

NHS Health Scotland

Draft Delivery Plan 2019/20

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Please note:

- Formatting should be ignored – the Delivery Plan will be published in the corporate design template
- Performance indicators are still to be added – they will developed alongside output planning.

Chief Executive's foreword

The year ahead is one of transformation. We launch this plan in April 2019 as NHS Health Scotland, but by the year's end NHS Health Scotland will have become part of Public Health Scotland. Whilst 2019/20 will be a year of significant organisational change, it is also a year that will see our work towards a fairer, healthier Scotland move on apace. This is an unprecedented year for the organisation, which you will see reflected in this, our final NHS Health Scotland Delivery Plan. You will see from what follows that our mission to reduce health inequalities and improve health continues. The task we have set ourselves in this plan is to make sure that we do that within the context of wider public health reform as well as the move to the new agency.

I know I can speak for my colleagues when I say that we are all excited and optimistic about what the future will bring. The public health reform programme being led by Scottish Government and the Convention of Scottish Local Authorities (COSLA) is clear that what the country needs is bold action. Scotland has had a poor health record for too long and efforts to date have not done enough to change this. We are seeing increasing levels of health inequalities and worrying trends around life expectancy. We need to do things differently and do different things. The new public health body will play an important role in this, together with local authorities, the third sector, local partnerships, NHS boards, and the wider public sector, and, importantly, the communities of Scotland. It's only by all working together that we will make the change happen and I have a real sense that people are ready to take up this challenge.

NHS Health Scotland has an important role to play in contributing to and responding to the changes now being implemented through public health reform. But we will do this within the context of the Scottish Government and others relying on us to continue to progress significant work around fairer health improvement. This is work that we are progressing in the context of Scotland's new Public Health Priorities and will take with us into Public Health Scotland. This context is the backdrop of our Strategic Framework for Action 2017-22, in which we set out short term outcomes

that we believed would take our work for fairer health improvement forward and into the new organisation.

In this, our last Delivery Plan as NHS Health Scotland, we continue to work to these outcomes. It is this Delivery Plan, together with our Strategic Framework, and the significant skills, experience and expertise of our staff that will ensure our legacy of fairer health improvement is embedded into the new organisation.

It is my great honour to sign off by thanking all our stakeholders, all our partners and all the individuals we have worked with over the years for sharing our passion and commitment to making Scotland a fairer and healthier place to live. It is through this shared passion and commitment that we will succeed in our shared ambition of a Scotland where everybody thrives.

Gerry McLaughlin, Chief Executive
NHS Health Scotland

Our context

Public Health Reform

NHS Health Scotland is Scotland's national health improvement agency and one of the country's national public health bodies. Our work focusses on what can be done to improve population health in Scotland and reduce the unfair and avoidable health inequalities that persist in Scotland, thus realising the right of all our citizens to the highest attainable standard of health. You can read more about our vision for a fairer, healthier Scotland in our [Strategic Framework for Action 2017 – 22](#).

The Scottish population shares a number of significant health challenges. We compare unfavourably to other countries - we have one of the lowest life expectancies in Western Europe and the lowest in the UK. Comparisons within the country show that significant health inequalities persist between us too. Where we were born and where we live can translate into living longer lives, living shorter lives and living more or less time with ill health. We are a population with complex needs. Complex health needs with demands on the health service. But also complex social needs that demand a response from outwith the health service.

It is in response to these challenges that the Scottish Government and COSLA have set out on an ambitious programme to reform public health in Scotland. There are three elements to this:

1. Setting national Public Health Priorities
2. Establishing Public Health Scotland
3. Supporting the whole public health system to make a difference.

NHS Health Scotland is supporting all elements of the reform programme. You can read below (page XX) about how our work contributes to the Public Health Priorities. You will see how we are supporting the whole public health system in all of our work, but especially in Strategic Priority Five, which is about transforming public services (page XX). You can also read about our work supporting the development of Public Health Scotland in our Strategic Change Priority (page XX).

National Boards Collaborative

The eight national Health Boards, including NHS Health Scotland, have formed a collaborative in order to work together to drive transformational change at a national level across NHSScotland. The collaborative is focused on three key areas:

1. Supporting evaluation, improvement and transformation
2. Digitally-enabled service redesign
3. Developing a sustainable workforce

As we progress our work to reduce health inequalities and continue to make plans to move into Public Health Scotland, we will continue to look for opportunities to collaborate on the opportunities these programmes present for a public health approach.

National Performance Framework

Introduced in 2007 and refreshed most recently in 2018, the National Performance Framework (NPF) sets out a vision for national wellbeing in Scotland across a range of economic, social and environmental factors. The NPF is a single framework to which all public services in Scotland are aligned. It is a whole country approach to setting out a vision for a successful, thriving Scotland.

Our work contributes to a number of the outcomes, most notably:

- People are healthy and active
- People grow up loved, safe and respected so that they realise their full potential
- People live in communities that are inclusive, empowered, resilient and safe
- People respect, protect and fulfil human rights and live free from discrimination
- People tackle poverty by sharing opportunities, wealth and power more equally

Development of this plan

This Delivery Plan was developed drawing from a number of sources including:

- Analysis of how our work aligns with the Scottish Government's Programme for Government
- Consideration of what we have heard from our stakeholders and staff
- Evidence reviews of what works to improve health and reduce health inequalities
- Our ongoing analysis of the changing context in which we are operating, including the new directions of travel starting to emerge through the public health reform programme
- Consideration of our contribution to supporting the realisation of Scotland's Public Health Priorities and the underpinning reform principles
- The feedback we received from the Scottish Government following the discussion of our 2017/18 Self-Assessment.

