NHS
Health
Scotland

Scotland's
health

NHS Health Scotland
Delivery plan

2019–20

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Chief Executive's foreword

The year ahead is one of transformation. We launch this plan in May 2019 as NHS Health Scotland, but by the year's end NHS Health Scotland will have become part of Public Health Scotland. While 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 move successfully into 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 the 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. As we recently reported, the steady increase in life expectancy in Scotland since the Second World War has now stalled and death rates have begun to rise for people living in our poorest areas. 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, 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 and responding to the changes now being implemented through public health reform. The background context to our response is 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. This is work that we are progressing in the context of Scotland's new public health priorities and is the work on which the Scottish

Government and others are relying on us to continue with to make significant progress around fairer health improvement. It is also the work we will take with us into Public Health Scotland.

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 focuses 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 make demands on the health service. But these are also complex social needs, which demand a response from beyond 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 about how our work contributes to the public health priorities (page 6). 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 37). You can also read about our work supporting the development of Public Health Scotland in our strategic change priority (page 43).

National Boards Collaborative

The eight national Health Boards, including NHS Health Scotland, have formed a collaborative 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 includes our workforce and property plans (see page 13), our workforce planning assumptions (see Appendix A) and our finance plan (see Appendix B).

Public health priorities

In June 2018, the Scottish Government and COSLA jointly launched Scotland's new public health priorities. 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 32). We have a significant body of work focusing 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 identity 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 to this priority 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 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 another one of our five strategic priorities (see page 24). This includes work on adverse childhood experiences (ACEs), child poverty, and improving health and reducing inequalities for children, young people and families. Specifically, we coordinate the Scottish ACEs Hub, which works to raise awareness and understanding about ACEs and what can be done to prevent them 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. We are providing expert input to the collection of health and wellbeing data on pre-school and school-aged children 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: public mental health and early intervention in response to mental health problems (including suicide prevention). We have an established programme of work around the latter, 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. We will provide evidence-informed information to Community Planning Partnerships around what works to improve mental health. We will also support implementation of evidence-based actions at a local level through the piloting of new innovative actions identified with partners.

Through the National Suicide Prevention Leadership group we will influence the implementation of the Suicide Prevention Action Plan and co-lead two of the actions within Every Life Matters (the National Suicide Prevention Strategy). These relate to improved public awareness and, together with NHS Education for Scotland (NES), development of new national learning resources.

We have a new programme of work on mental health this year, partly in response to the good mental wellbeing public health priority. This will build on ongoing work that promotes a public mental health approach as set out in Good Mental Health for All. 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 and physical activity.

Our work on mental health also represents our main contribution to the NHSScotland Annual Operational Plan, which is working to support NHS Boards and our partners to realise the Cabinet Secretary for Health and Sport's priority around mental health.

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. This focuses specifically on labour market policies, social security and fair work, and will seek to complement the opportunities for sustainable inclusive growth through the Scottish City Deal arrangements. For

example, we are developing evidence and engaging with stakeholders on the impacts of social security policies on health inequalities and what actions 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 (CFHS) 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 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 refocused 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 40 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 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, while 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 asking 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, and the working environment of our staff is important to us. 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 in April 2020.

Workforce planning

As of 31 March 2019, our workforce headcount is 313. This equates to 278.51 whole time equivalents (WTE) based over two locations.

Employment status	Headcount	WTE
Permanent	289	262.18
Consultants permanent	2	2
Fixed-term	8	7.93
Secondments in	1	0.4
Secondments out	5	5
Agency/temporary staff	8	0
Total	313	278.51

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. This will depend 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 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 following sections 'Strategic change priority – Making a successful transition' (see page 43) and 'Core delivery commitments' (page 46). 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 (NSS) (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: Focusing 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 play a key role in the 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 the 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 deliver a range of interventions jointly with PHI.

Property plan

Our property plan meets our obligations for a property assets management strategy. We have planned our property and accommodation in close alignment with our workforce plans for the last several years and we plan to continue to promote strategies and approaches to flexible and agile working for our staff. We are closely involved in planning the accommodation arrangements for Public Health Scotland, both as they are likely to stand in April 2020 when the new organisation comes into being and how it may change over time to meet Public Health Scotland's changing requirements.

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

- We have published projections of disease burden to 2030, the burden attributed to a range of risk factors and the impact of a range of scenarios, and have promoted these findings widely but with a particular focus on the Scottish Government (Q4).

- We have worked with NES and the Scottish Government to pilot incorporating demand (using Scottish Burden of Disease and related metrics) into health and social care workforce planning, including a focus on proportionate allocation (Q4).

