**DELIVERING *A FAIRER HEALTHIER SCOTLAND*: OUR DELIVERY PLAN 2015–16**

**DRAFT**

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Our vision

Our vision 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.

Our mission

Our mission is to reduce health inequalities and improve health. To do this we will influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

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1: The policy and evidence context for our work

Introduction

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 to reduce health inequalities, and to improve how that knowledge is turned into action.

This document sets out what we plan to do deliver in 2015/16. As such, this plan is intended to fulfil our delivery contract with the Scottish Government.

The diagram below illustrates our integrated approach to the development of this plan- drawing together LDP guidance, our Annual Review Action plan and our wider work to translate the knowledge of what works to reduce health inequalities and improve health into action at national and local levels.

**Our ANNUAL REVIEW ACTION PLAN 2015-16**

**LOCAL DELIVERY PLAN/ NHS SCOTLAND PRIORITIES 2015-16**

* Health Inequalities and Prevention
* Antenatal and Early Years
* Person-Centred care
* Safe Care
* Primary Care
* Integration

**OUR CORPORATE OUTCOMES 2017**

* Improved and more equitable policy-making;
* Stronger support for action for prevention and better, fairer health;
* Improved performance and quality in practice; organisational and excellence and innovation
* Organisational excellence and innovation

**Our Core Programme 2015-16:**

Incorporating LDP and Health and Social care strategic commissioning guidance with wider actions to reduce health inequalities and improve health

Our strategic and policy context

In September 2013, the World Health Organisation (WHO) European region approved the new 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. Health Scotland’s strategy **A Fairer Healthier Scotland** is recognised as an example of how the WHO expects countries to fulfil their obligation to implement 2020.

The Scottish Government set out its **vision for 2020** in 2011. It has reaffirmed this commitment and is currently refreshing the strategy for achieving this vision for health and social care- to ensure that it reflects the changing needs and expectations of the people of Scotland and the new way services will be delivered under health and social care integration. A key purpose target for the Government is to increase 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]](#footnote-1)*

NHS Health Scotland has a key role in working with others to support the Scottish Government achieve this purpose and its commitment to human rights, equality and social justice as set out in its **programme of work**.

**Health, rights and social justice**

Our vision 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. Most people would agree that health is really important. It’s central to our overall wellbeing and how much we enjoy every aspect of our lives. Health enables us to live fulfilling lives and be active members of society. The right to the highest attainable standard of physical and mental health for all is also a rights issue and a key part of social justice. Social inequalities in Scotland are a barrier to realising this right, standing in the way of social justice in Scotland.

**Social justice: the fair and equal distribution of wealth, opportunities, and privileges within society.**

Health inequalities persist in Scotland and as such remain a clear proxy for social injustice or in other words the unfair and unequal distribution of wealth, opportunities and privileges within society.

**Addressing the causes and effects of inequality on health**

Our strategic aims are predicated on our vision for 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. In other words where everyone is able to exercise their right to achieve the best possible health.

The causation of health inequality is shown in the model below and clearly demonstrates that a blend of action is needed to address the fundamental causes, the environmental influences **and** action to mitigate the impact of inequality on people’s health.

There are factors that are ‘fixed’, such as our age, ethnicity and genetics. But the model shows that there are other external factors, such as wider socioeconomic and cultural conditions as well as the physical and social environment in which we live, learn and work. These factors all affect our health and it is the unequal distribution of health-creating or health-harming environments that can lead to health inequalities.

Further explanation of this model can be found in Appendix B



**Reducing health Inequality and improving health**

Our **review** of health inequalities policyin Scotlandrevealed that there has often been a drift to tackling the downstream effects of inequality on health- the so called ‘life style’ drift.

Health improvement initiatives to address the harm to health from smoking, alcohol, poor diet and low levels of physical activity are important and we will continue our work in these areas. We will do this in a way that tailors and delivers national products and services that manage against the risk of any further widening of health inequality and ensures that the needs of vulnerable population groups are prioritised.

We will also work with national and local partners to ensure the approach taken to the delivery of services in Scotland embraces proportionate universalism- this means planning and delivering services in proportion to need.

However, whilst this work is important and necessary it will not be sufficient to reduce health inequality- hence our intention to work with others on addressing the fundamental causes and environmental influences that harm health and result in many individuals and groups experiencing poor health and reduced healthy life expectancy in comparison to others in our society.

There is clear evidence that equitable access to health and social care services, and equitable experience of the quality of these services, are important determinants of health for individuals and for the whole population. However, the evidence is also clear that fairness and equity in health cannot be achieved through health and social care services on their own- action is needed at national policy levels and local planning and practice levels across the public, employment and third sectors- or as the WHO states ‘whole government and whole society approaches’.

Our work spans policy, planning and practice at national and local levels. Our delivery plan is expansive in scope and ambition, it demonstrates our reach and influence across a wide portfolio of policy and practice. We are confident that our approach of working with and through others means that we can fulfil the commitment to delivery set out in this plan.

Our delivery plan for 2015/16 is therefore our commitment to work with our national partners, NHS Boards and the integrated Health and Social Care Boards ***and*** our wider work at national policy level with and through the third and employment sectors.

The next section describes our approach to coproduction and collaboration and our distinct offer to national work and to local community planning and Health and social care partnerships.

2: Co-production and Knowledge into Action

We know that we share the ambition for a fairer healthier Scotland with many organisations and individuals across Scotland. Our distinct contribution to this shared ambition is to lead and work effectively with others in the generation, production and enactment of the knowledge about how to achieve this. Our approach to this is shown in the diagram below.

**Knowledge Generation**

**Knowledge Management**

**Knowledge Application**

Our national role requires us to work collaboratively with others at each stage of translating knowledge into action. We have identified key improvements needed as follows:

**Knowledge generation**-We will continue to step up 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 to step up our engagement with key policy makers and leaders at national and local levels to ensure that our products and services are useful and tailored to their needs.

**Knowledge application-** We will continue our work within the **National Inequalities Action Group in** partnership with the Scottish Government, the Improvement Service, Scottish Centre for Voluntary Organisations and CoSLA and step up our contribution to collaborative action at national and local levels.