We will explore the last two elements in this list below.

This Delivery Plan is supported by a number of other corporate documents and plans, including our financial plan and workforce planning assumptions. These documents can be found in the [Our Organisation](#) section of our website.

Public Health Priorities

In June 2018 the Scottish Government and COSLA jointly launched Scotland's new Public Health Priorities (PHPs). The priorities are:

- A Scotland where we live in vibrant, healthy and safe places and communities
- A Scotland where we flourish in our early years
- A Scotland where we have good mental wellbeing
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- A Scotland where we eat well, have a healthy weight and are physically active.

The priorities are shared by the whole system, including local and national Health Boards, Local Authorities, and the third sector. As Scotland's national health improvement agency, NHS Health Scotland has a particular role to play in supporting the realisation of the priorities and planning ahead to how our work should evolve and shape to support the public health priorities in future years.

What follows is a brief summary of how our work already supports the new Public Health Priorities, and how we are working to further develop our contribution.

Vibrant, healthy and safe places and communities

'Healthy and sustainable places' is one of our five strategic priorities (see page XX). We have a significant body of work focussing on ensuring that the knowledge and evidence we provide is used to improve the quality and sustainability of places. Our ultimate goal is to increase the positive impact that place can have on health and wellbeing. One of the major tools we draw on is the Place Standard, which is a partnership with the Scottish Government and Architecture and Design Scotland. Communities, public agencies, voluntary groups and others have been using the Place Standard tool since 2015 to work together to identify the aspects of a place that need to be targeted to improve people's health, wellbeing and quality of life. This will be complemented this year by our new physical activity work, which we have refocused on creating the active environments which enable people to be more active.

Also relevant here is the work of the Scottish Public Health Network (ScotPHN) with the Royal Society for the Prevention of Accidents Scotland in developing phase two of Building Safer Communities. This will have a specific focus on injury prevention with links to violence prevention and NHSScotland's Major Trauma Network.

Other areas of work that contribute to this priority include our work on embedding health and health inequality outcomes in national and local housing strategies, and the wider collaborative work of ScotPHN's Sustainable Managed Health Network across the wider public health system in relation to climate change, environmental sustainability and biodiversity.

Flourishing in our early years

'Children, young people and families' is also one of our five strategic priorities (see page XX). This includes work on Adverse Childhood Experiences (ACEs), child poverty, and improving health and reducing inequalities for children, young people and families. Specifically, we co-ordinate the Scottish ACEs Hub, which works to raise awareness and understanding about ACEs and what can be done to prevent ACEs and mitigate their negative impacts. This year we are also supporting the implementation of the evaluation framework for the expansion of Early Learning and Childcare and providing expert input to the collection of health and wellbeing data on pre-school and school-aged children in order to inform action on health inequalities. We will also be working to strengthen local action on child poverty under the Child Poverty (Scotland) Act 2017 and supporting the development of an inter-sectoral approach to addressing health and attainment inequality in school-aged children. At an international level, we will be providing the World Health Organization with up to date evidence and technical support for Child and Adolescent health strategy development and implementation.

Good mental wellbeing

Our work on good mental wellbeing falls into two broad categories: suicide prevention and early intervention in response to mental health, and public mental health. We have an established programme of work around the former, which will involve working with national and local stakeholders to develop and promote evidence and user-informed interventions that challenge mental health inequalities, stigma and discrimination. This will include working to address the practice needs of those in health, social care, education and the third sector. We will also support the implementation of the Suicide Prevention Action Plan, particularly around public awareness and, together with NHS Education for Scotland, develop learning resources to promote mental wellbeing and suicide prevention among the health and social care workforce as well as providing a framework to address workplace mental health as set out in the Mental Health Strategy.

We also have a new programme of work on mental health this year, partly in response to the good mental wellbeing Public Health Priority. This work will build on

ongoing work that promotes a public mental health approach as set out in Good Mental Health for All. The new work involves promoting a public mental health approach. This means addressing the causes of inequalities in mental health, including poverty, poor housing, family conflict, unemployment, childhood adversity and chronic health problems. We will be working with national stakeholders, including the Scottish Government, to promote taking a public mental health strategic approach to national and local policies and strategies. In this work ScotPHN is providing a mechanism to increase collaboration across wider public health services in Scotland.

This year will also see us working to further strengthen the 'mental health in all policies' approach by making clear links between our work on mental health and other topic areas such as children and young people.

Reducing the use of and harm from alcohol, tobacco and other drugs

Our work on alcohol, tobacco and other drugs focusses on supporting the development, implementation and monitoring of national policy. This comes under our strategic priority on fairer and healthier policy (see page XX). We provide evidence and intelligence to support the development of strategies that focus on reducing inequalities and tackling the social determinants of poor health. This year, our work on alcohol includes supporting the implementation and monitoring of Scotland's Alcohol Framework and evaluating the impact of Minimum Unit Pricing (MUP). Our work on tobacco includes supporting the implementation of the tobacco control action plan and working with the Scottish Prison Service to support the smoke-free prisons policy. Our work on drugs focusses on providing evidence expertise and advice to Scottish Government, Alcohol and Drug Partnerships and national advisory groups to inform drug policy and practice.