- We have offered all NHS Boards bespoke support in using Scottish Burden of Disease in their strategic planning to prioritise actions and support local workforce planning (Q4)

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

- We have published a report and related outputs summarising the effects of a range of interventions on health and health inequalities in Scotland (Q1).

- We have disseminated the Triple I outputs to a wide range of stakeholders and collated feedback to inform future use of modelling approaches in Scotland (Q4).

Delivery commitment: Work with the National Records of Scotland (NRS) and relevant UK bodies to investigate recent patterns in life expectancy trends in Scotland 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

- We have investigated how changes in deaths from different causes help explain how life expectancy changed from before to after 2010 (Q1).

- We have investigated and reported on how recent adverse mortality trends in Scotland vary by socioeconomic deprivation, and to what extent any observed socioeconomic differences are driving the overall mortality trend (Q4).
- We have investigated and reported on the role played by health and social care pressures in explaining stalling life expectancy in the UK (Q4).

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, coordinating with other relevant studies, and communicating and engaging with stakeholders and the public.

Performance indicators

- We have published and actively disseminated to key stakeholders the report from the MUP compliance study (Q1).
- We have published and actively disseminated to key stakeholders the report from the children and young people's responses to MUP study (Q3).
- We have published and actively disseminated to key stakeholders the report from the impact of MUP on children and young people's experience of harm from others study (Q3).

Delivery commitment: Through cross-organisation action, strategically work with national stakeholders including the 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

- We have developed a public mental health vision and strategy/action plan in collaboration with national and local stakeholders (Q3).

- We have established a public mental health expert network from public sector, third sector and academic partners (Q2).
- We have scoped and evaluated a 'Mental health in all' policies action plan for Scotland, initiating the approach within NHS Health Scotland and ISD (Q4).

Delivery commitment: Provide expertise and advice to inform drug and alcohol policy and practice, working with key stakeholders including the Scottish Government, Alcohol and Drug Partnerships and national advisory groups to support implementation of Rights, Respect and Recovery.

Performance indicators
- We have published our evaluability assessment report which has influenced the development of a monitoring and evaluation framework and action planning for the national strategy: Rights, Respect and Recovery (Q2).
- We have contributed an evidence review to support delivery of the Rights, Respect and Recovery strategy (Q3).

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
- We have helped the Scottish Directors of Public Health, in conjunction with other national leadership groups, deliver position statements for each of the public health priorities by March 2020 (Q4).

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 (ScotPHN, the Scottish Public Health Observatory

(ScotPHO), the Public Health Evidence Network (PHEN) and the Health Economics Network for Scotland (HENS)) 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

- We have published and engaged on guidance on the appropriate and inappropriate uses of improvement sciences approaches to inform practitioners within Scotland (Q1).
- We have contributed expertise to the Glasgow Centre for Population Health project on mortality trends in a range of British cities (Q3).
- We have delivered key outputs from our collaborative networks (Q4).

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

- We have collaborated with key stakeholders in the development of the evaluability assessment report for the national diet and healthy weight Delivery Plan (Q4).
- We have collaborated with key stakeholders in the development of the evaluability assessment report for the Scottish legislation to restrict the promotions of discretionary food and drink (Q4).
- We have engaged with public health stakeholders in obesity, alcohol and tobacco and agreed the final text on an evidence review on industry response to restrictions on marketing (Q4).

Delivery commitment: Support NHSScotland implementation of the National Strategy on Violence against Women and Girls, establishing a multisectoral approach to strengthen and improve the health sector response to gender-based violence (GBV).

Performance indicators

- We have produced a paper on GBV and public health priorities in conjunction with COSLA and engaged with the 32 Violence Against Women Partnerships in Scotland to promote understanding of the relationship between public health and GBV (Q2).
- We have established and coordinated a practitioners' network on GBV and health to support frontline implementation of Equally Safe (Q3).
- We have published the evaluation of the health visiting implementation of routine enquiry and risk assessment of domestic abuse, and engaged with the Scottish Government and the University of Edinburgh to support its inclusion in the wider national evaluation of the Universal Health Visiting Pathway (Q3).

Delivery commitment: Support implementation of 'Raising Scotland's tobacco-free generation: our tobacco control action plan 2018' including improving access to Quit Your Way support in prisons, and maintenance of print and e-learning products.

Performance indicators

- We have published an evaluability assessment of the Scottish Government's Tobacco Control Action Plan, mapping how actions contribute to the target of reducing smoking to 5% by 2034, and specifying an effective monitoring and evaluation plan (Q4).
- We have published new guidance for practitioners in relation to quitting vaping (Q4).
- We have published implementation guidance in relation to smoke-free hospital grounds (Q4).

