NHS Health Scotland

Scotland's health

A **Fairer Healthier**
Scotland – Delivery plan
Delivering better health for everyone
2018–2019

Contents page [page numbers to be updated]

Chief Executive's foreword

The year ahead will be an extraordinary year for NHS Health Scotland. It will be a year of change, but this plan is fundamentally about what NHS Health Scotland will deliver in 2018/19 and how we will continue to work towards our vision of a fairer, healthier Scotland.

The coming year will be the final year in which we operate as the organisation we have been since 2003. From April 2019 fairer health improvement will be part of the remit of a new public health body for Scotland; a body that will bring together all domains of public health in order to make a real difference to the health of the people of Scotland. This is an exciting change that we welcome at NHS Health Scotland, as indeed we warmly welcome the collaborative approach being taken by the Scottish Government in developing the new body.

The move to the new public health body is a significant change, but it is not the only exciting change ahead. 2018/19 will also see the development of closer collaboration and a 'Once for Scotland' approach between health boards in Scotland and the sharing of a number of corporate services between boards. Efficient and effective use of skills, experience and resources is crucial for the health service to serve the people of Scotland in the best way it can. Ultimately, both programmes of change are about making a real difference to the health of people in Scotland.

The year ahead will therefore be one of change and transition. We have ensured that we have the capacity to effectively contribute to, and manage the impact of, both programmes of change. But this will not be to the detriment of the important work we do on fairer health improvement. We set out our priorities in working towards a fairer, healthier Scotland last year in our Strategic Framework for Action 2017–2022. This Delivery Plan sets out the specific pieces of work we will be focusing on in 2018/19 and paves the way, along with the Strategic Framework for Action, for the work on fairer health improvement that will be taken up next year by the new public health body.

Our work is set firmly within the Scottish Government's priorities for NHS Boards described in the Health and Social Care Delivery Plan published in December 2016, particularly the ambition to increase healthy life expectancy for all. Our delivery commitments reflect the emerging new national public health priorities for Scotland, developed by the Scottish Government together with the public health community, the third sector, the Convention of Scottish Local Authority (COSLA) and the Society of Local Authorities Chief Executives (SOLACE).

Our plan has also been developed alongside our collaborative work with the other seven special NHS boards to create a National Boards Delivery Plan. We will submit under separate cover to Scottish Government a Local Delivery Plan which highlights the particular contributions we will make to that National Plan.

I know I speak for all of my colleagues when I say that we are as committed as ever to achieving our vision of a Scotland in which all people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

Gerry McLaughlin,
Chief Executive
NHS Health Scotland

Introduction

Delivering better health for everyone in Scotland

NHS Health Scotland is a national Health Board working with public, private and third sector organisations to reduce health inequalities and improve health. Our primary role is to work with others to produce and share the knowledge of what works, and doesn't work, to reduce health inequalities, and to improve how that knowledge is turned into action.

This Delivery Plan sets out NHS Health Scotland's delivery commitments for 2018/19. Our focus as a Health Board is on the national target of increased healthy life expectancy and we focus our resources on people and groups who experience the worst health outcomes as a result of the social determinants of health.

Our commitments are aligned with the five strategic priorities set out in our Strategic Framework for Action 2017–2022, which are:

1. Fairer and healthier policy
   We will 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.

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.

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

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.

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.

Our strategic priorities are supported by three strategic change priorities, which say how we will:
- improve how we work in order to deliver our strategic priorities
- secure the place of fairer health improvement in the new public health landscape
- prepare for transition to the new public health body.