Sustainable, inclusive economy with equality of outcomes for all

Poverty is harmful to health and inequalities in income, wealth and power lead to inequalities in health. Our work in this area therefore has two interlinked elements – reducing poverty and reducing inequality. This is the bedrock of our work towards a fairer, healthier Scotland and the vast majority of our work contributes in some way to the reduction of inequality. We also have a body of work, captured in our 'Fair and

inclusive economy' strategic priority, which focusses specifically on labour market policies, social security and fair work. For example we are undertaking a series of analyses these year to inform economic policy. We are also developing evidence and engaging with stakeholders on the impacts of social security policies on health inequalities and what can be taken to mitigate against the negative impact. Our plans around fair work include contributing to the delivery of the Health and Work Support pilot project and providing evidence to support fair work stakeholders to reduce inequalities.

Eating well, having a healthy weight and being physically active

Diet and physical activity are long-standing priorities for health improvement and we have a significant body of work in this area. Our contribution as Scotland's health improvement agency is to support upstream actions that will be impactful not only in improving population health, but also in reducing Scotland's significant inequalities in diet, weight and physical activity.

Our work around diet and healthy weight this year includes national policy work and local work with communities. Nationally, we will be providing evidence to inform policy development and supporting policy implementation. This includes the monitoring and evaluation of interventions to tackle inequalities in diet and healthy weight. Locally, our Community Food and Health Scotland programme will be working to ensure that everyone in Scotland has the opportunity, ability and confidence to access a healthy and acceptable diet for themselves, their families and their communities. We will be doing this by supporting work with and within low-income communities that addresses health inequalities and barriers (availability, affordability, skills and culture) to healthy and affordable food.

Our work around physical activity this year includes the delivery of a number of actions set out in the Scottish Government Active Scotland Delivery Plan. For example we will be providing a package of practitioner resources to support local Health Boards in delivery of the National Physical Activity Pathway. We will also continue to develop and disseminate the Play@home programme throughout Scotland as a means of promoting positive parenting, child development and physical literacy from birth. In addition to our own specific actions, we will be

supporting other agencies delivering actions in the strategy to take account of health inequalities in what they do. Linking in with our work around the 'Vibrant, healthy and safe places and communities' Public Health Priority, we will also be working collaboratively with national and local stakeholders to help create places and spaces that promote a physically active population.

Lastly, ScotPHN is leading work on behalf of the Scottish Directors of Public Health (SDsPH) around enhanced local leadership support for interventions that contribute to this priority. Notably this will include brokering leadership from the newly formed Scottish Public Health Nutritionist group.

Public Health Reform Principles

In addition to working to support the realisation of the Public Health Priorities, we are also delivering a significant body of work in support of the principles underpinning public health reform, which are:

- Reducing inequalities
- Prevention and early intervention
- Fairness, equity and equality
- Collaboration and engagement
- Empowering people and communities
- Intelligence, evidence and innovation

The principles of reducing inequality, and promoting fairness, equity and social justice are at the heart of what we do. Since we refocussed our work in 2012 to concentrate on improving health in a fair and equitable way, we have developed significant expertise, evidence and credibility around inequality, and the impact of inequality on health. We know from the evidence that it is inequalities in income, wealth and power that ultimately lead to health inequalities. We know from stakeholder feedback that our work on the fundamental causes of health inequalities has been and will continue to be pivotal in supporting others across the system to

embed these principles. This includes our influential work on power and the impact of power imbalances on health.

You can read on page XX about the specific contribution that our 'Transforming public services' strategic priority is making to the public health reform principles. We are supporting public sector organisations to design and deliver services that have fairer health improvement and the protection of human rights at their core. This includes building collaborative leadership on the right to health and inclusion health by providing evidence and practical support to inform and influence strategic direction, set priorities and build system improvement. We will also be working in collaboration with a range of key stakeholders in the strategic development of the core public health workforce in Scotland and specifically with local government around the wider public health workforce.

Stakeholder feedback

In developing this plan we also took account of the feedback we received from our stakeholders and staff. This includes what we have learnt through our active involvement in the public health reform programme, as well as our ongoing engagement with stakeholders through the development and delivery of our Strategic Priorities. Lastly, it includes feedback we received from the Scottish Government at our 2017/18 Self-Assessment discussion. You can read our Self-Assessment Report and the resulting feedback on the [Annual and Corporate Reports](#) page of our website.

The Scottish Government recognised in their feedback that we do genuinely critical work in driving forward health improvement in Scotland, highlighting in particular our work on Adverse Childhood Experiences (ACEs), the Place Standard and around the evaluation of Minimum Unit Pricing of alcohol.

The feedback was also supportive of our continued efforts to work with partners and stakeholders beyond the health sector and encouraged us to maintain our focus on engagement and collaboration.