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

- We have developed the core components of a national quality assurance framework for Exercise Referral in Scotland (Q3).
- We have worked with NES to develop a physical activity knowledge, skills and competency framework (Q4).
- We have developed and tested aspects of the infrastructure required to support local Health Boards in delivery of the National Physical Activity Pathway (Q4).

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

- We have agreed with the Scottish Government a project plan for the review of Alcohol Brief Interventions (Q4).
- Our research has been referenced in the media, in key policies and publications (Q4).

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

- Working with NES, we have developed the universal online mental health awareness and suicide prevention resource (Q1).
- We have contributed to the public awareness action in the Suicide Prevention Action Plan (Q3).

- We have engaged with young people to develop system-wide responses to support their mental health and wellbeing (Q4).

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
- We have engaged partners in ISD, the Scottish Government and academia to scope the possibility of developing a Child Public Health Data Hub which would bring together and analyse routine data on children from a population health perspective (Q3).
- We have led work on behalf of the Scottish Government to provide local authorities with questionnaires for the new School Health and Wellbeing Census (Q3).
- We have worked with a range of partners, including the Scottish Government, local authorities, Education Scotland, and the Schools Health and Wellbeing Improvement Research Network (SHINE), to maximise the potential for effective action to be taken at school, community and local authority level in response to findings from the school census, and other emerging data and evidence (Q4).

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

- We have provided evidence to the Scottish Government to support the development of a national preconception care action plan (Q3).
- We have contributed to the Children and Young People Mental Health Task Force (Q4).
- Our research and evidence has influenced policy and strengthened prevention and early intervention to address health inequalities (Q4).

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

Performance indicators

- We have contributed to the baseline evaluation of the expansion of Early Learning and Childcare (Q4).

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

- We have contributed to establishing an ACE enquiry pilot in six GP practices and an evaluation is in place to inform decisions on future roll-out (Q2).
- We have collaborated with local partnerships to inform policy, planning and community responses to prevent childhood adversity (Q4).
- There is evidence that the Scottish ACEs Hub is providing national leadership for action on childhood adversity (Q4) .

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

- We have published the evaluation of Cost of the School Day (Q3).
- There is evidence that local partnerships have used our sample outcomes child poverty planning tool in the development of the first set of local child poverty action reports (Q3).
- We have published a suite of evidence briefings on child poverty (Q4).

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 intersectoral approach to addressing health and attainment inequality in school-aged children.

Performance indicators

- We have engaged with the Scottish Government, public health reform colleagues and Education Scotland to scope collaborative work on a whole-system approach to the health and wellbeing of children and young people (Q3).
- We have published evidence briefings on key topics relating to health and wellbeing in education and engaged with key stakeholders on the findings (Q4).

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
- We have influenced the development of the next WHO European Member State survey on Child and Adolescent Health (Q2).
- We have agreed terms of our next WHO Collaborating Centre Agreement (Q3).
- We have completed situational analysis of Child and Adolescent Health in the European Region to inform the priorities of new WHO Child and Adolescent Health Strategy for Europe (2021–2030) (Q4) .

Strategic priority 3: A fair and inclusive economy

We will provide knowledge and evidence on socioeconomic 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 Marmot Review and encompassing the dimensions set out in the Fair Work Convention's Framework.

Delivery commitment: Having reviewed current services, 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

- We have undertaken an options appraisal for delivery of the Healthy Working Lives National Adviceline focusing, in particular, on its contact handling function (Q3).
- We have delivered and supported others to deliver at least 40 Health and Work training courses across Scotland (Q4).
- We have delivered and supported others to deliver at least 80 Mentally Healthy Workplace training courses across Scotland (Q4).

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

- We have delivered performance reports to HWL implementation group meetings so we better understand HWL delivery across NHS Boards in Scotland (Q4).
- We have delivered and supported the delivery of eight events to promote the services available and values of Good Health at Work (Q3).
- We have delivered three performance reports on the implementation of the Plan for Action on Safety and Health in Scotland to the Partnership for Safety and Health in Scotland (Q4).

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

- We have supported the development and implementation of a Delivery Plan for the HWL website (Q2).
- We have developed and implemented four new modules of online training for our clients and hosted these on the Virtual Learning Environment (Q4).

- We have performed quality audits on service delivery of HWL advisory and training services across Scotland (Q4) .

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

Performance indicators
- We have improved the effectiveness of mental health practitioners in supporting patients into employment support services (Q2).
- We have trained mental health workplace trainers to improve employers' support for employees with mental ill health (Q2).
- We have produced Fair Work Framework guidance for NHS Boards (Q3).