Development of this plan

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

- analysis of the Scottish Government's Programme for Government and how our work aligns with this
- engagement with and feedback from our customers, partners, stakeholders and staff
- evidence reviews of what will work to improve health and reduce health inequalities
- the feedback we received from government on our 2017 Annual Review
- the Health and Social Care Delivery Plan, announced in December 2016, which sets out the government's triple aim of 'better care, better health and better value' and includes the national target of increased healthy life expectancy
- Local Delivery Plan (LDP) guidance for 2018/19 and the development of a collaborative National Boards Delivery Plan for 2018/19

Feedback from our 2017 Annual Review has been incorporated into this Delivery Plan. This includes the following recognition from the Minister of Public Health and Sport:

- New public health body - We are in a period of major organisational change as the shape and form of the new national public health body is developed. It is important that we deliver on our priorities while allowing for sufficient flexibility within our resources to support work on the new body.

- Five Year Strategic Framework – Our new strategy will allow for continuity and stability of our current activities until the new body is ready to take responsibility and will also help inform the Government's thinking around the new body.

- Leadership – We continue to have an important leadership role in public health and particularly in reducing health inequalities and that this includes supporting Local Authorities, Health Boards and Integrated Joint Boards in to take practical action to improve public health.

- Place Standard - Our collaborative work on the Place Standard is an example of the exceptional quality of the work we undertake with others.

- Health in all policies - It is important that we continue our work to extend health in all policies, working across a range of public policy areas to positively impact on health and wellbeing.

- Workforce – We must work to sustain our values and the culture of NHS Health Scotland through the period of change and transition. We should invest time in our legacy and carefully consider what we should carry forward to the new body and what we should not bring forward

A number of other corporate documents and plans support this Delivery Plan, including our financial plan and workforce planning assumptions. These documents can be found in the 'Our Organisation' section of our website.

Our delivery commitments for 2018/19

Our Strategic Framework for Action 2017–2022 describes the five priority areas that will contribute to the realisation of a fairer, healthier Scotland and the long-term outcomes that we believe can be achieved in each of these areas over a five-year period. This Delivery Plan describes the practical actions we will take towards these outcomes in 2018/19. These actions are set out as delivery commitments, grouped under short-term outcomes in each of the five priority areas.

This plan also includes the actions we will take in 2018/19 to support the organisation to respond to the emerging public health landscape, including the transition to the new public health body. These actions are set out as delivery commitments grouped under short-term outcomes in our three strategic change priority areas.

We also deliver a number of national, professional and corporate services in overall support of our and our partners' work. These services are set out as core delivery commitments.

Each delivery commitment is accompanied by a set of performance indicators, each of which states when we expect to have achieved it (Q1, June 2018; Q2, September 2018; Q3, December 2018; Q4, March 2019). We use these performance indicators to monitor our progress and we report on our progress quarterly.

Strategic priority 1
Fairer and healthier policy

Short-term outcome: We have influenced policy areas where the impact on reducing health inequalities and population health improvement is likely to be greatest

Delivery commitment	Performance indicators	
Progress the Scottish Burden of Disease study, including improving the estimates, identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions	We have published deprivation and local area reports (Q1) We have published the projections and scenarios report (Q4)	
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	We have published a report and related outputs summarising the effects of a range of interventions on health and health inequalities in Scotland (Q2) We have disseminated the report to a wide range of stakeholders and collated feedback to inform future use of modelling approaches in Scotland (Q3)	

Short-term outcome: We have supported national policy development and evaluation to influence health outcomes in key health-related areas

Delivery commitment	Performance indicators
Implement the evaluation plan for Minimum Unit Pricing (MUP), including establishing and managing the component studies, co-ordinating with other relevant studies and engaging with stakeholders	We have published a journal paper on the Minimum Unit Pricing evaluation plan (Q3) We have drafted a report on compliance (Q4)
Provide expertise and advice to inform the Partnership for Action on Drugs in Scotland's (PADS) strategic approach	There is evidence (e.g. citations, feedback, quotation, appearance of themes) that the Road to Recovery refresh and related policy was influenced by our expertise and advice (reports, presentations, briefings, etc) (Q4) We have completed the evaluability assessment of the new alcohol and drug treatment strategy (Q3)