Finally, they mentioned the challenges presented to us in a period of major organisational change. We have been asked to continue to deliver on our priorities, whilst allowing for sufficient flexibility within our resources to support work on public health reform. This plan responds to the challenges in three ways. Firstly, through our strategic change priority we have planned for what we know we will be doing to support change and transition in the year ahead. Secondly, we have accounted for the as yet unknown work that will arise as the year progresses by ensuring that teams retain capacity to respond to this emerging work. These two elements will ensure we can maintain the flexibility we have shown towards supporting the work of public health reform, which the government highlighted positively in their feedback. The third element involves ensuring that every member of staff gives consideration to the impact that change and transition will have on their work and on them personally when planning for the year ahead.

Workforce and property plan

Our workforce is by far our single biggest resource. This section details our Workforce and Property Plan for 2019/20 and should be read alongside the detailed policy and financial assumptions relating to staff in Appendix A. What follows reflects the planned transition of the majority of our workforce into Public Health Scotland on 1 December 2019.

Workforce Planning

As of 31st December 2018, our workforce headcount is 302. This equates to 274 whole time equivalents (WTE) based over two locations.

Employment Status	Headcount	WTE
Permanent	286	258.67
Consultants Permanent	3	2.4
Fixed-term	8	7.93
Secondments In	1	1
Secondments Out	4	4
Agency/Temp Staff	0	0
Total	302	274

We expect the majority of staff to make the transition to Public Health Scotland, with some exceptions depending on the end date of fixed term arrangements and also on the detailed decisions yet to be reached regarding the corporate services arrangements for the new organisation.

Staff turnover through 2018/19 was under 2% and, while we might expect some more fluctuation due to change during 2019/20, we cannot fully predict this. Throughout 2018/19 we pursued an active programme of recruitment to replace vacancies in order to keep up momentum for delivering business as usual. We also built teams in some areas to support the public health priorities and public health reform (e.g. in mental health and communications and engagement). This approach, to manage and

maintain overall capacity as much as possible, will continue into 2019/20. There are no plans for schemes of voluntary redundancy in the run up to the creation of Public Health Scotland.

Workforce goals

Our detailed work around workforce is captured in the Strategic Change Priority – Making a Successful Transition (see page XX) and in our Core Delivery Commitments (page XX). We have been engaged in preparatory work for workforce transition throughout 2018/19, much of which has been planned and/or delivered jointly with colleagues in Public Health Intelligence (PHI) in NHS National Services Scotland (for example, change management and resilience sessions for staff).

2019/20 will see us continue and intensify this work. Partnership working will remain key at every level of decision making with regards to workforce. We will continue to drive excellence in Staff Governance and promote and engage with all relevant national NHS workforce strategies including iMatter. There will be three main areas of focus:

- **Effective engagement:** Giving our staff maximum opportunities to be involved in the decisions affecting them over this year.
- **Effective transition:** Managing the transition of staff into the new arrangements fairly, legally and supportively.
- **Supportive development:** Focussing our development programmes and investment on activities designed to equip staff to successfully navigate change on a personal and team level.

Effective Engagement

Listening to, and responding to feedback from our staff has always been important to us and we recognise that this will only grow in importance in the year ahead. We are committed to providing a range of ways for staff to engage with change including hearing from senior leaders, being supported to have conversations in team

meetings and in one-to-ones and also having access to high quality written and visual content through our internal staff internet.

We come into this year with a high level of engagement as measured through iMatter. Our response rate was 91% and we maintained an employee index score of 81%. Our aim is to retain that level as we believe keeping our workforce engaged and informed during change and transition is a key driver in implementing successful change.

Activities will include:

- The Change Oversight Group (COG) will continue to meet and sponsor a range of engagement programmes across the organisation.
- We will also co-lead a Public Health Reform Strategic Staff Communications and Engagement group, which aims to join up communications and engagement activities as far as possible with NSS.
- We will continue to engage with the Organisational Development Commission to bring staff together to plan for a values-based Public Health Scotland.

Effective Transition

We are already working closely with colleagues in the Public Health Reform team in Scottish Government, with colleagues in NSS and staff side colleagues to plan and implement effective staff consultation and transfer. This will be coproduced and all processes will be delivered consistently to both organisations.

Supportive Development

We have developed a bespoke organisational learning plan to reflect the transitional nature of 2019/20. This reflects the need to have our workforce developed and skilled in readiness for transition into the new organisation. Where possible this will be a plan that ensures delivery within both NHS Health Scotland and PHI. It will be based on maintaining the skills we need to deliver our work while also looking at how we support staff and managers through change and transition. This will include behaviours and

culture work and also leadership through change. We will develop a range of interventions which will be delivered jointly with PHI.

Property Assets Management Strategy (PAMS)

We have planned our property and accommodation in close alignment with our workforce plans for the last several years. The office base is not planned to change in 2019/20 and we will continue to promote strategies and approaches to flexible and agile working for our staff and with our colleagues planning for Public Health Scotland.

Our delivery commitments

Our work in the year ahead falls into three categories:

- The work we do to achieve the outcomes set out in our Strategic Framework for Action 2017 – 22
- Our work in support of change and transition
- The national, professional and corporate services we deliver in support of all of our work.

In this plan we describe the work we are going to do in terms of ‘delivery commitments’ and we set out how we are going to manage our performance in terms of ‘performance indicators’. Each performance indicator states when we expect to have achieved it (Q1, June 2019; Q2, September 2019; Q3, December 2019; Q4, March 2020). We use these performance indicators to monitor our progress and we report on our progress quarterly.