Short-term outcome

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

Delivery commitment: Following the completion of the appraisal, develop new sustainable models and approaches to the healthyliving and HWL awards to maximise engagement in tackling health inequality and encourage sustained and effective support for improving public health.

Performance indicators
- We have developed a robust project plan to support the delivery of new sustainable models for the healthyliving and Healthy Working Lives awards. (Q2).
- We have engaged with stakeholders and partners throughout the development and implementation of sustainable new models (Q4).

Delivery commitment: Maintain and increase the commitment of existing award holders to the healthyliving and HWL awards and promote the awards to new customers.

Performance indicators
- We have increased the number of higher level award holders (Q4).
- We have continued to achieve positive feedback from our customers and have acted on the feedback where appropriate (Q4).

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
- The HWL National Adviceline contact handling service has handled at least 1,500 enquiries on behalf of employment services (Working Health Services and Health and Work Support) (Q4).
- The HWL national team advisers have given advice to at least 250 employers and individuals located within the pilot area (Dundee and Fife) (Q4).

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

- We have increased referrals from NHS practitioners into employment support services (Q3).
- We have engaged with Scottish Government policy officials on ways to improve focus of employability provision to impact health inequalities (Q4).

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

- We have provided Scottish and UK stakeholders with intelligence on the impact of social security policies on health and health inequalities in Scotland (Q4).
- We have completed the feasibility study and evaluability assessment of Citizen's Basic Income, and have engaged and agreed its content with Scottish Government and local government partners (Q4).
- We have made proposal about how Citizen's Basic Income can make the maximum possible contribution to reducing health inequalities given the contextual constraints (Q4).

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

- We have advised the Scottish Government's Office for the Chief Economic Adviser on the forms of economic activity which are more and less likely to contribute to inclusivity, sustainability, health and health equity (Q4).
- We have published a review of the interactions between political economy and population health and disseminated these findings to relevant policy-makers (Q4).
- There is evidence that Scottish Government policy-makers have used our evidence in forming their approach to economic policy (Q4).

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.

Performance indicators

- We have completed scoping work on positions of power in Scotland and identified a research contribution (Q3).
- We have consolidated learning on participatory approaches as a mechanism to redistribute power and engaged with stakeholders on the relationship to health (Q4).

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 and 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

- We have increased the number and broadened the range of organisations participating in the Place Standard Alliance, Place Standard Leads Forums, Place Standard workshops at conferences and engaging with us on Twitter (Q4).
- We have made progress against each of the Place Standard Implementation Plan actions (Q4).

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 the 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

- We have contributed to the inclusion of indicators relating to inequality in the National Walking Strategy Delivery Plan (Q2).
- We have produced a scoping paper outlining our role in supporting open space strategy development and engaged on it with Glasgow and Clyde

Green Network Partnership, Greenspace Scotland and the Scottish Government (Q3).

- We have engaged with stakeholders to identify how best to support professionals to realise the benefits of physical activity on mental health and wellbeing (Q3).

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

- We have completed our Clyde Gateway regeneration study (Q3).
- We have presented the findings to stakeholders (Q4).
- We have submitted the findings for publication in a peer-reviewed academic journal (Q4).

Short-term outcome

Health outcomes are embedded in local and national strategic housing plans.

Delivery commitment: Support the 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

- We published a briefing paper highlighting opportunities for local authorities to strengthen the contribution their local housing strategy can make to health outcomes (Q4).
- We held a seminar sharing good practice regarding housing allocation policies that provide opportunities to reflect health outcomes for vulnerable population groups (Q4).

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

- We have produced three case studies demonstrating examples of delivering trauma-informed services within the housing sector (Q2).
- We have facilitated quarterly meetings of a subgroup of the Scottish Health Promotion Managers Group to progress recommendations from the ScotPHN 'Foundations for Wellbeing' report (Q4).

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

- We have implemented a learning resource in relation to housing, homelessness and health for frontline NHS primary care staff (Q1).
- We have contributed to the development of the health and wellbeing module of the Housing Options training toolkit (Q4).

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 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

- We have run a programme of events to engage local and national stakeholders in scoping our impact and their aspirations in food and health inequalities with communities (Q3).
- We have used learning from community-led research in black and minority ethnic communities in Glasgow to influence and inform local/national policy and practice around community-led research, obesity, diet and food security (Q4).

