has achieved consistent coverage over the last year, in particular, with reference to the publication of various reports, including *Triple III*; the *Economics of Prevention*; *Setting the Table*.
- Across the financial year, NHS Health Scotland has been mentioned 384 times; with health inequalities featuring 314 times.
- Social media is a growing and potentially more important channel. We are developing this approach including training for senior staff prior to our Health Inequalities week in August 2015.

## ORGANISATIONAL EXCELLENCE AND INNOVATION: EXAMPLES OF IMPACT

*Organisational excellence and innovation describes the continuous quality improvement as well as change processes needed to ensure that we have the systems and processes in place that facilitate high quality work and are able to evaluate and demonstrate the impact that we are having through A Fairer Healthier Scotland (AFHS).*

#### Realigning our teams to focus on AFHS: All Core Programmes

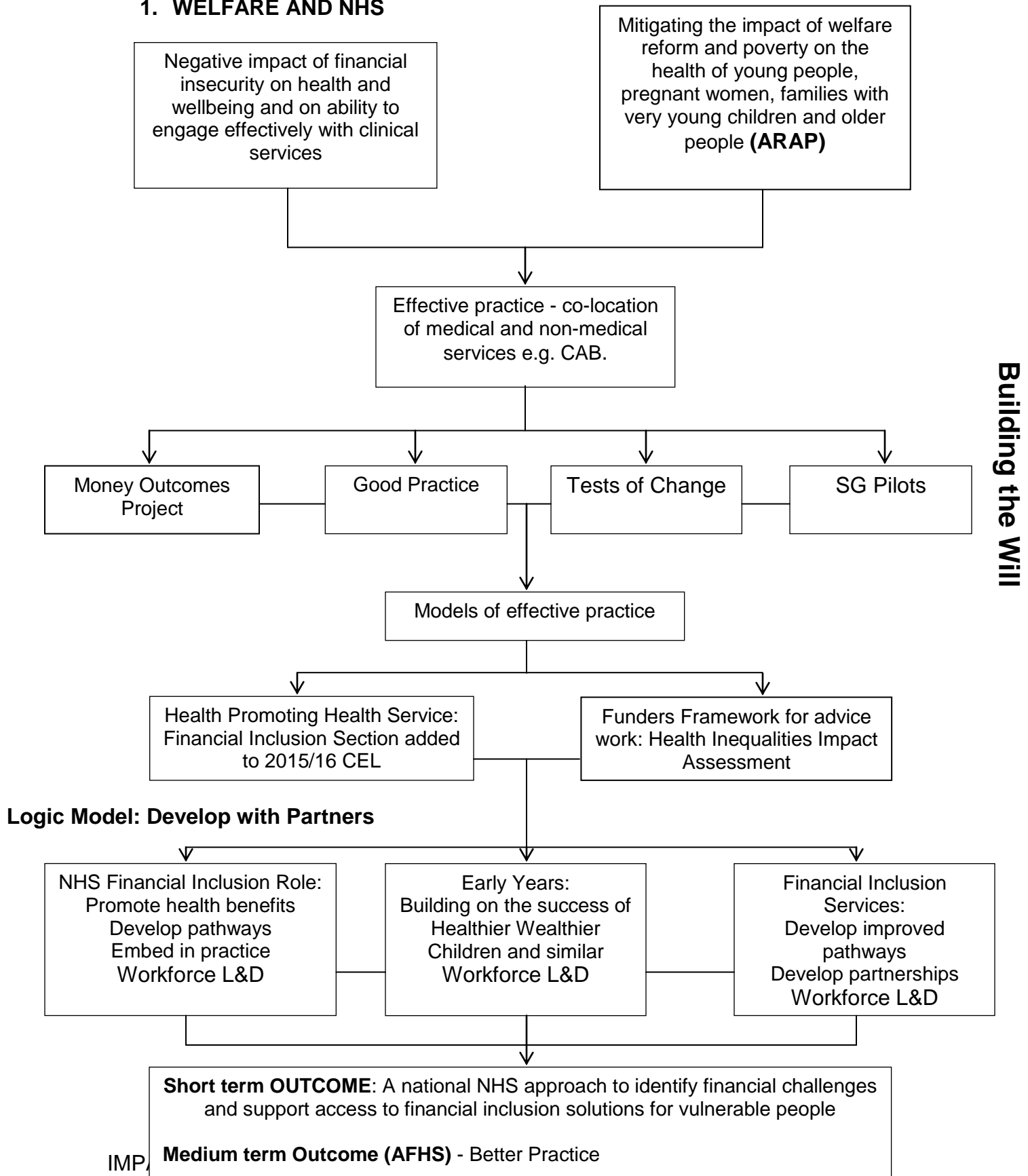
- We completed the functional realignment of several functions and are well on the way to finalising arrangements for the remaining functions under review.
- We integrated the Strategy, Communications and Engagement teams. This brought strategic planning and engagement into close alignment with our corporate communications - the impact of this is evidenced throughout this report.
- We used realignment to strengthen and exemplify excellence in