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	Performance indicators
Sustain the cross-cutting work of the public health collaborations we manage (the Scottish Public Health Network (ScotPHN), the Scottish Public Health Observatory (ScotPHO), the Public Health Evidence Network (PHEN) and the Health Economics Network for Scotland (HENS)) in order to deliver an agreed range of effective, efficient and sustainable public health actions on a 'Once for Scotland' basis	The number of organisations and different sectors ScotPHN has engaged with in all projects (Q4) Working through the Public Health Evidence Network (PHEN) is shown to be more impactful and efficient than carrying out the work individually for member organisations (Q4) 90% of ScotPHO website sections updated to schedule (Q4) We have agreed a model for the Health Economics Network for Scotland model with key partners and stakeholders (Q4)

Short-term outcome: We have supported the implementation of progressive policy and national strategies and evidence around effective action

Delivery commitment	Performance indicators
Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings	We have produced an Out of Home (OOH) strategy with Food Standards Scotland and Scottish Government (Q4) We have published rapid evidence reviews to support the diet, activity and healthy weight strategy (Q4) We have supported the development of legislation to restrict the marketing and promotion of high fat, salt and sugar products (Q4)
Work with Scottish Government and national partners (Samaritans Scotland, Information Services Division (ISD), Public Mental Health Special Interest Group) to influence the contents of the new Suicide Prevention Action Plan and to support the ongoing implementation of the Mental Health Strategy	We have commissioned a new integrated mental health learning programme for roll out in 2019/20 (Q2) We have influenced the new national Suicide Prevention Action Plan through engagement events (Q1) We have engaged in collaborative work with national public sector partners in mental health and suicide prevention (Q3)
Support NHSScotland implementation of the National Strategy on Violence against Women and Girls, establishing a multi-sectoral approach to strengthen and improve the health sector response to Gender-Based Violence.	Number of Health Boards with action plans aligned to the national implementation plan for NHSScotland on Equally Safe (Q4) Number of health visitors and mental health staff trained in routine enquiry and risk assessment of abuse (Q4)

Support implementation of the refreshed tobacco control strategy, including improving access to smoking cessation support in Prisons (to support Smoke Free Prisons by 30 November 2018), and maintenance of print and e-learning products	The Smoke Free Prisons service specification is being implemented by all nine Health Boards with prisons and all 15 prisons across Scotland (Q3) There is an increase in the number of staff accessing our e-learning resources (Q4) Number of references of our research in the tobacco control strategy, press and other research (Q4)
Lead, support and advise on the design and implementation of actions relative to the Scottish Government's Active Scotland Framework and National Physical Activity Implementation Plan	The impact of our expertise and advice is evident in the strategic plans and operational actions of our partners (Q4) We have completed the relevant actions for 2018/19 in the National Physical Activity Delivery Plan (Q4) We have completed the relevant actions for 2018/19 in the our Health and Social Care Physical Activity Outcomes Framework (Q4)
Agree and deliver a programme of work to support the implementation and monitoring of the refreshed alcohol strategy	There is an increase in the number of staff accessing our e-learning resources (Q4) There is an increase in the number of resources downloaded and resources ordered by Health Board/setting (Q4) Number of references to our research in the refreshed alcohol strategy, press and other research (Q4)
Promote a better awareness, and use, of the evidence on effective interventions to address mental health inequalities/stigma and discrimination across health, social care, education and third sectors	At least 40% of local multi agency suicide prevention partnerships have used the Locations of Concern guidance (Q3)

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	Performance indicators
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	The Health Behaviour in School-aged Children (HBSC) survey meets the key milestones set out in the contract (Q4) We have agreed and delivered a clear contribution to the delivery of a school health and wellbeing census in collaboration with Scottish Government colleagues (Q4)
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	We have agreed recommendations for practice in collaboration with key professional groups (Q4) Number of local and national strategies informed by our knowledge base (Q4)
Support the development and implementation of a Monitoring and Evaluation framework for the Scottish Government Early Learning and Childcare programme	We have developed the monitoring and evaluation framework and it has been agreed by Scottish Government (Q2) The monitoring and evaluation framework has been implemented (Q4)