Short-term outcome

The community-led health sector both informs and is informed by 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

- We have developed a programme of engagement both within NHS Health Scotland and with key stakeholders and partners establishing and strengthening a strategic direction around community development and health (Q3).
- We have engaged with key stakeholders to explore how public health services engage with community groups on a public health priority (Q4).
- We have explored how practitioners utilise case studies/lived experience of community groups to design their services (Q4).

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

- We have contributed to Scotland's second Statutory Climate Change Adaptation Programme (SCCAP2) and this has been taken into account by the Scottish Government Climate Change Adaptation Team (Q1).
- Our contribution to Scottish Government commissions on the new public health body have included a clear proposal for how the climate change agenda will be taken forward in the new body (Q4).

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

- We have worked collaboratively with Scottish health promotion managers to produce and disseminate a Public Health Skills and Knowledge Framework resource to support practitioner development (Q1).
- We have worked with one urban and one rural location to test the application of the Three Step Improvement Framework for Scotland's public sector with

third sector partners in relation to using quality improvement to improve local community health and mental wellbeing (Q3).

- We have undertaken effective stakeholder engagement to scope career entry points to public health (Q4).

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

- We have engaged HPHS leads in NHS Boards and the Scottish Government and have appraised options for the national and local delivery of HPHS in the context of public health reform (Q4).

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

- We have engaged with British sign language (BSL) stakeholders and as a result health information is more readily available for BSL users via the NHS inform website (Q4).
- We have drafted a national policy on translation and interpretation by end June 2019 and will publish it by end March 2020, following the completion of Scottish Government research on BSL interpreters (Q4).
- We have developed the second phase of our online BSL and assisted communication courses for health and social care staff (Q4).

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

Performance indicators

- We have published a 'State of primary care in Scotland' report (Q3).
- We have held an event to bring primary care analysts, researchers, evaluators and improvement advisors together (Q4).

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

- We ran a successful multimedia campaign on flu, targeted at those eligible for the vaccine and with a focus on those with health conditions, healthcare workers, parents of 2–11-year-olds and those aged 65 and over (Q4).
- We produced leaflets and posters to promote awareness of the shingles vaccine for 70–79 year olds and ran a social media campaign with partner organisations to raise awareness of this vaccine among organisations that work with older people (Q4).
- We published a revised guide to childhood vaccines with evidenced-based messaging on the importance of vaccinations in protecting children against serious diseases (Q2).

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

- We have completed commissioned research with 100 women about the introduction of human papillomavirus (HPV) testing as the primary test on smear tests samples taken in primary care (Q4).
- We have developed and published FAQs for professionals on the planned introduction of HPV testing in the cervical screening programme (Q3).
- We have contributed to a UK working group to develop and publish guidance on informed choice for the UK screening programme (Q1).

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

Performance indicators
- We have completed two health impact assessments (for childhood vaccines and adult vaccines) to inform the planning of VTP (Q3).
- We have completed an evidence review on uptake of vaccination services among hard to reach populations which will inform planning and commissioning of service delivery models for VTP (Q3).
- We ran three regional events to ensure senior stakeholder engagement with VTP across primary care, Health and Social Care Partnerships/Integrated Joint Boards, third sector and NHS Boards (Q4).

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
- We have successfully delivered rights-based peer research, evaluation of citizen's hearings and positive impact on health policy (Q3).
- We have evidence of health leadership influence and inequalities impact of Homelessness Prevention Strategy Group actions in 2019/20 (Q4).
- We have increased evidence of best practice in inclusion health, trauma informed, rights based and use of best data and intelligence in service design (Q4).

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

- The position of international global health in the new public health body has been determined (Q4).
- There is evidence (citations, feedback, quotation and appearance of themes) that the Scottish Government Global Collaborative, Eurohealthnet and WHO have been influenced by our contributions (Q4).

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

- We have been an active partner in the Community Planning Improvement Board and undertake actions to deliver its work plan (Q4).
- We have contributed to the Scottish Government's commissioning of a review of community planning (Q4).
- We have engaged with NHS National Services Scotland, Scottish Ambulance Service, Scotland Excel and the Scottish Government, and have developed case studies to share practice on the positive impact procurement can have on reducing inequality (Q4).

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

- We have produced guidance on evaluation for community planning partnerships (Q2).
- We have scoped our contribution to improving outcomes for people with dementia and their carers (Q3).

- We have contributed to the governance and content of the community planning in Scotland website to make it as relevant as possible to our target audience (Q4).

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
- We have a better understanding of the workforce development system within local government as a basis for future workforce development collaborations (Q4).
- We have completed a full review and redevelopment of three existing e-learning resources (Introduction to health inequalities, Tackling health inequalities for health and social care staff, and Introduction to equality and human rights) (Q3).