<p>partnership working, with a very rigorous approach to partnership and staff communication and engagement throughout this process</p>
<p><b>Embedded EFQM: Core Programme 5</b></p>
<ul style="list-style-type: none"> <li>• The scope and visibility of our approach to improvement has increased considerably over this year. 35 staff were directly involved in improvement work through self-assessment workshops, improvement champion work or acting as a trained EFQM assessor. The feedback and ideas that we are gaining from this work are directly leading to improvements in how we work and in how our staff experience the organisation.</li> <li>• We have also agreed with our auditors to use this approach to satisfy the Best Value requirements placed on us as a public sector body. This is a strong recognition of the value-adding nature of this work</li> </ul>
<p><b>Cross organisational Commissioning: Core Programme 5</b></p>
<p>The Horizon Scanning Group has been set up to identify opportunities and changes in the external landscape and to put in place appropriate responses. The impact of this has been to:</p> <ul style="list-style-type: none"> <li>• Provide early influence on identifying planning priorities for next year</li> <li>• Drive the development of a focused campaign to communicate with and engage politicians and policy makers in utilising the knowledge we produce for their manifesto development and the wider policy process.</li> <li>• Identify the need for the organisation to be fleetier of foot in spotting and responding to opportunities for influence and advocacy.</li> </ul>
<p><b>Efficiency: Core Programme 5</b></p>
<ul style="list-style-type: none"> <li>• Our Web2Print service which lets customers customise our materials with, for example, local referral information, has exceeded customer expectations, demonstrated by a 72% increase in print orders printing 142% more units.</li> </ul>
<p><b>Volunteering (social Impact): Core Programme 5</b></p>
<ul style="list-style-type: none"> <li>• We have built a strong partnership with Volunteer Scotland and our efforts have been recognised by way of a renewed “Investors in Volunteers”</li> </ul>

award this year, as well as being shortlisted as “Placement of the Year” award at the Bridges Programme Stakeholder awards 2014. 4 additional volunteers were recruited in the past 12 months
<b>Environmental Impact: Core Programme 5</b>
<ul style="list-style-type: none"> <li>We have continued our record of environmental excellence. We are one of only two public bodies in Scotland to be certified by the World Land Trust for delivering carbon balanced printing. Of our printing products, 94% are manufactured to ISO14001 environmental standards and 92% in line with Forest Stewardship Council certification</li> </ul>
<b>2014 National Staff Survey: Core Programme 5</b>
<ul style="list-style-type: none"> <li>Our response rate to the 2014 national staff survey remained the highest of all NHS boards, at 90 %. Compared to 2013, the proportion of staff who agreed that staff are kept well informed increased by 20 %, and the number of staff who said they were always consulted about change rose by 15 %. Our approach to understanding and acting on these results has also continued to develop. For example, our use of Directorate-level Action Plans has provided us with the traction needed to ensure that specific improvement actions are identified where they are specifically needed in the organisation.</li> </ul>
<b>Stakeholder Engagement (ARAP): Core Programme 5</b>
<ul style="list-style-type: none"> <li>Building on a strengthened strategic engagement function, we have established an external stakeholder AFHS performance forum chaired by a non-executive Board member and attended by senior planning and performance staff from a range of key stakeholder organisations.</li> <li>The purpose of the forum is to give direct feedback and shared intelligence in order to produce Key Performance Indicators for the organisation. It is also an opportunity to build constructive and new relationships with a range of key stakeholders and also a new understanding, with some key stakeholders, of the future focus of Health Scotland’s ambition.</li> <li>This forum helped us to plan a wider event with stakeholders in January 2016 to explore collaborative performance in order to reduce health inequality. This was invaluable in terms of helping understand what matters to our partners and customers and how we can support them to reduce health inequalities.</li> </ul>

## Appendix A: CASE STUDIES

### 1. WELFARE AND NHS



## 2. Communications and Engagement