Strategic Framework for Action

Strategic priority 1: Fairer and healthier policy

We will work to ensure our knowledge and evidence is used by policy and decision-makers. This is so that strategies focus on fairness and influence the social determinants of health and wellbeing.

Short-term outcome

We have identified the policy areas and interventions where the impact on reducing health inequalities and population health improvement is likely to be greatest and been influential in the planning and delivery of effective actions.

Delivery commitment: Progress the Scottish Burden of Disease study, including local use, identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions.

Performance indicators

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Delivery commitment: Quantify the impact of interventions on health and health inequalities by developing and disseminating the Informing Investment to reduce health inequalities (Triple I) tool across a range of national and local authority areas.

Performance indicators

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Delivery commitment: Work with the National Records of Scotland (NRS) and relevant UK bodies to investigate recent patterns in life expectancy trends in Scotland so as to better understand the degree and determinants of such patterns, and make appropriate recommendations for action to be taken to mitigate or reverse adverse trends in Scotland.

Performance indicators

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Short-term outcome

We have supported national policy development, policy evaluation and practice development to influence health outcomes in key health-related areas.

Delivery commitment: Implement the evaluation plan for Minimum Unit Pricing (MUP), including managing and reporting on the component studies, co-

ordinating with other relevant studies and communicating and engaging with stakeholders and the public.

Performance indicators

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Delivery commitment: Through cross-organisation action, strategically work with national stakeholders including Scottish Government to promote a public mental health strategic approach to national and local policies and strategies that address the fundamental causes of inequalities in mental health.

Performance indicators

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Delivery commitment: Through ScotPHN, provide specific support across the public health community in support of public health reform and the implementation of the public health priorities, including the Scottish Directors of Public Health and the Executive Delivery Group.

Performance indicators

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Short-term outcome

Public health networks have greater impact in ensuring evidence is developed and disseminated in a timely manner to influence policy.

Delivery commitment: Sustain the cross-cutting work of the public health collaborations we manage (the Scottish Public Health Network (ScotPHN), the Scottish Public Health Observatory (ScotPHO), the Public Health Evidence Network (PHEN) and the Health Economics Network for Scotland (HENS)) in order to deliver

an agreed range of effective, efficient and sustainable public health actions on a 'Once for Scotland' basis and explore their role in Public Health Scotland.

Performance indicators

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Short-term outcome

We have supported the implementation of progressive policy and national strategies and evidence around effective action.

Delivery commitment: Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and healthy weight, including improving access to healthier food choices for key populations groups across a range of priority settings.

Performance indicators

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Delivery commitment: Support NHSScotland implementation of the National Strategy on Violence against Women and Girls, establishing a multi-sectoral approach to strengthen and improve the health sector response to Gender Based Violence (GBV).

Performance indicators

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Delivery commitment: Support implementation of the refreshed tobacco control action plan, including improving access to Quit Your Way support in prisons, and maintenance of print and e-learning products.

Performance indicators

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Delivery commitment: Deliver identified actions within the Scottish Government Active Scotland Delivery Plan and influence the development and implementation of further relevant actions that are delivered through national partner agencies including Transport Scotland, Scottish Natural Heritage, Education Scotland and Sport Scotland in a manner that will take account of health inequalities.

Performance indicators

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Delivery commitment: Agree and deliver a programme of work to support the implementation and monitoring of Scotland's Alcohol Framework 2018: Preventing Harm.

Performance indicators

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Delivery commitment: Work with national and local stakeholders to challenge mental health inequalities, stigma and discrimination, and support mental health and suicide prevention practitioners across all sectors through the provision of evidence and user-informed interventions around prevention and early intervention.

Performance indicators

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Strategic priority 2: Children, young people and families

We will ensure the knowledge and evidence we provide is used to implement strategies focused on improving the health and wellbeing of children, young people and families.

Short-term outcome

Research and evidence has influenced policy and strengthened prevention and early intervention to address health inequalities.

Delivery commitment: Provide expert input to the collection of health and wellbeing data on pre-school and school-aged children, to ensure that local and national partners have the most relevant information to inform action on health inequalities.

Performance indicators

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Delivery commitment: Provide expert input to the development and implementation of strategies and action plans aimed at improving health and reducing inequalities for children, young people and families.

Performance indicators

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Delivery commitment: Support, and provide evidence for, the implementation of the evaluation framework for the expansion of Early Learning and Childcare.

Performance indicators

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Short-term outcome:

Actions agreed by the Scottish Hub for Adversity in Childhood for prevention and mitigation of adversity in childhood are reflected in policy and practice.

Delivery commitment: Implement agreed priorities for action on adversity in childhood in collaboration with Scottish Government policy leads and the Scottish Childhood Adversity Hub.

Performance indicators

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Short-term outcome

NHS and local authorities increasingly implement improvements in planning and delivery that contribute to tackling child poverty.

Delivery commitment: Provide a package of support to local child poverty leads in Health Boards and Local Authorities to strengthen local action on child poverty under the Child Poverty (Scotland) Act 2017.

Performance indicators

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Short-term outcome

We have a better shared understanding of the connection between health inequalities and educational attainment and are implementing actions to address causal factors.

Delivery commitment: Provide expert evidence, knowledge translation and implementation support to the development of an inter-sectoral approach to addressing health and attainment inequality in school-aged children.