**MECHANISMS FOR Delivery and improved Impact**

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| --- | --- |
| MECHANISM | PURPOSE |
| The Inequalities Action Group | In partnership with the Scottish Government and key partners, identify a number of feasible high-impact actions for delivery at national level and at local Community Planning Partnership, NHS and Integrated Joint Board levels. |
| A Fairer Healthier Scotland Stakeholder Performance Group | To identify, in partnership with the Scottish Government and other key public and third sector partners, our organisational performance measures within the context of collaborative outcome focused planning and performance.  To lead the development of a collaborative planning and performance management approach for the reduction of health inequalities in Scotland |
| Collaboration with national and local public and third sector agencies | To maximise and share collective knowledge, expertise and resource through the production of joint briefings, statements of intent and partnership initiatives with key partners in local public health and health improvement and the third sector of intent leading to action at national and local levels across the public, private and third sectors |
| A systematic communication and engagement programme to disseminate knowledge across the system. | To ensure a co productive approach is taken to translating knowledge into action at national and local levels through increased sharing of digital, national events, round tables and other communication and engagement channels. |

**AT a GLANCE: Our offer to Community Planning Partnerships and Integrated Joint Boards**

**3. OVERVIEW OF Our Core programmes**

**children in all our work**

Protecting and promoting the right of every child to good health is an objective that runs through all of the work that we do.

Poverty and inequality are barriers to that right to health. Much of the work that NHS Health Scotland will take forward within its core programme on The Right of Every Child to Good Health is focused on mitigating the effects of poverty and inequality but if children are to thrive and reach their potential we must prevent them being exposed from the very start of their life to negative experiences that will have a lasting impact on their health, learning and behaviour.

**Actions being taken forward by the other core programmes in Health Scotland to address the unequal distribution of power, money and resources and improve the social and physical environments where people live, work and play are therefore crucial to ensure the best start in life and throughout childhood and the teenage years.**

**Core programme 1:** **Fundamental causes**

* We will work with key stakeholders from across Scotland to tackle the biggest issues in achieving the right to good health. We will provide evidence based reviews on welfare and low income including the cost of living and the impact of tax and welfare reform policies.
* We will coproduce and distribute evidence, research and analyses to further Scotland’s understanding of inequalities and what has works to mitigate the impact on health, including the relationship between power and health inequality
* We will work with the NHS to ensure a national approach and an increase in the availability of financial inclusion services and include health inequality outcomes in employability policy and practice.
* We will work collaboratively with key stakeholders to embed the principles of good work in the objectives of the Fair Work Convention and in the practices of Scottish employers with a specific focus on the care sector.

**Core Programme 2:** **Social and Physical Environments for Health**.

* We will work with local and national partners to help ensure the places and communities in which people live and work, support and promote good health- producing new knowledge and evidence about what action needs to be taken support the development and delivery of effective policy and practice.
* We will work with the criminal justice service to ensure effective health improvement activity and support local community organisations contribute to a reduction in health inequalities
* We will work with partners to ensure the effective the implementation of the new Place Standard;
* We will work with partners to deliver smoke-free environments across a range of settings;
* We will continue to invest in GoWell to improve our understanding of housing, regeneration and health
* Our Scottish Centre for Healthy Working Lives will continue to work with employers and employees across Scotland to improve working environments.
* We will continue manage and administer the Healthy Living Award to food outlets across Scotland

**Core Programme 3: System change for health equity**

* We will work with partners to ensure services and programmes reach and meet the needs of people who need them most as well as work effectively across the population (proportionate universalism)
* We will develop common goals for addressing health inequalities, working with public sector leaders, planners and practitioners across the system
* We will translate knowledge of what works into action and to evaluate effectiveness for impact on health inequalities and health improvement
* We will focus on better mitigation of the impacts of inequalities and focus more on prevention.

**Core Programme 4:** **The right of every child to good health**

* We will work with NHS Scotland and other national and local partners to identify and strengthen our contribution to reducing health inequality and improving health in children and young people.
* We will work with NHSScotland and other national and local partners to strengthen the contribution the NHS can make to mitigate the impact of welfare reform and poverty on children and their families.
* We will establish collaborative partnerships to take action on the main barriers to a healthy start, particularly violence, addictions, poverty and parental mental health.
* We will work with mainstream health related services and programmes to embed actions on children’s life circumstances.
* We will lead a programme of work to mitigate the effects of health inequalities on marginalised young people (those who are looked after, involved in the youth justice system, at risk of poor mental wellbeing).

**CORE PROGRAMME 5: ORGANISATIONAL EXCELLENCE AND INNOVATION**

**To insert**

4: Our core programme deliverables

Core programme 1: Fundamental causes

Taking action to tackle the fundamental causes of health inequality is vital if these inequalities are to be reduced. Health inequalities are caused primarily by social and economic drivers resulting in the unequal distribution of power, money and resources across the population of Scotland, it is about more than just the gap between the richest and poorest in our society. Health behaviours are influenced by the circumstances and environments in which people live and work therefore efforts in reducing health inequalities need to extend to tackling the social and economic drivers of inequality. This involves influencing change in other sectors and policy areas such as environmental regulation, education, housing, employment, income and transport. The aim of the core programme is to establish an evidence base with which to influence stakeholders in their actions at policy and practice level to work towards reducing health inequality.

**Work stream 1: Income & Wealth**

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| Aim | The key messages from our evidence based work on income, wealth and power are incorporated into the strategic and operational work of our partners. |
| Short term Outcomes | * Key messages on adequate income and a universal and non-stigmatising welfare system are incorporated in to the strategic work of partners * Our work on Economics & Cost of Living informs subsequent decision-making * A national approach for the delivery of financial inclusion services to vulnerable patients has been adopted by NHS Scotland. * Reduction of in-work poverty and increasing the availability of work are recognised as key objectives by Scottish Government departments and publicly-funded bodies. * Policies and practice are changed to prioritise the provision of high quality work, work paid above poverty thresholds and to increasing the availability of jobs. * NHS Boards are supported to develop and deliver on their outcomes focused plans to mitigate the impact of welfare reforms on health and health inequalities. |
| Deliverables  2014/15 | * Publish a series of analyses and evidence reviews of Welfare & Minimum Income and share with key audiences, including third sector and ScottishGovernment. * Publish and disseminate a series of evidence briefings on the costs of living, the impact of a wide variety of tax and welfare policies on health inequalities and a report on the contexts in which health inequalities reductions have been achieved internationally. * Lead the development and implementation a national approach to improve and expand the delivery of financial inclusion services to vulnerable NHS patients particularly young adults, elderly patients, those with a disability, and those in addiction services * Make the case for inclusion of explicit health and health inequality outcomes within employability policy and practice in Scotland through our role on the National Delivery Group * Stimulate and facilitate growth in the level of NHS Board activity to mitigate the impact of Welfare Reforms on health and health inequalities across Scotland |
| Performance measures | * Monitoring future policy and practice documents for citations and signs of influence (contribution analysis). * We will reach relevant audiences though small dissemination events with the relevant reach groups and monitor attendance. * Schedule meeting with key stakeholders and agree actions * Analysis of data and reviews of evidence have been carried out and published * Targets to demonstrate poverty is being addressed are set for employability providers funded by Scottish Government and Scottish Local Authorities. |
| Risks | *to insert* |