Short-term outcome: Scottish Hub for Adverse Childhood Experiences priorities for prevention and mitigation of adverse childhood experiences are reflected in policy and practice

Delivery commitment	Performance indicators
Implement agreed priorities for action on adverse childhood experiences (ACEs) in collaboration with Scottish Government policy leads and the Scottish ACEs Hub	We have helped support the start of a pilot of 'ACE Enquiry' in general practice (Q3) We have explored readiness for routine enquiry in early years settings (Q2) We have identified actions for ACE-informed policy and practice and progressed them with our key customer groups (Q4)

Short-term outcome: NHS and local authorities increasingly implement improvements in planning and delivery that contribute to tackling child poverty

Delivery commitment	Performance indicators
Provide information, evidence and facilitation for the child poverty leads in Health Boards, Health and Social Care Partnerships and Local Authorities to strengthen local action on child poverty	We have compiled examples of local action on child poverty and disseminated them to Health Boards, local authorities and Community Planning Partnerships (CPPs) (Q3) Four or more Health Boards have established new Financial Inclusion referral pathways between the NHS and welfare advice services using our guidance (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	Performance indicators
Provide expert evidence, knowledge translation and implementation support to the development of an inter-sectoral approach to addressing health and attainment inequality in school-aged children	We have established a strategic partnership to develop the School Health Research Network (Q2) We have received positive feedback on mental health training for school teachers (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	Performance indicators
Provide the World Health Organization (WHO) with up-to-date evidence and technical support for child and adolescent health strategy implementation	We have submitted guidance for the development of national strategic action plans for child and adolescent health and wellbeing to WHO (Q2) Our work is included for discussion in WHO Regional Committee Meeting (Q3) We have received positive feedback from WHO on the quality of our contributions (Q4)

Short-term outcome: More employers are aware of and engaged in good work practices that promote good work

Delivery commitment	Performance indicators	
Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline and facilitate delivery of the HWL learning and development programme for employers to encourage best practice, compliance with legislative requirements and promote safe and healthy working environments contributing to the mitigation of health inequalities	There is an increase in the number of employers and individuals accessing Healthy Working Lives (HWL) services (Q4)	
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)	There is an increase in the number of employers and individuals accessing HWL services (Q4) We have implemented our partnership strategy (Q4)	
Maximise the use and quality of digital channels in response to customer preferences for accessing Healthy Working Lives services	Our new healthyworkinglives.scot website is fully functioning (Q1) There is an increase in the number of employers and individuals accessing Healthy Working Lives services (Q4)	

Short-term outcome: More organisations have achieved Healthy Working Lives and/or healthyliving awards

Delivery commitment	Performance indicators
Influence policy and practice through sharing research, intelligence and experience to enable sustainable models for delivery of the healthyliving and Healthy Working Lives awards	We have formed an organisational position on the future of the Healthy Working Lives Award (Q1) We have reviewed the healthyliving award in light of the Diet and Obesity, contributed to the Out of Home strategy and agreed a way forward with Scottish Government (Q4)
Maintain and increase the commitment of existing award holders to the healthyliving and Healthy Working Lives awards and promote the awards to new customers	Number of bronze, silver, gold healthyliving award holders (Q4) Increased number of Healhy Working Lives award holders (Q4) Increased number of small and medium enterprises award holders (Q4)

Short-term outcome: We have contributed to the design and launch of the Single Gateway (Scottish Health and Work Service) pilot project to deliver better integrated and accessible services with increased uptake

Delivery commitment	Performance indicators
Contribute to the design and launch of the Scottish Government's two year Single Gateway (Scottish Health and Work Service) pilot project, including evidencing how employment services can be better integrated and accessible and how this impacts on uptake	The role of the Healthy Working Lives National Adviceline is confirmed and the pilot launched (Q2) The number of employers and individuals accessing the Single Gateway Adviceline in pilot areas (Q4) We make improvements to the Healthy Working Lives National Adviceline on time and in scope (Q4)