Performance indicators

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Short-term outcome

The Child and Adolescent Health Strategy for Europe is more focused on areas where impact on reducing health inequalities is greatest.

Delivery commitment: Provide the World Health Organization (WHO) with up to date evidence and technical support for Child and Adolescent health strategy development and implementation.

Performance indicators

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Strategic priority 3: A fair and inclusive economy

We will provide knowledge and evidence on socio-economic factors and their impact on health inequalities. This is to contribute to more informed and evidence-based social and economic policy reform.

Short-term outcome

More employers understand and are engaged in fair employment and good work as defined in Fair Society, Healthy Lives: The Marmott Review and encompassing the dimensions set out in the Fair Work Convention's Framework.

Delivery commitment: Provide support to employers and individuals through advisory (telephone, web, email) and face to face channels, to encourage best practice and compliance and promote safe and healthy working environments.

Performance indicators

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Delivery commitment: Work with Health Boards and other partners across the safety and health system in Scotland to deliver agreed support to priority audiences (sectors with identified inequality including agriculture, construction, hospitality, care, retail and logistics).

Performance indicators

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Delivery commitment: Increase awareness and access to fair employment and good work principles by developing the use, quality and availability of digital channels and content, in response to customer preferences.

Performance indicators

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Delivery commitment: Develop and disseminate evidence and advice on good work policies and practice to support employers to contribute to reducing health inequalities.

Performance indicators

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Short-term outcome

Standards encompassing the dimensions of fair employment and good work are in place for employers and caterers to tackle inequality and improve health.

Delivery commitment: Develop sustainable models and approaches to the healthy living and Healthy Working Lives awards to maximise employer engagement in tackling health inequality and encourage sustained and effective support for improving public health.

Performance indicators

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Delivery commitment: Maintain and increase the commitment of existing award holders to the healthy living and Healthy Working Lives awards and promote the awards to new customers.

Performance indicators

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Short-term outcome

We have contributed to the design and launch of the Health and Work Support pilot project to deliver better integrated and accessible services with increased uptake.

Delivery commitment: Contribute to the delivery of the Health and Work Support pilot project and help identify ways in which employment services can be better integrated and made more accessible.

Performance indicators

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Short-term outcome

Planning and implementation of labour market policy and practice by government and employers is based on evidence of what's most likely to reduce inequalities and reduce low pay work that leads to poverty.

Delivery commitment: Develop and share with government evidence on effective labour market policies to reduce health inequalities.

Performance indicators

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Short-term outcome

Social security policy is informed by evidence of what is most likely to contribute to a reduction in health inequalities.

Delivery commitment: Develop evidence and engage with stakeholders on the impacts of social security policies on health inequalities and measures that can be taken to mitigate these.

Performance indicators

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Short-term outcome

Economic policy is informed by evidence of what is most likely to contribute to a reduction in health inequalities.

Delivery commitment: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy and support the realisation of a Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.

Performance indicators

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Short-term outcome

The future focus of policy, practice and research is informed by increased understanding of the relationship between power and health inequalities.

Delivery commitment: Collaborate with partners on knowledge generation, dissemination and application for informed action on the distribution of power as a fundamental cause of health inequalities

Strategic priority 4: Healthy and sustainable places

We will ensure the knowledge and evidence we provide is used to improve the quality and sustainability of places. This will increase their positive effect on health and wellbeing.

Short-term outcome

The Place Standard is being increasingly used to inform decision-making on the physical & social environments, service delivery and community-led action.

Delivery commitment: Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan.

Performance indicators

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Short-term outcome

NHS Health Scotland and partners have a better shared understanding of their contribution to creating and maintaining environments that encourage physical activity.

Delivery commitment: Work collaboratively with relevant national and local stakeholders including Scottish Government, Education Scotland, Transport Scotland, Sustrans, Scottish Natural Heritage Paths for All, Cycling Scotland, Greenspace Scotland, Community Leisure UK, NHS Boards and Community Planning Partnerships to create places and spaces that promote a physically active population.

Performance indicators

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Short-term outcome

Increased understanding of the health and wellbeing impacts of regeneration programmes.

Delivery commitment: Evidence and research generated from Clyde Gateway has increased understanding of the health and wellbeing impacts of regeneration programmes.

Performance indicators

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Short-term outcome

Local and national strategic housing plans embed health outcomes.

Delivery commitment: Support Scottish Government, local housing leads and local public health teams to embed health and health inequality outcomes in national and local housing strategies, policy and guidance.

Performance indicators

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Delivery commitment: Work collaboratively with key local and national stakeholders to coordinate action to maximise the contribution of housing to health improvement and reducing health inequalities.

Performance indicators

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Short-term outcome

Practitioners in the health and housing sectors are applying leadership, knowledge and skills to deliver effective, integrated services.

Delivery commitment: Provide joint national leadership with Shelter Scotland to develop and deliver training to inform joint planning and delivery of health, housing and homelessness.

Performance indicators

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Short-term outcome

Communities and the agencies and practitioners supporting them are sharing and applying evidence to the delivery and design of policy and practice.

Delivery commitment: Implement a programme of work engaging with communities and those who work with them in order to tackle inequalities in food and health, thereby supporting the healthy weight public health priority and the reform principle around empowering people and communities.

Performance indicators

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Short-term outcome

The community-led health sector is increasingly informed by and informing the public health priorities and adoption of a whole system approach.