**Workstream 2: Good Work**

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| Aim | Key partners, employers and employment service providers are aware of and actively implementing the principles of Good Work across their areas of influence |
| Short term Outcomes | * The SG, employers and employment service providers are aware of the significance of Good Work in reducing health inequalities   + Scottish employers, safety organisations and intermediary bodies engage in projects and use of NHS HS tools to   increase awareness of and action to support vulnerable employees |
| Deliverables  2014/15 | * Describe through briefings and stakeholder engagement events, the Scottish labour market against the Marmot principles of Good Work; and contribute to creating/sustaining good work and making bad work good, with an initial focus on the social care sector * Develop and implement actions and influence to ensure the objectives of the Fair Work Convention are informed by the significance of good work to addressing health inequalities and include explicit commitment to achieving Marmot characteristics of good work as defined in "Fair Society Healthy Lives" * Work with Scottish employers and their intermediary bodies to develop projects, tools and support opportunities for increased awareness *of and action to support vulnerable employees.* |
| Performance measures | * SG, employers and employment service providers are: • Aware of the significance of Good Work in reducing health inequalities • Able to quantify the challenge of Bad Work and prioritise sectors/occupations to target * Public Health representative on the Government's strategic Fair Work group Fair work convention have reflected information submitted from HS in aims/objectives. * Actively seek to support employers to sustain good work and make bad work good * Increased number of referrals and requests to advisers through the Drive Safe Scotland web site. * Understanding of Marmot principles of good work demonstrated in stakeholders actions * Uptake of train 2015 challenge engagement on mental health initiative and dissemination of results * Engagement of Dundee businesses in Estate Excellence activities * Development of partnership model to reach waste industry employees. * Engagement with partners to deliver occupational cancer messages to workplaces * Proposal for delivery of violence and aggression training * Defined priorities for improvement in work within the care sector. Active engagement and participation by care sector partners. * Organisations have adopted "what works" practices NHS HS has promoted |
| Risks | *to insert* |

**Work Stream 2: Contribution to Society (Power)**

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| Aim | NHS HS has an informed strategic position on its advocacy role for action on redressing power imbalances as they impact on health inequalities. |
| Short term Outcomes | * In collaboration with partners we will have added to the knowledge base - on the causal pathways between the distribution of power and health inequalities |
| Deliverables  2014/15 | Through collaboration with key partners Health Scotland, Scottish Government and planning partnerships provide evidence on the relationship between power and health inequalities, in order to inform (future) policy and interventions |
| Performance measures | * NHSHS contribution identified, defined, agreed and demonstrated through engagement with new stakeholders; - briefing papers published * NHS HS conceptual paper on power & health inequalities published * NHSHS alignment of engagement strategy needs and future programme developments. |
| Risks | *to insert* |

Core programme 2: Social and Physical environments for health

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 need the opportunity 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. 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.

**WORKSTREAM 1: Community Justice**

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| Aim | To ensure offenders receive an effective, joined up set of health improvement services as they move through the criminal system |
| Short -term Outcomes | * A more joined up and integrated set of health improvement activities and interventions for offenders is in place |
| Deliverables  2014/15 | * Provide advice to NHS Board Leads for Offender Health Improvement on Integrated Single Shared Release Planning & Effective Throughcare. * Contribute to a gap analysis of Single Outcome Agreements with Criminal Justice Authority Chief Officers Group and provide key recommendations for NHS Board Leads in order to help them meet the Psychological Therapies Standard. * Contribute via membership of National Prisoner Healthcare Network workstream groups and other key fora to ensure the strengthening of effective delivery in Throughcare of Alcohol / Drugs / Tobacco (in particular Opiate Replacement Therapy) and Mental Health & Wellbeing. * Contribute to the adaptation, development and piloting of improvement methodologies for throughcare system design, redesign and smarter delivery * Provide advice and local facilitation support for NHS Board Leads for Offender Health Improvement to develop and produce local prevention and intervention plans. * Produce an Improvement Framework on developing success measures in overdose prevention, housing and homelessness, living wage, gender based violence, suicide prevention and alcohol and drug recovery. * Shape a public health approach to violence prevention across Scotland, |
| Performance measures | Evidence that the advice and guidance produced across all of the deliverables is being used locally and nationally. |
| Risks | *to insert* |

**WORKSTREAM 2: Connected Communities**

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| Aim | To support local communities develop collective knowledge and understanding about how local community-led action[[2]](#footnote-2) can help reduce health inequalities and to ensure this knowledge is used in local planning |
| Short -term Outcomes | CPP’s and Health and Social Care Partnerships strategic commissioning and service delivery is influenced by community-led health activity in their area |
| Deliverables  2014/15 | * Bring together CHEX, the third sector, GCPH and other relevant organisations to develop a shared understanding of widely-used terms such as, social capital, assets-based, community development, community education, co-production, community engagement) and use this shared understanding to demonstrate their contribution to a reduction in health inequalities. * Deliver a programme of work addressing inequalities in health through the medium of food by Community Food and Health (Scotland) with disadvantaged communities and the agencies they engage with, including CPP’s and H&SCP’s. * Commission the delivery of a programme of work on addressing inequalities in health through community-led health activity by the Community Health Exchange (CHEX) with disadvantaged communities and the agencies they engage with, including CPP’s and H&SCP’s. * Synthesise national and international evidence about the impact on health inequalities of community development approaches and disseminate this to all interested parties including CHEX, the third sector and Directors of Public Health. |
| Performance measures | Evidence that SOAs and other local plans recognise and effectively incorporate community-led action. |
| Risks | *to insert* |

**Workstream 3: Neighbourhood & Transport**

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| Aim | To improve air quality and the quality of our physical environments |
| Short -term Outcomes | * 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, Third Sector and Private Sector will have an increased understanding of the relationship between place and health and their specific contribution through the continuing development and implementation of Good Places Better Health * Increased implementation of measures to improve air quality by policy makers, strategic leads, planners and the general public through changing the way people travel and reducing exposure to second-hand tobacco smoke in public spaces |
| Deliverables  2014/15 | * Co-develop the Place Standard for Scotland, maximising its potential to reduce health inequalities through delivery of high quality places that nurture health and wellbeing. * Co-develop an Implementation Plan for the Place Standard and contribute to its delivery, ensuring ongoing stakeholder involvement and engagement with Place Standard users * Further develop and implement Good Places, Better Health: generate, synthesise and disseminate knowledge and evidence relating to place and health, allowing this knowledge to be translated into action to improve the quality of places across Scotland by supporting and informing decision-makers working on aspects of place and environment * Co-ordinate tobacco control activity to increase awareness of the dangers and harm of second hand tobacco smoke and to reduce the cultural acceptability of smoking with a focus on protecting vulnerable people * Complete a joint project with Health Protection Scotland and SEPA to develop messages on transport related air quality in order to influence decision-making on transport choices using the Good Places, Better Health approach |
| Performance measures | * Published Place Standard specifically recognises health inequalities and the number of CPPs using it for local place and health planning. * The number of CPPs using Good Places Better Health for local place and health planning. * User surveys and analysis of user outputs in relation to changing the way people travel and second-hand tobacco smoke * Specific examples of relevant policies/strategies/plans/decisions being influenced in relation to the way people travel and second-hand tobacco smoke |
| Risks | *to insert* |