Short-term outcome: The Fair Work Framework has adopted an outcomes approach influenced by evidence on what is most likely to reduce health inequalities

Delivery commitment	Performance indicators
Develop and disseminate evidence and advice on effective approaches to reduce health inequalities to stakeholders of the Fair Work Framework	We have disseminated evidence on effective approaches to reduce health inequalities to all stakeholders of the Fair Work Framework (Q3)
	Number of follow-up engagements with high-interest, high-impact stakeholders following the dissemination of our evidence (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	Performance indicators
Develop and share with government evidence on effective labour market policies to reduce health inequalities	We have worked with government to identify the evidence needed around effective labour market policies (Q1)
	We have shared evidence with Scottish Government colleagues and are engaging with the relevant policy teams (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	Performance indicators
Disseminate evidence to stakeholders on the impacts of social security policies on health inequalities and measures that can be taken to mitigate these	We have prepared briefing papers for the Welfare Reform Health Impact Delivery Group (Q4) There is evidence (e.g. citations, feedback, quotation, appearance of themes) that the reports, briefing papers and journal articles we have published on social security have been influential (Q4) Reports of consultations and calls for evidence on social security reference the submissions we have made (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	Performance indicators
Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy	We have engaged with relevant high interest/high impact stakeholders (Q4) We have produced evidence briefings and papers for each relevant output (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	Performance indicators
Collaborate with partners on knowledge dissemination and application for informed action on the distribution of power as a fundamental cause of health inequalities	There is evidence that relevant stakeholders have been influenced by our reports, presentations, etc (Q3) There is evidence (e.g. citations, feedback, quotation, appearance of themes) that policy was developed using our reports, presentations, etc (Q4)

Healthy and sustainable places

Short-term outcome: The Place Standard is being increasingly used to inform decision-making on the physical environment, service delivery and community-led action

Delivery commitment	Performance indicators
Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan	The number, range and purpose of Place Standard applications across Scotland, the UK and Europe(Q3) The number and 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) Quarterly progress against each of the Place Standard Implementation Plan actions (Q4)

Short-term outcome: Evidence and research generated from Clyde Gateway has increased understanding of the health and wellbeing impacts of regeneration programmes

Delivery commitment	Performance indicators
Conduct research into the impact of the Clyde Gateway regeneration on health and health inequalities	We have completed the research study (Q3) We have submitted a paper to an academic journal (Q4) We have engaged different audiences on the results of the research including Clyde Gateway residents, Clyde Gateway URC and Scottish Government (Q4)

Short-term outcome: Local and national strategic housing plans embed health outcomes

Delivery commitment	Performance indicators
Support Scottish Government, local housing leads and local public health teams to embed health and health inequality outcomes in national and local housing strategies, policy and guidance	We have contributed to the revision of the national Local Housing Strategy guidance (Q4) We have organised at least three regional events bringing together local housing and public health leads (Q3)
Work collaboratively with key local and national stakeholders to coordinate action to maximise the contribution of housing to health improvement and reducing health inequalities	Housing is a standing agenda item on the Scottish Health Promotion managers meeting agenda (Q1) We have completed our actions from the ScotPHN 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	Performance indicators
Provide joint national leadership with Shelter Scotland to develop and deliver training to inform joint planning and delivery on health and homelessness	We have agreed and implemented the learning resource (Q3) There is an increase in uptake of our health inequalities resources (Q4)

Short-term outcome: Communities and organisations tackling inequalities in food and health are applying evidence to their learning and practice

Delivery commitment	Performance indicators
Implement a programme for communities that will help them to learn from, and inform evidence and good practice in tackling inequalities in food and health	Number of stakeholders engaged (Q4) 85% of participants at events indicate positive intention to apply learning to practice (Q4)