Delivery commitment: Implement and embed a programme of work supporting community-led health informed by the public health priorities and a whole system approach.

Performance indicators

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Short-term outcome

NHS Health Scotland and partners have a better shared understanding of how public health can contribute to improving environmental sustainability.

Delivery commitment: Work with Adaptation Scotland, the Scottish Managed Sustainable Health Network (SMaSH) and other national partners to maximise the opportunities for climate change policy and practice to promote health improvement and reduce health inequalities.

Performance indicators

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Strategic priority 5: Transforming public services

We will work in partnership with and support public sector organisations to design and deliver services that have fairer health improvement and the protection of human rights at their core.

Short-term outcome

Those responsible for commissioning, managing and delivering public services have an increased understanding of how to plan and deliver them in order to protect the right to health and reduce inequalities.

Delivery commitment: Work in collaboration with a range of key stakeholders in the strategic development of the core public health workforce in Scotland.

Performance indicators

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Delivery commitment: Determine the strategic direction and priorities for the continuity of Health Promoting Health Service (HPHS) by working with HPHS leads in local NHS Boards, national NHS Boards and Scottish Government policy leads to agree where HPHS is placed going into the new public body.

Performance indicators

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Delivery commitment: Continue leadership and delivery of the Once for Scotland British Sign Language (BSL) Improvement Plan with national strategic partners and Equality and Diversity leads in NHS Boards to enable boards to meet their statutory duties and produce action plans in response to the BSL Scotland Act 2015.

Performance indicators

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Delivery commitment: Work with Scottish Government, NHS boards and key primary care stakeholders to scope and test our strategic contribution to enhancing the role of primary care in reducing health inequalities.

Performance indicators

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Delivery commitment: Support implementation of the Scottish Government's 10 year monitoring and evaluation strategy for primary care.

Performance indicators

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Delivery commitment: Ensure all immunisation programmes have high quality and accessible resources to address the information needs of different eligible groups within a vaccine safety communication framework.

Performance indicators

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Delivery commitment: Produce public and professional facing information and guidance in order to support informed, equitable access to all cancer and non-cancer screening programmes.

Performance indicators

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Delivery commitment: Deliver the actions in the Stakeholder Communications and Engagement Strategy for the Vaccination Transformation Programme which focus on improving reach of and equitable access to vaccination services.

Performance indicators

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Delivery commitment: Build collaborative leadership on the right to health and inclusion health by providing evidence and practical support to inform and influence strategic direction, set priorities and build system improvement.

Performance indicators

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Delivery commitment: Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health Collaborative, Eurohealthnet and World Health Organization.

Performance indicators

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Delivery commitment: Work with key partners and stakeholders in Community Planning and Health and Social Care to influence strategic direction, priority setting and resourcing to address inequalities in the context of public health reform.

Performance indicators

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Delivery commitment: Provide support and guidance to key partners and stakeholders in Community Planning and Health and Social Care to increase understanding of inequalities and inform practice and delivery that leads to more equitable outcomes in our communities.

Performance indicators

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Delivery commitment: Work with key stakeholders to scope and gain a better understanding of local government workforce development infrastructure and deliver workforce development activities that support the wider public health workforce in their public health roles.

Performance indicators

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Strategic change priority: Making a successful transition

We will contribute to the development of Public Health Scotland and to arrangements around the sharing of services across national boards.

Short-term outcome: NHS Health Scotland makes a successful transition to Public Health Scotland and has contributed effectively to the national shared services agenda.

Delivery commitment: Make coordinated, effective and impactful contributions to the range of projects and groups designed to ensure that Public Health Scotland is appropriately resourced and fit for purpose.

Performance indicators:

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Delivery commitment: Ensure effective, timely and purposeful communication and engagement for our staff throughout the transition period.

Performance indicators:

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Delivery commitment: Ensure the NHS Health Scotland Board achieves a smooth governance exit and governance transition to Public Health Scotland and a contribution is made towards the new governance arrangements for Public Health Scotland.

Performance indicators:

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Delivery commitment: Support the work of the National Boards Collaborative.

Performance indicators:

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Core delivery commitments

We will deliver a number of national, professional and corporate services in support of our strategic aims.

The arrangements for receiving some of these services will change over the course of the year because Public Health Scotland will benefit from shared services arrangements in some of these areas.

Our core delivery commitments are:

- **IT and information management:** provide the infrastructure and support needed for staff to make the best use of our technology and systems to work agilely and use and manage information to best effect.

Performance indicators:

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- **Planning and delivery:** support the organisation to plan effectively and report on our impact.

Performance indicators:

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- **Research and knowledge services:** manage knowledge and research effectively to support delivery of the Strategic Framework for Action through provision of a range of knowledge and research services.

Performance indicators:

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- **Governance:** provide the systems and support to ensure the work of the organisation is governed to the highest standards and accountable for our delivery commitments.

Performance indicators:

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- **Quality and improvement:** Quality and improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work, including delivering Phase 2 of ReHIP.

Performance indicators:

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- **Finance and procurement:** provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards.

Performance indicators:

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- **Communicating our message:** use a range of digital, marketing, communications and engagement methods to promote and position clear and consistent messages around fairer health improvement and build credibility with stakeholders.

Performance indicators:

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- **Product delivery:** ensure that our products are designed and delivered to high standards of quality and effectively disseminated to customers through a variety of channels.