**Workstream 4: Housing**

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| Aim | To contribute to health improvement and a reduction in health inequalities through action on housing, homelessness and regeneration |
| Short -term Outcomes | * Scottish Government and locality policy leads for housing and regeneration are using the learning from GoWell together with Health Scotland's knowledge, evidence and resources to contribute to a reduction in health inequalities through housing and regeneration * 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 * Scottish Government and local policy leads for housing and poverty and the Fuel Poverty Forum are accessing and using Health Scotland's evidence, knowledge and resources to mitigate the impact of housing and fuel poverty on health. |
| Deliverables  2014/15 | * Co-fund research and learning programme and support the governance arrangements to support the delivery of GoWell * Work in collaboration with organisations such as Shelter Scotland to synthesise the evidence and knowledge on housing and health issues and what is being done to address these to strengthen relevant policy and practice * Work with the Health and Homelessness Network and Directors of public health to ensure implementation of guidance on health and homelessness provided to all NHS Boards through ScotPHN * Generate and synthesise knowledge and evidence briefing/report on how fuel poverty might impact on the population in terms of health and health inequalities. This knowledge and evidence will also include exploring the linkages between fuel poverty, climate change mitigation and sustainability, which impact on health inequalities. |
| Performance measures | Evidence that all of the advice and guidance produced is being used locally and nationally. |
| Risks | *to insert* |

**Workstream 5: Workplaces**

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| Aim | To contribute to health improvement and a reduction in health inequalities through support to workplaces, employers and employees |
| Short -term Outcomes | * An increase in the number of employers aware of and accessing Healthy Working Lives support and services to protect and improve employees' physical and mental health * An increase in the number of employers undertaking measures to enable early detection of health, safety and wellbeing issues at work to protect and improve employees' physical and mental health * An increase in the number of employers supporting employees to remain in or return to work including using the Fit for Work Scotland (FfWS) service. * An increase in the number of awards held by caterers in Scotland and an increased commitment to the plus level of award. |
| Deliverables  2014/15 | * Deliver a mix of online, telephone and face to face support for employers to raise awareness of and increase access to Healthy Working Lives services, to support detection of health, safety and wellbeing issues and to encourage a greater intensity of uptake of services to improve health and wellbeing at work. * Develop a suite of tools to support employers in providing good work. * Working in partnership with NHS Inform and SALUS(NHSL), develop Occupational Health, Safety and Wellbeing focused support and services to complement implementation of the Fit for Work Service in Scotland * Manage and deliver the Healthy Living Award within existing quality standards and time frames increasing the number of awards held and maximize commitment to the Healthy Living Award plus. |
| Performance measures | * Increased awareness of HWL brand. * Number of employers accessing services. * Number of advice line enquiries handled and visits to www.healthyworkinglives.com. * Number of employers represented at training and awareness sessions and supported in preparing action plans to detect health, safety and wellbeing issues. * Number of employers supported in developing policies/good practice to protect and improve health and wellbeing and engaging with services. * Level of uptake of Fit 4 Work by employers * Maintenance of existing Healthy Living Award customers and increase in commitment to HLA plus * Increased a number of new customers achieving the Award |
| Risks | *to insert* |

**Core Programme 3: System Wide Change**

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 must maximise cross sector working to agree common goals for addressing health inequalities, 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. Core programme 3 aims to strengthen the potential of services to improve health and to mitigate and prevent inequalities impacting on health.

**Workstream 1: Partnership strategies are inequalities focussed**

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| Aim | **To establish multi-level partnership strategies to improve health and to prevent and mitigate the impact of inequality on health** |
| Short -term Outcomes | * A coherent and refreshed strategic focus on Gender Based Violence (GBV) within key Scottish Government policy domains and strengthened collaborative working between NHSS and partner agencies. * Learning set methodologies foster leadership with ADP Chairs and use improvement methodologies with local ADP areas to improve local service flow and impact * A leadership programme for reducing health inequalities, targeted at executives and non-executives has been scoped and developed * The capacity to understand and use economics evidence on prevention is enhanced and the evidence is being accessed by the Scottish Government CPPs, Health and Social Care partnerships and the Third sector * The refreshed Sexual Health and Blood Borne Virus Framework has a greater focus on inequality * A collaborative programme of work with the Improvement Service, other national partners and local Public Health structures has strengthened action to reduce health inequalities through CPPs at national and local levels * Health Scotland contribution to the role of primary care in reducing health inequalities is strengthened. * Health Scotland has contributed to the successful progression & delivery of our commitments in the Suicide Prevention Strategy * Equality and a human rights based approach is built into policy and, planning at local partnership level and decision-making on work to address health inequalities |
| Deliverables  2014/15 | * Lead the development of a co-ordinated strategy for NHS Scotland to prevent and reduce GBV, including improved collaborative relationships across agencies and enhanced workforce capacity to identify and respond to GBV. * Deliver a learning set and improvement methodologies in collaboration with Scottish Government for Alcohol and Drug Partnership (ADP) chairs to strengthen performance to meet the LDP Alcohol ABI Standard and for the alcohol content of Health Promoting Health Service (HPHS) CEL 2015 * Lead the collaborative development of an inequalities framework for NHS Scotland building on the HPHS framework, and develop leadership capacity for reducing inequalities among Executives and Non-Executives of NHS Boards and Health and Social Care Integrated Joint Boards. * Develop and disseminate to partners evidence-based recommendations for cost-effective policies and services acting on health inequalities. * Develop an action plan with a focus on reducing health inequality in response to the refreshed Sexual Health and Blood Borne Virus (SHBBV) Framework * Develop and deliver a collaborative programme of strategic and operational actions to reduce health inequalities through Community Planning Partnerships * Work collaboratively with key stakeholders within Primary Care, to support the development of new models of care that are most likely to be effective in reducing health inequalities in Primary Care. * Continue to host the National Programme for Suicide Prevention and commitments in the suicide Prevention Strategy 2013 /16 and oversee the implementation of the strategy via the national implementation group. * Influence and facilitate the application of equity and the right to health principles into strategies and practice to address health inequalities, specifically for health and social care, neighbourhood and place and community led health. |
| Performance measures | * Collaborative strategies are in place at regional and partnership levels between NHS and our public and third sector partners for Gender Based Violence, Sexual Health and Blood Borne Viruses, suicide prevention, human rights, alcohol and drug services, and health economics in prevention. * Evidence that advice, training materials, leadership programmes and guidance is developed in partnership with and relevant to other delivery organisations and is being used locally and nationally * Local and national plans recognise and effectively incorporate action to prevent and mitigate impact on inequality on health. |
| Risks | *to insert* |