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:
- We have implemented an institutional knowledge and research repository for Public Health Scotland (Q4).
- We have made recommendations around a model for a health economics function in Public Health Scotland (Q3).
- We can evidence that our contributions to commissions and projects has helped to embed our legacy around fairer health improvement (Q3).
- We can evidence that our contributions to commissions, projects and the target operating model has helped shape Public Health Scotland with some of the organisational principles and values we have identified as wishing to see continued (Q3).
- All our staff have been supported through appropriate consultation and support processes to transition effectively into the new organisational arrangements (Q4).

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

Performance indicators:

- Staff have regular opportunities to engage with directors and through other fora, such as the Change Oversight Group (Q2).
- Staff engagement measurements are measured quarterly and remain positive throughout the period (Q3).
- All key communications have been co-produced in conjunction with NSS and are consistent in their message as a result (Q3).

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:

- We have a Board schedule of business that clearly outlines NHS Health Scotland completed accountability arrangements and demonstrates how and when this accountability has transferred to Public Health Scotland (Q3).
- We have made contributions to the development of the governance arrangements for PHS through the development of new governance products and processes (Q3).

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

Performance indicators:

- We have contributed to the delivery of the national collaborative estates, HR, finance and procurement plans (Q4).
- The transition to Public Health Scotland is informed by progress made in national collaborative workstreams and target operating models (Q3).

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. Much of the work of these teams will also be focused directly on implementing processes to implement change towards Public Health Scotland. 'Routine' services will therefore be kept to a minimum as much as possible.

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:
  - o 99% of staff have been allocated with laptops and are working agilely (Q2).
  - o 95% of staff are confident in using the new Windows 10 operating system being rolled out and the benefits it brings (Q2).

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

  Performance indicators:
  - o We have enhanced the reporting of the impact of stakeholder engagement through the quarterly performance reports (Q1).
  - o We have developed an effective approach to engaging with the Scottish Parliament Information Centre so as to increase the use of our evidence in Parliamentary debates (Q2).

- **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:
  - We have increased use of lending and current awareness of services (Q4).
  - We will increase requests for support via business planning (Q4).
  - 80% of leads for supported outputs report that they are satisfied or very satisfied with Knowledge Services project support (Q4).

- **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:
  - We have delivered all NHS Health Scotland scheduled Board and Board Committee meetings and Board governance products on time and to standard (Q4).

- **Quality and improvement**: Quality and improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work.

  Performance indicators:
  - We have delivered the governance papers required by regulation or legislation on time to the Board and subcommittees (Q4).

- **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:
- o Budgets for 2019/20 are agreed and input to the Corporate Planning Tool (Q1).
- o Monthly financial monitoring takes place from June onwards to ensure the organisation is operating within the funding available for the year to date (Q4).
- o Detailed year-end forecasting takes place from June onwards to ensure the effective management of the funding available for the year to date (Q4).

- **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:
  - o We have delivered our key messages using a variety of communications platforms (Q4).
  - o We have positioned the organisation around fairer health improvement and a positive outlook towards Public Health Scotland (Q4).
  - o We have maintained effective relationships with stakeholders through this period of change and transition (Q4).

- **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:
  - o Our website www.healthscotland.scot receives an average of 17k visitor sessions per month (Q3).
  - o At least 30% of users visiting core health improvement content pages take one of the 'calls to action' (Q4).

- **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:
- o We maintain iMatter scores within 'well informed', 'healthy and safe working environment', and 'involved in decision-making' staff governance standards (Q3).

- **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:
- o We contribute to workforce resource delivery ensuring staff are in the right place at the right time with the right knowledge (Q4).

Appendix A: Workforce planning assumptions

Managing our workforce resource

2019/20 will be our final operational year as NHS Health Scotland and as a result we are in an environment of planning for transition and exit. We have a work plan to deliver this year, but much of our activities with our workforce will be around engaging, preparing, planning and transitioning our workforce to Public Health Scotland. Partnership working remains key at every level of workforce planning and will continue to be fully integrated into our workforce planning approach in our final year as NHS Health Scotland.

We acknowledge that these assumptions will not remain static and we will review and monitor them in year.

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 NHSScotland 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 the 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 the 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 2019/20 our permanent strategic workforce is planned at 330 WTE (2018/19 290 WTE) at a payroll cost of £15,493k (2018/19 £13,263k) on a gross (pre-vacancy factor) basis. With an assumed 6.25% (2018/19 5%) vacancy factor, the net figures are calculated as 310 WTE (2018/19 276 WTE) and £14,713k (2018/19 £12,601k).