Performance indicators:

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- **Workforce engagement:** provide all the services and support staff need, in a dynamically changing environment, ensuring timely communications to keep staff engaged effectively in change and also invested in the ongoing delivery work of the organisation.

Performance indicators:

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- **Workforce planning and resourcing:** provide the planning, monitoring and decision-making systems to ensure that we have in place the workforce we need to deliver this plan while taking into account the context of change we are currently working in.

Performance indicators:

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Appendix A: Workforce Planning Assumptions 2019/20

Until we transition to Public Health Scotland we will continue with the management of our workforce under the appropriate NHS structures, for example:

- Continue to follow and implement Partnership Information Network (PIN) guidelines for our workforce decisions, enabling fairness, allowing flexibility and actively supporting security of employment within the organisation and career development opportunities, in line with Scottish Workforce and Staff Governance (SWAG) Committee guidance and its 'Once for Scotland' approach.
- In line with Scottish Government guidance we will adopt the 'Once for Scotland' approach in line with all other NHS Scotland boards ensuring fairness and consistency of approach. Until this time they have recommended that there are no further reviews of local policies, unless necessitated by legislative change.
- Fully utilise the Staff Governance Standard to provide a structure to how we work in all areas relating to workforce.
- Measure employee engagement using iMatter.
- Maintain our commitment to workforce health and wellbeing at this time of transition and change.
- Maintain our commitment to the achievement of the excelling in Employee Experience as we continue to depend on our workforce to deliver our strategic aims.
- We do not intend to make anything other than minor changes to structure ahead of the setup of the new public health body in 2019. Modest increases to headcount may be considered in light of working in partnership with the Public Health Reform team in Scottish Government and with COSLA to ensure sufficient resource is secured to manage an effective transition into Public Health Scotland.
- Where we have been asked by the Public Health Reform Team within Scottish Government to provide resource into specific areas/pieces of work, this is likely

to be agreed as a mutually beneficial hosting arrangement, rather than a secondment.

- We have no plans for a voluntary redundancy scheme during 2019/20 and have not identified funds to support any redundancy requests.
- Work within a planned vacancy factor of 6.25% when considering all new posts and vacancies (including maternity leave and posts that have become vacant through internal promotion or sideways recruitment).
- Consider alternatives to recruitment, such as deciding a piece of work is no longer a priority, allocating resource from elsewhere in the organisation or providing an acting up opportunity for development and not necessarily with backfill.
- Investment in training, development and support of staff to prepare them for a changing landscape and organisation will be a priority.
- Where we do decide to recruit, we will always consider staff on the active redeployment register. Where we move to recruitment, we will advertise internally first unless a specific case for an exception is put and agreed in partnership.
- Within agreed partnership policy parameters, work to the agreed national boards vacancy management principles where we have an external vacancy to fill or staff to offer into that process.
- Avoid employing staff through agencies wherever possible. Any decision to employ agency or temporary staff will be taken through agreed workforce planning processes and agreed in partnership. Where agency staff are employed, this will be charged to the staff budget of the recruiting Directorate.
- Secondments (in or out) may be beneficial to the organisation and to staff development. Anyone proposing a secondment within or out with should have the indicative approval from their Director wherever possible before any commitment is made. We are unlikely to approve any secondment unless it can be done on a cost neutral basis to NHS Health Scotland.
- Manage the use of fixed term contracts closely and pay particular attention to the implications of future plans for the new public health body and collaborative services, liaising with the Public Health Reform team as necessary.

- Continue to start all new staff at the lowest pay point of the grade unless Agenda for Change guidelines indicate otherwise or there are exceptional circumstances. Decisions to appoint new staff above the lowest pay point are referred to the relevant Director and if supported then to the Director of Strategy and Employee Director to make the decision in partnership. Our policy to start staff at the lowest point on the grade will remain specifically stated in all job advertisements.

Staff Costs

- For 2018/19 our permanent strategic workforce realignment is forecast at around 290 WTE (2017/18 287 WTE) at a payroll cost of £13,263k (2017/18 £12,698k) on a gross (pre vacancy factor) basis. With an assumed 5% (2017/18 – revised to 5%) vacancy factor, the net figures are calculated as 276 (2017/18 273 WTE) and £12,601k (2017/18 £11,895k).
- The net figures for 2018/19 will be used for financial budget purposes. The vacancy factor of 5%, which equates to £662k on establishment, will be monitored by the CMT and reviewed as necessary with the Partnership Forum.
- Increases in staff costs in line with the NHS Pay Award for 18/19 have been used being 3% to £36,500, 2% to £80,000 and a flat £1,600 thereafter. In addition staffing budgets have been increased by increment points which equates in cost terms to an increase of 1% overall as a significant number of staff are on the top of their pay scale.
- No assumptions of efficiency savings in staff costs have been made as a result of the current collaboration between national health boards to find a projected saving of £15m, on the basis of current national workforce policy and uncertainty in staff movement as we prepare for transition to the new public health body in 2019.
- The roles of the Commissioning Group and Workforce Review Group (WRG) were reviewed in April 2019 and a revised approach, bringing workforce change requests back into a CMT/partnership/HR group has been in operation since June 2018. This was recognising the increasingly changing workforce context and criticality of some of these decisions in relation to other strategic changes.