**Workstream 2: Public services take A proportionate universal approach**

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| Aim | **Public policies and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs** |
| Short -term Outcomes | * Tobacco policy and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs * Mental health policy and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs * Drug, alcohol and SHBBV policy and services combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs * Increased knowledge of evidence (causes and impact) to contribute to active and health ageing and to reduce inequalities in the health of older people |
| Deliverables  2014/15 | * Improve tobacco control service planning, design and monitoring to ensure effective delivery of services for priority groups * Lead a programme of activity that utilises data, evidence and learning to influence practice and service delivery towards improving physical health outcomes for people with severe and enduring mental health problems * Commission pilot projects to promote a drugs harm reduction and recovery approach through and provide networking opportunities and learning sets for ADPs, third sector and SG; and provide evidence for the harm reduction element of the new SHBBV strategy * Lead a programme of work with partners that will inform and promote an evidence based, inequalities focused approach with older adults including those with multiple and complex needs |
| Performance measures | Health improvement strategies incorporate actions to meet specific needs of groups with higher levels of poor health. |
| Risks | *to insert* |

**Workstream 3: Health improvement policy is integrated across sectors**

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| --- | --- |
| Aim | **Health improvement policies and strategies are integrated across sectors and re-oriented to focus on upstream actions and are delivered in proportion to need** |
| Short -term Outcomes | * The HPHS drives a stronger focus on health inequalities and health improvement across NHS sectors and is re-oriented to focus on upstream actions and in proportion to need * Health improvement policies and strategies for physical activity, public mental health, Childsmile, food and healthy weight are integrated across sectors, re-oriented to provide greater focus on causes of poor health and they encourage more intensive action where necessary. * Information about screening and immunisation is appropriately targeted for the population and for professionals to facilitate informed choice and to ensure inequalities in uptake are recognised and addressed * Increased understanding of the implementation and impact of public health policy on health inequalities and health improvement |
| Deliverables  2014/15 | * Strengthen the inequalities focus of the HPHS delivery programme * Lead a system wide programme, based on data and evidence , focusing on strengthening the role of public services and communities in improving public mental health and reducing mental health inequalities * Advise, contribute to and lead the delivery of key actions contained within or directly related to the National Physical Activity Implementation Plan “A More Active Scotland” ensuring health inequalities focused interventions are shaped by evidence, best practice and knowledge of where need is highest. * Identify evaluation options for new policy initiatives in collaboration with Scottish Government and Academic partners * Produce and provide materials for Childsmile * Produce and provide materials for NHS Boards in relation to priority groups (older people, homeless, prisoners, SCHWLs) and their access to dental care * Lead the development of communication strategies and produce a suite of materials to support the delivery of the Scottish Screening & Immunisation Programmes * Produce evaluations of the health and inequalities impacts of existing health improvement policies and strategies -alcohol, tobacco control, physical activity, and Food and Obesity) * Advise and facilitate partnership working to enable the development and implementation of Scottish Food & Health policy with a focus on improving health and reducing health inequalities * Provide criteria for local actions on child health weight and obesity |
| Performance measures | * Inequalities impact of existing health improvement strategies for alcohol, tobacco, physical activity and obesity measured and mitigated. * New actions stimulated for addressing health inequalities within universal strategies, for Health Promoting Health Service, improving public mental health, food and health, and obesity * Increased knowledge and awareness of inequalities and new action inspired on inequality within universal health improvement strategies for physical activity and oral health * Increased uptake coverage of Childsmile nursery programme across Local authority and private nursery * Priority population groups have improved access to NHS dental care * Accessible communications principles applied to public information for oral health, immunisation and screening |
| Risks | *to insert* |

**Workstream 4: A common Vision for PUBlic Health delivery in Scotland**

|  |  |
| --- | --- |
| Aim | **To co-produce and sustain a common vision of, and leadership for, effective public health delivery in Scotland** |
| Short -term Outcomes | * A common vision of, and leadership for, effective public health delivery is in place in Scotland |
| Deliverables  2014/15 | * In collaboration with others define the Public health workforce and contribute to the UK process to refresh the PH Skills & Knowledge Framework * Develop new ways of working to sustain and enhance public health leadership and collaboration. * Carry out a needs assessment, guidance and scoping service redesign action resources etc. |
| Performance measures | Increased knowledge of the public health workforce numbers and potential impacts on the Scottish review of public health. |
| Risks | *to insert* |

Core Programme 4: The right of every child to good health

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. This core programme seeks to work with a wide range of stakeholders to support and promote action across the fundamental causes and environmental influences whilst at the same time ensuring that practice to support children, young people and families experiencing inequality is strengthened and improved.

**Workstream 1: Partnership strategies are inequality focused**

|  |  |
| --- | --- |
| Aim | To establish multi-level partnership strategies to improve the health of children and young people and to prevent and mitigate the impact of inequality |
| Short -term Outcomes | * Health Scotland’s contribution to reducing the impact of inequality on the child’s right to health has been strengthened. * Pregnant women and families with young children are able to access financial inclusion services through referral from Health Visitors and Midwives in NHSScotland * Partners will have increased understanding of the factors that give rise to youth health inequalities and how these can be addressed |
| Deliverables  2014/15 | * Develop and implement an NHSHS strategic plan in partnership with key partners that articulates how NHSHS will work with others to promote the rights of children and young people to good health * Develop and implement a national approach for the delivery of financial inclusion services to pregnant women and families with young children * Advise on, support and lead the delivery of key actions related to the implementation of the Children and Young People’s Act * Provide data for CPPs on health inequalities and determinants of health of children and young people through community profiles and the ScotPHO website. * Lead a programme of work to mitigate the effects of health inequalities among marginalised groups of young people including: those who are looked after, involved in the youth justice system, at risk of poor mental wellbeing/mental health problems, experiencing barriers to service access. |
| Performance measures | * Evidence that routine enquiry around financial inclusion is integrated into the universal Health Visitor pathway * Evidence that knowledge and data produced by NHSHS is used by CPPs in the planning of CYP services * Learning from local income maximisation projects for families with young children has been shared nationally and influenced how financial inclusion services are planned and delivered * National information resources and learning tools about financial inclusion have been produced and are being used by midwives and health visitors * Evidence that advice and guidance on the implementation of the CYP Act is being used locally and nationally * Awareness within CPPs of available data on children and young people and evidence that these data sources are being used to inform policy and planning of services * Increased knowledge among relevant partners and practitioners of the actions required to mitigate the effects of health inequalities among key marginalised groups (i.e. LAC, those involved in the youth justice system, those experiencing poor mental well-being and/or mental health problems, those with poor attainment and those experiencing barriers to service access |
| Risks | *to insert* |