- For 2019/20 we have a savings target of £270k (6 WTE) as a result of the Scottish Government not increasing our baseline by 1% (£182k), a further expected contribution to the £15m over our initial £325k being £75k and our pay funding for 2019/20 at 2018/19 levels giving us a cost and number shortfall of £13k. We expect to manage this by a combination of changes in our workforce, our vacancy factor being higher than 6.25%, and our carry forward surplus from 2018/19 being higher than £362k. This may mean a slight reduction in our staff budgets and WTE during 2019/20 as we attempt to manage this savings target.

- The net figures for 2019/20 will be used for financial budget purposes. The vacancy factor of 6.25%, which equates to £968k on establishment, will be monitored by the Corporate Management Team (CMT) and reviewed as necessary with the Partnership Forum, as will the additional savings target of £270k (6 WTE) as it impacts on staff.

- Increases in staff costs relate to the pay award 18/19 as higher than originally

expected and the 19/20 pay award which in total added £0.4m, £1m for the net increase in staffing, and £0.7m for 6% higher employer pension contributions gives an increase of £2.1m to our £12.6m prior year budget giving us a budget of £14.7m for 2019/20.

- Increases in staff costs in line with the NHS pay award for 19/20 have been used being 3% to £80,000 and a flat £1,600 (2% at £80,000) 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.

- Staff budgets have been increased by around £1m excluding pay awards mainly due to changes in our work and cost profile as our staff cost % of our baseline has increased from 70% to around 76% (net of savings) between 2018/19 and 2019/20. The role of the Commissioning Group and Workforce Review Group (WRG) as noted below has been key in managing this profile change.

- The increases in WTE have been in Public Health Scotland 12.4, Strategy 7.6, and Health Equity 15.8 over the year, with increases in ScotPHO, Evaluation and ScotPHN in PHS, 8 in Strategy due to public health reform work and the near 16 in Health Equity relates to increases across all teams which meets the work demands as discussed at the Commissioners Group and then reported to the directors/CMT so workforce changes could be approved during 2018/19.

- 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 shortfall of £3m against the £15m recurring target in 2019/20. There remains a shortfall in 2018/19 of £2.6m which will be carried forward as a non-recurring item. Our contributions of £325k and a further £75k in 2018/19 are seen as a fair contribution towards the £15m so no further contribution is anticipated 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 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.

- For 2019/20 the CMT/partnership/HR group will closely monitor staffing budgets and vacancies levels as with staff costs now at £14.7m needing to be managed down to £14.4m due to the cost pressures arising from reduced funding from the Scottish Government.

Appendix B: Financial plan

	Notes	2018/19	2019/20 plan
Income		£000	**£000**
Baseline funding (Core)	1	18,405	**19,009**
Carry forward surplus	2	0	**362**
Non-recurring funding	3	1,800	**1,800**
Efficiency saving (part of National Boards £15m)	4	(325)	**0**
		19,880	**21,171**
Expenditure			
Salaries	5	12,601	**14,713**
Non-staff costs	6	6,994	**6,483**
Depreciation	7	285	**245**
Cost pressures	**8**		**(270)**
		19,880	**21,171**
Capital (formula allocation)	**9**	583	15
Finance risks	**10**		

Notes

1. Baseline funding
Baseline funding in 2018/19 was £18,265k, with no uplift but part pay funding of £140k giving £18,405k.

Baseline funding in 2019/20 is £18,405k less a £400k contribution towards the £15m efficiency savings target (increase from £325k) with additional pay funding in 2018/19 of £97k (£140k forecast on lower pay award) and £237k pay funding in 2019/20 being a repeat of the 2018/19 award. In addition there is a 6% increase in the employer pension contribution which is to be fully funded by the Scottish Government in 2019/20 which will cost £670k.

Note: Confirmation of the funding amount in relation to the additional pension contribution is awaited across all the Health Boards for 2019/20 being an in-year allocation.

2. Carry forward surplus

For 2018/19 we planned no carry forward surplus but in 2019/20 we expect to carry forward £362k of funding.

Note: We are forecasting a higher surplus in 2018/29 but expect to carry forward the additional surplus to help meet our savings target in 2019/20.

3. Non-recurring funding

Non-recurring funding is expected to be around 10% of baseline funding at £1,800k each year.

4. Efficiency saving

Efficiency savings are the expected contribution towards collaborative working across the National Boards. This was £325k in 2018/29. There will be no additional contribution in 2019/20.

Note: As per note 1 above, our contribution increased by £75k in 2018/19 but we are taking this as our final contribution with no further contribution in 2019/20. This is despite the likely shortfall of £3m recurring across the National Boards against the £15m target and the £2.6m shortfall from 2018/19 being a carry forward item which will be non-recurring in 2019/20.