Short-term outcome: The community-led health sector is increasingly contributing to the delivery of 'A Fairer Healthier Scotland'

Delivery commitment	Performance indicators
Commission the Scottish Community Development Centre (SCDC) to deliver a programme on community-led health that supports NHS Health Scotland's priorities	We have engaged with community development stakeholders to develop an organisational position statement on the contribution community development makes to the reduction of health inequalities (Q2) We have developed web content for healthscotland.scot on the contribution community development makes to the reduction of health inequalities and promoted the key messages to stakeholders (Q3)

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	Performance indicators
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	Our contribution to Scotland's second Statutory Climate Change Adaptation Programme (SCCAP2) has been taken into account by the Scottish Government Climate Change Adaptation Team (Q4) 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 (Q3)

Transforming public services

Short-term outcome: There is a clear role and plan for developing public health capability in the National Boards Delivery Plan

Delivery commitment	Performance indicators
Support the National Boards Delivery Plan to strengthen public health capability	The public health contribution to improved health and social care is clearly described within the National Health and Social Care Delivery Plan (Q1)
Work in collaboration with key stakeholders to support the strategic development of the core public health workforce in Scotland	We have tested the Once for Scotland model of practitioner support (Q4)
	We have tested the method for supporting revalidation of UK Public Health Register (UKPHR) registered public health specialists (Q3)
	The Public Health Skills and Knowledge Framework (PHSKF) is integrated into wider workforce resources and services (Q2)
Provide 'Once for Scotland' strategic and delivery support for a refreshed Health Promoting Health Service (HPHS) framework	We have updated the Health Promoting Health Service framework with Scottish Government, including outcomes and indicators for Health Boards (Q1)
	We have agreed a structure for reporting on the new set of outcomes to be established in the 2019/2020 reporting year (Q4)
	We have established a delivery mechanism for e-referral for additional health needs from primary to secondary care (Q3)

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	Performance indicators
Provide 'Once for Scotland' coordination and delivery of NHSScotland's national improvement plan for British Sign Language (BSL)	We have delivered a shared learning event for healthcare and planning staff across Scotland (Q1) We have drafted national policy and guidance for translation and interpretation (Q4)
Support primary care transformation by using leadership, research and evaluation to strengthen knowledge and application of what works to improve health and reduce inequalities	We have deployed a suitably adapted form of the NHS England inequalities resource "Improving Access for All" within GP clusters (Q4) We have enabled our stakeholders to use the primary care evidence framework in support of policymaking and planning in primary care (Q4) We have enabled Community Links Worker teams to use monitoring and evaluation data to inform local learning and service developments (Q4)

Produce public and professional facing information and guidance, in order to advocate for and support informed and equitable access to immunisation and screening services	We have provided advice and guidance to the Vaccination Transformation Programme on improving reach of immunisation services (Q4) We have developed and executed an effective national campaign is to inform the public about Flu (Q3) We have produced and disseminated high quality information to the public about the screening and immunisation programmes they are eligible for (to satisfy the legal requirement for informed consent) (Q4) We have provided information to service planners and commissioners to reduce inequalities in screening (Q4)
Provide evidence and practical support to inform and influence strategic direction, set priorities and build system improvement that builds collaborative leadership on the right to health and inclusion health	We have shared learning on inequalities sensitive practice and scoped the extent of the routine assessment of vulnerability in order to strengthen person centred care in Health Promoting Health Service (Q3) We have disseminated the ScotPHN learning disability research into Health and Social Care (Q3) We have shared learning from the Right to Health research, using human rights based approaches within strategic decision making in Health and Social Care (Q3)
Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health Collaborative (SGHC), Eurohealthnet and World Health Organization (WHO)	The position of international global health in the new public health body has been determined (Q4) There is evidence (e.g. citations, feedback, quotation, appearance of themes) that the Scottish Government Global Collaborative, Eurohealthnet and WHO have been influenced by our contributions (Q4)