**Workstream 2: Public services take A proportionate universal approach**

|  |  |
| --- | --- |
| Aim | Public policies and services for children and young people combine proportionate universalism with targeted, tailored interventions for those with multiple and complex needs |
| Short -term Outcomes | * Routine enquiry around life circumstances is embedded in the new Health Visitor pathway |
| Deliverables  2014/15 | * Provide evidence, materials and evaluation for the new Health Visitor pathway * Provide evidence, facilitate networks and co-produce resources for strategies and programmes to reduce inequalities in the antenatal period * Promote the importance of play through key actions agreed with the Play Strategy Implementation Group * Provide evidence, workforce development and planning support for services providing care of children outwith the home and assess evaluation options for the enhanced pre-school childcare entitlement * Facilitate knowledge into action with the maternal and early years workforce to improve policy implementation and increase focus on addressing inequalities in the early years |
| Performance measures | * Evidence that routine enquiry on key public health issues – financial inclusion, gender based violence, substance misuse – is integrated into the universal health visitor pathway * Evidence that the impact of SAPEP resources on delivery of antenatal education is understood and shared with NHS Boards * Awareness of play@home resources and uptake of training sessions among early years workforce including third sector * Guidance for parents on cost effective resources for play is developed and distributed to parents * Planning resource on play has been developed and distributed for use by CPPs * The Early Years Taskforce work on out of school care is informed by evidence and has an inequalities focus * Key change areas of the Early Years Collaborative have been influenced by evidence provided by Health Scotland * The maternal and early years workforce have better knowledge about tackling inequalities and are in a better position to work collaboratively to address these in relation to maternal and child health |
| Risks | *to insert* |

**Workstream 3: Health improvement policy is integrated across sectors**

|  |  |
| --- | --- |
| Aim | Health improvement policies and strategies relevant to children and young people are integrated across sectors and re-oriented to focus on upstream actions and are delivered in proportion to need |
| Short -term Outcomes | * The teenage pregnancy and young parents strategy has a strong focus on reducing health inequalities * Collaborative capacity to take forward work on youth health improvement has been increased |
| Deliverables  2014/15 | * Provide evidence, logic modelling and project management support for the development of the Teenage Pregnancy and Young Parents Strategy * Work with the Scottish Infant Feeding Advisor Network and with early years childcare providers to improve the diet and nutritional status of pregnant women, babies and young children * Facilitate the Youth Health Strategic Leads Group and other partnerships to agree a collective approach to youth health improvement and the reduction of health inequalities |
| Performance measures | * An evidence informed Teenage Pregnancy and Young Parents strategy has been produced with a strong inequalities focus * A multi partnership action plan is in place to implement the strategy locally and nationally. * Childcare providers are aware of the “Setting the Table: Nutritional guidance and food standards for early years childcare providers” resource and are motivated to use the guidance to make changes to the food environment for young children. * Changes in knowledge and awareness within key partner organisations of the breastfeeding and inequalities evidence base; consideration given to the impact of this on their client group; motivation to consider plans for change within their organisation; develop relationships with other organisations to support the process. * Increased awareness within the SG of the evidence informed rational for taking a more integrated approach to youth health * Local Health Board Youth Health Improvement strategic leads have agreed a collaborative approach to address key issues or relevance within the YHI agenda (e.g. youth unemployment, provision of youth friendly health services, raising attainment, supporting healthy biological development, training on multiple risk behaviours, etc.) * Partners with an interest in youth health data collection and use (ie COSLA, HBSC, Children’s Parliament, ASD, Young Scot, COSLA , Local Education Authorities, Education Scotland and local Health Boards) * LAs and third sector partners with a role in youth health are aware of, and supported to apply, evidence related to youth health inequalities, healthy biological development in adolescence and shared and unique risk and protective factors for youth health behaviours |
| Risks | *to insert* |

5: Developing an excellent organisation

# Excellence, Innovation and Efficiency

Health Scotland can only deliver the ambitious aims of AFHS if it achieves 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. In the case of Health Scotland it involves making the most effective use of our financial and non-financial resources, having a fully engaged and skilled workforce and having processes in place that support the greatest utilisation of the knowledge available to the organisation.

***Improved Staff Experience***

|  |  |
| --- | --- |
| Aim | To succeed through the talent of our people |
| Short -term Outcomes | * NHS Health Scotland’s staff feel more engaged in decisions affecting them (ARAP Theme 6) - Staff feel more engaged in decisions affecting them. |
| Deliverables  2014/15 | * Deliver the outcomes set by Workforce 2020 Vision and Staff Governance Standards so staff feel confident and capable * Sustain excellent customer practices and satisfaction levels based on structured feedback. * Lead organisational change in a way that ensures staff are fully involved in decisions that affect them and all changes lead to full alignment with AFHS. * Ensure all staff have the IT and other necessary support to work efficiently, effectively and productively regardless of location |
| Performance measures | * Organisational average EEI (iMatter) * Staff Survey 2016: involved in decisions score * Average Corporate Services Customer Survey score improves |
| Risks | *to insert* |

**Improved Planning & Use of Resources**

|  |  |
| --- | --- |
| Aim | To have a plan that links what we do to our vision of AFHS, so we can demonstrate high performance and making impact.  To make best use of our resources and assets so we can make the greatest impact |
| Short -term Outcomes | * We have a set of key performance indicators in place and use a blend of quantitative and qualitative measures to demonstrate our impact on an annual basis * Our Delivery Plan is outcomes focused and developed in collaboration with our partners and we are able to evidence our impact |
| Deliverables  2014/15 | * Deliver an improved process of accountability, planning and risk management through the implementation of new systems of performance management and management information with the CMT and related groups. * Set and meet an agreed group of sustainable and social targets * Deliver an internal development programme for commissioners, team heads and programme managers to strengthen strategic planning and better demonstration of impact. * Improve and protect organisational reputation and performance by delivering all of our compliance and governance obligations. * Deliver improvements on our planning and delivery of partnership agreements |
| Performance measures | * Positive feedback from our annual review , sponsor division and AFHS stakeholder performance forum * We have in place integrated workforce, financial and delivery planning * All audit reports and government sign off of workplace plan, staff governance action plan etc. to standards of satisfaction or higher * Distribution of spend by prioritisation tool score * Financial targets: e.g. variance against planned spend, allocated budget by January |
| Risks | *to insert* |