5. Salaries

Salaries at £12,601k reflect the cost of retaining our workforce at the budget levels for 2017/18 with pay uplifts for the 2018/19 year.

For 2019/20 we have increased our workforce to help deliver our objectives to £13,653k which together with estimated pay award increase of £390k gives a budget of £14,043k. These budgets have been increased by £670k being the 6% increase in the employer's pension contribution on the payroll cost of £11.1m (excluding on-costs) to give a salaries budget of £14,713k.

Our staffing budget includes a number of posts working towards public health reform as noted below. It details the high staff and financial commitment towards the new body which is another financial pressure on the organisation in 2019/20.

	WTE	£k
Public health reform team – full time	6	221
Public health reform team – temporary	2	112
Change Support Team in Health Scotland	8.2	253
Total	**16.2**	**586**

Note: Our staff budget is now at 77% of our core funding due to planned changes in our staff/project profile during 2018/19, pay awards and employer pension increases.

6. Non-staff costs

Non-staff costs are the cost of operational support including occupancy costs, HR, finance and IT costs together with the cost of our normal business projects in the year. Our normal business projects are expected to reduce by some 20% from £2.33m in 2018/19 to £1.85m in 2019/20 to help fund the increase in our salaries budget as per note 5 above. This breaks down as:

Non-staff costs analysis	£k
Finance	210
Staffside	8
IT	325
Strategy – Communications/Change Oversight Group	146
People and Improvement	176
Estates	1,070
	1,935
Board and sub-committees	29
Directorate travel and subsistence	80
Health and Work	655
Projects – non-core	1,684
Projects – core (see below)	2,000
Contingency	100
Total	**6,483**

Projects - Core

The project – core budget was under considerable financial pressure with £3,320k of bids under consideration. The commissioners reviewed all the bids and recommended that £2,038k bids be approved which part uses some of the contingency sum with £448k of bids being deferred for in-year consideration should funding become available. A summary of the bids is noted below.

	£k
Approved	2,038
Deferred for in-year bids should funding be available	448
Total project bids under management	**2,486**
Bids rejected	844
Total project bids	3,320

7. Depreciation

Depreciation is the charge made on the use of our fixed assets for the 2018/19 year. On review we have amended the useful life of our some of our assets giving us a slightly increased charge in 2018/19 and a consequent reduction of £15k to give a revised figure of £245k.

8. Cost pressures

Cost pressures of £270k arise from the removal of the 1% baseline increase (£182k), the further contribution of £75k towards the £15m efficiency saving (see note 4 above), and pay funding in 2019/20 being at the same level as 2018/19 giving a shortfall of £13k all of which were not expected in the draft budgets for 2019/20.

Note: As our vacancy factor is likely to be higher than 6.25%, changes in our staffing profile are likely, our carry forward surplus from 2018/19 may be higher than £212k and we can overspend in 2019/20 by 1%, on the basis that we break even over the three years (2019/20–2021/22) we should be able manage this cost pressure during 2019/20.

For the purposes of budgeting we will offset this cost against our salaries budget as a specific item similar to our vacancy factor but monitor reductions against this target in 2019/20.

9. Capital

Capital is our formula allocation which we expect to be pooled with the other National Boards in deciding our capital projects for 2018/19. The Scottish Government has retained a significant element of our capital allocation in 2018/19, leaving £15k for capital being our use in 2018/19 and a figure we need to work to in 2019/20.

10. Finance risks in 2019/20

- Funding of employers pensions increase (6%) at £670k not fully funded.

- Carry forward surplus of £362k not carried forward into 2019/20.

- National Boards £15m target shortfall in 2019/20 and further contribution needed.

- Cost pressure target of £270k not managed in 2019/20.

- The project budget of £2m (see note 6) may be insufficient to achieve our Delivery Plan.

NHS Health Scotland is a national Health Board working with public, private and third sector organisations to reduce health inequalities and improve health. This plan sets out what NHS Health Scotland will deliver in 2019/20.

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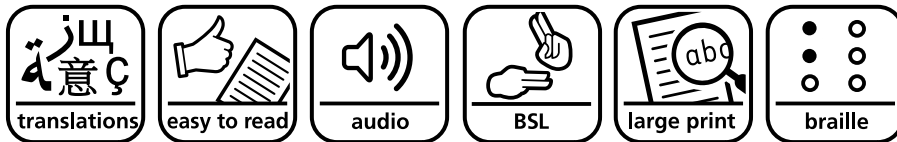
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