**Improving Knowledge, better Knowledge**

|  |  |
| --- | --- |
| Aim | To make our internal processes more efficient and effective, so we deliver great value products and services that meet or exceed the needs and expectations of those who use them. |
| Short -term Outcomes | * 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. |
| Deliverables  2014/15 | * Knowledge Generation. Processes are developed so that knowledge is generated throughout the organisation. We listen to our customers so we can engage and influence effectively. * Knowledge Management. Processes are developed and managed so that knowledge can be synthesised and tailored to meet organisational and customer needs * Knowledge Application. Developing and designing products and services that reach and engage our customers. Develop a comprehensive plan to re-design our corporate website suite so that we better engage and influence our key audiences: deliver Phase 1 of healthscotland.com in advance of the Annual Review |
| Performance measures | * Stakeholder feedback survey- demonstrates we are reaching and influencing our stakeholders * Evidence that internal and external collaborative approaches are being taken to generate knowledge * Customer feedback and reach evaluation on effectiveness measures of core programme interventions |
| Risks | *to insert* |

6: Our workforce plan

To insert

**7: Our financial plan and PAMS**

**To insert**

**Assumptions**

**Ring Fenced DEL**

**Work Force Planning**

**Savings Plan**

**Performance**

**Non-Recurring Allocations**

**Capital planning**

**Non-Core Allocations** (Annually Managed Expenditure)

**Risk**

**Workforce Planning Assumptions**

***Policy Assumptions:***

Appendix A: NHS Health Scotland Annual Review Action Plan 2014–15

Minister for Public Health

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NHS Health Scotland

**The Scottish Government** Riaghaltas na h-Aiba

Margaret Bums CBE

Chair

Gyle Square

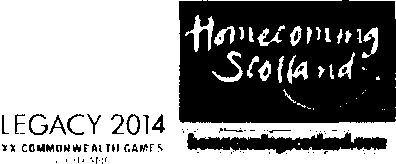
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November 2014

**NHS HEALTH SCOTLAND ANNUAL REVIEW 2014**

I am writing to you, following the NHS Health Scotland Annual Review on 30 September 2014, to summarise the main points discussed and actions arising from the review.

As you are already aware, I am keen to ensure the rigorous scrutiny of NHS Boards' performance, whilst encouraging as much direct dialogue and accountability between stakeholders and Boards as possible. For this reason, Ministerial attendance at Board annual reviews tends to be biennial. As one of the Boards which had a review chaired by a Minister last year, you conducted this year's non-Ministerial review in public. I was pleased to see that, as with your 2012 annual review, you invited a stakeholder panel to lead the Q&A session and that you also took the opportunity, following the formal review, to hold a stakeholder engagement event, helping to both provide a constructively critical review of NHS Health Scotland's activities over the past year, and to encourage greater stakeholder involvement in formulating plans for the future.

I would like to acknowledge the contribution of the Stakeholder Panel, under Ian Welsh's chairmanship, to a successful Annual Review.

**Introduction and opening comments**

As in previous years, all Boards were expected to submit a written report to Ministers on their performance over the course of the year. Your self-assessment gave a detailed account of the specific progress NHS Health Scotland had made in a number of areas, most specifically

around the actions identified in the 2013 annual review. This was made available to members of the public and to your stakeholder panel to inform the discussion.

In your self-assessment you clearly outlined progress and challenges, and you noted that in the coming year you intend to focus on the development of a systematic approach to collecting stakeholder and partner feedback and working to achieve stronger support for action. I am also note your continued focus on improving staff engagement.

I asked Government officials to attend the Annual Review in an observing role and this letter summarises the main points and actions arising from the meeting.

Demonstrating Impact

The panel, chaired by lan Welsh, the Chief Executive of the Health and Social Care Alliance, began by querying how NHS Health Scotland demonstrates the impact it is having. It was noted that it is often difficult to quantify the specific contribution being made by Health Scotland, which largely has an influencing role. Also, many outcomes need to be considered over the longer-term, as they cannot be measured over a single year.

It was suggested that some of the metrics, and also some of the language, used within the self-assessment were difficult for the lay person to understand. NHS Health Scotland took this point on board and noted that a stakeholder forum has been set up to identify more appropriate metrics.

It was noted that it is difficult to benchmark NHS Health Scotland against other Boards or organisations, as they are unique in the type of work they do, although some areas, such as the staff survey results, could be benchmarked.

Staff Survey

The stakeholder panel had some questions on the staff survey, particularly around staff engagement. It was reported that every manager within NHS Health Scotland has an objective to work with staff, however many staff still do not feel involved in decisions. It was noted that a number of actions for improving communications and engagement with staff at all levels have been identified and that work is also being done to further break down the survey results to identify areas for additional action. The Partnership Forum has been playing a key role in helping to identify what is going well and what needs improvement.

Healthy Working Lives

It was reported that NHS Health Scotland are focussing more on responding to customer needs and are carrying out more market research to find out what these needs are. Further to this, consideration is also being given to where investment is needed most and to how things can continue to be done to the same standard at lower cost.

In relation to the new Fit for Work Service, it was noted that the Centre for Healthy Working

Lives has a key role to play.

Reach and Engagement

There was some discussion around work being done in remote and rural areas and other hard to reach areas, and it was noted that there are lessons to be learned from how services in these areas have addressed their challenges.

Efficiency Savings

It was recognised that NHS Health Scotland is working to reduce costs through reviewing and better prioritising the work it does, and delivering efficiency savings.

Health Inequalities

There was discussion around the need to achieve a balance between the work on the drivers of health inequalities with the work to mitigate the impact of these inequalities.

It was noted that NHS Health Scotland inequality impact assesses all new programmes of work, although its intention is not to avoid actions which may improve population health at the cost of increasing health inequalities, but to perhaps consider modifying the means of communicating to better suit a different audience.

In relation to the guidance produced for Non-Executive Directors on what they could do to help reduce health inequalities, questions were raised around whether this was reaching a wide enough audience and around how its impact could be measured. However, this document generally received a lot of praise.

Welfare Reform

The issue of welfare benefits reform came up in both the panel session and the audience Q&A session. NHS Health Scotland noted that it provides evidence to Government on the impact of welfare reform on health inequalities and that it has also held many workshops and briefings, engaging with a number of groups with an interest in this issue. In particular, there is a focus on the effects of welfare reform on children and consideration is being given to issues around those in poverty who are in work, as well as those who are out of work.

Health Promoting Health Service (HPHS)

It was reported that there had been good progress in HPHS over the past year, particularly in relation to smoke-free grounds and work on promoting healthy catering and retailing,

however there are still challenges around getting clinical buy-in and leadership. NHS Health Scotland noted that it would continue to work closely with the Scottish Government to move this agenda forward.

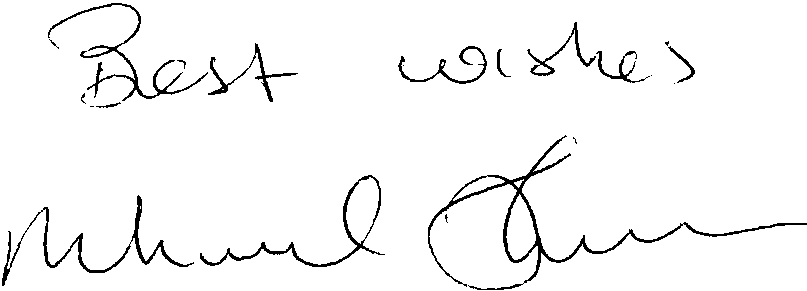
Partnership Working

It was reported that many Community Planning Partnerships (CPP) now consider NHS Health Scotland to be a 'critical friend' and that the Board has shared its delivery plan with all CPPs to encourage further engagement.

Questions were raised around what more NHS Health Scotland could do to improve communication with the third sector. It was noted that NHS Health Scotland are moving towards a stronger and more strategic approach with regards to collaboration with the third sector and had recently done a lot of work with the Alliance and had set up a new Third Sector Programme, aimed at bringing in more lived experience.

**Conclusion**

I would like to thank you and your Board, and the staff of NHS Health Scotland, for their continued commitment and hard work over the last year. The referendum highlighted the importance that the people of Scotland place on social equality and it is, therefore, now more important than ever that we work to reduce health inequalities and improve health. With this in mind, I have outlined a number of actions in the following annex, which I expect NHS Health Scotland to deliver over the coming year.



**MICHAEL MATHESON**

**ANNEXA**

**ANNUAL REVIEW ACTION POINTS**

Key themes arose that require NHS Health Scotland to focus action over the next year.

**Theme 1: Demonstrating Impact**

**OUTCOME**

NHS Health Scotland has a set of key performance indicators in place and uses a blend of quantitative and qualitative measures to demonstrate its impact on an annual basis.

**ACTIONS**

• Work with the AFHS stakeholder performance forum to develop a set of measures including KPis.

• Ensure the Delivery Plan for 2015/16 has SMART short-term outcomes for each core programme (including key impact measures) and is clearly aligned with an improvement approach to stakeholder engagement.

**Theme 2: Strengthening system wide support for action to reduce health inequalities**

**OUTCOME**

Key stakeholders are better able to access and use the knowledge that NHS Health

Scotland has on how to reduce health inequalities.

**ACTIONS**

• NHS Health Scotland to ensure that an improved website is in place - ensuring that it is developed and tailored to fulfil its strategic purpose with all key stakeholders.

• NHS Health Scotland has a communication and engagement plan that prioritises engagement work with policy makers, health and social care partnerships, CPPs and Third Sector organisations.

• NHS Health Scotland develops a model, materials and funding for a 'listening to the people of Scotland' programme delivered through the local community and voluntary sector.

(\_)

Theme 3: Rebalance Health Scotland's delivery priorities in order to build fairer health outcomes into local planning and practice

OUTCOME

NHS Health Scotland has rebalanced its delivery focus to release capacity to work collaboratively with policy makers, CPPs and Health and Social Care Partnerships to reduce health inequality.

ACTIONS

• NHS Health Scotland provides specialist health inequalities knowledge and delivery support to the Inequalities Action Group, focusing on planning for health equity within CPPs and HSCP.

• NHS Health Scotland's internal realignment process leads to a rebalance of staff resource and capacity towards working collaboratively with policy makers, CPPs and Health and Social Care Partnerships to reduce health inequalities and improve health.

• NHS Health Scotland to work with its sponsor and other policy leads in Scottish Government to agree work to be prioritised and negotiate appropriate exit strategies as required.

Theme 4: Welfare reform, poverty and austerity • working with the public, private and third sectors to promote Good Work and support for access to and sustainability of employment

OUTCOME

An increasing number of Employers are using HWL and FFWS.

An outcome focused programme to mitigate the impact of welfare reform and poverty on health has been scoped for delivery through Primary Care services.

ACTIONS

• NHS Health Scotland to work with, and support development and implementation of, FFWS and to identify opportunities for synergies with the activities of SCHWL, ensuring effective promotion and uptake of the services by employers.

• Scope and develop a programme, in partnership with primary care and the third sector, with a focus on:

o mitigating the impact of welfare reform and poverty on the health of young people, pregnant women, families with very young children and older people.

o mitigating the impact of fuel poverty and homelessness on health outcomes within these groups.

**Theme 5: Strengthening the role NHS Boards and HSCPs in reducing health inequalities and improving health.**

**OUTCOME**

A leadership programme for reducing health inequalities, targeted at executives and non­

executives of NHS Boards and HSCP, has been scoped and developed.

**ACTIONS**

• Work with key national and local partners to scope the development support needs of executive and non-executive directors in local partnerships.

• Working with key partners, lead the development of an NHS 'manifesto' for health improvement building on the HPHS framework, focusing on strengthening the role of NHS services in promoting health and reducing inequalities in health outcomes.

• Scope a strategic programme of collaborative work with primary care services focussing on design and evaluation support for initiatives designed to address the inverse care law, including building on the learning from Keep Well and the Link Worker programmes.

**Theme 6: Engaging HS staff**

**OUTCOME**

NHS Health Scotland staff feel more engaged in decisions affecting them.

**ACTIONS**

• Continue to develop a partnership model of working at the heart of NHS Health

Scotland staff engagement.

• Ensure that data from *imatters* and the staff survey are used to drive continuous improvement.

Appendix B: Theory of causation explained

**INSERT**

Appendix C: Summary of NHS Health Scotland Corporate Risk Register

1. LDP guidance 2015/16 [↑](#footnote-ref-1)
2. For more information on community-led health see http://www.chex.org.uk/media/resources/publications/Community-led%20for%20All%20final%20web.pdf [↑](#footnote-ref-2)