Work with key partners and stakeholders in Community Planning and Health and Social Care Integration to influence strategic direction, priority setting and resourcing to address inequalities	We have completed our actions in the Outcomes, Evidence and Performance Board (OEPB) work plan, including the development and testing of an evaluation framework for community planning (Q4) We have delivered a joint action plan with Healthcare Improvement Scotland (Q3) We have contributed to the work of the Focus on Dementia Advisory group and agreed an action plan to support Commitment 15 of the current Dementia Strategy (Q3)
Provide support and guidance to key partners and stakeholders in Community Planning and Health and Social Care Integration to increase understanding of inequalities and inform practice and delivery that leads to more equitable outcomes in our communities	Increased awareness and usage of the Community Planning and Health and Social Care website (Q4) We have reviewed annual performance reports to assess Health and Social Care Partnerships' progress on achieving National Outcome 5 (Q4) We have scoped the evaluation needs of three local areas in relation to the implementation of Part 2 of the Community Empowerment Act (Q3)
Work with a range of key stakeholders to scope and gain a better understanding of the wider workforce development infrastructure and learning needs with particular focus on local government	There is clarity and increased reach on workforce development opportunities for public health in local government through working with national bodies (COSLA, SOLACE, etc) (Q3) We have results from the inquiry into the workforce development delivery infrastructure for the wider health improvement workforce for one local government area and two Health and Social Care local areas (Q4 We have launched a learning portal for leadership on inequalities (Q2) We have implemented the health literacy e-learning module for Health and Social Care staff in partnership with Scottish Government and NHS Ayrshire and Arran (Q3)

Strategic change priorities

In this section we describe the three areas of change that we intend to focus on in our drive for continuous improvement and preparation for the new public health and health and social care landscapes. We provide information about how we will measure our performance using the performance indicators and detail when we expect to meet these targets (Q1, June 2018; Q2, September 2018; Q3, December 2018; Q4, March 2019).

Influencing the new public health landscape

Short-term outcome: Short-term outcome: We are engaging with key public health reform stakeholders to share learning around impact and influence and embed our legacy around fairer health improvement

Delivery commitment	Performance indicators
Work with NHS National Services Scotland to discuss learning and enable improved practice around the gathering and use of data on key stakeholders	We have shared our approach to the gathering and use of data on key stakeholders with NSS, and specifically the Public Health Intelligence business unit, and learnt from their approach (Q1) We have developed recommendations for best practice around the gathering and use of data on key stakeholders for consideration by the new public health body (Q3)
Work with key stakeholders including the Faculty of Public Health in Scotland and the UK Public Health Network to share and embed learning around effective policy advocacy and human rights based approaches in public health	We have provided input into the Faculty of Public Health advocacy subgroup on a bimonthly basis (Q4) We have contributed to the development and delivery of the Faculty of Public Health conference, with specific input around human rights (Q3) We have engaged with and influenced the UK Public Health Network around the right to health (Q3)

Short-term outcome: We have provided credible and trusted advice and support on the longer-term focus for reforming the public health function in Scotland

Delivery commitment	Performance indicators
Work with targeted stakeholders to promote and position fairer health improvement within the emerging public health landscape	Fairer health improvement is well represented in the national public health priorities (Q1) Our expertise on fairer health improvement is influential in considerations around the new public health body (Q3) Issues around fairer health improvement are profiled in the Scottish Parliament and receive coverage in in press and social media that reference the fairer health improvement agenda (Q4)
Work with and through the Executive Delivery Group and Programme Board to ensure that NHS Health Scotland contributes effectively to the development, planning and delivery of change in support of public health reform.	We have undertaken effective stakeholder engagement with the Executive Delivery Group and Programme Board to influence the public health priorities (Q1) We have undertaken effective stakeholder engagement with the Executive Delivery Group and Programme Board to influence public health reform (Q4)
Through ScotPHN, provide specific support to the Public Health Oversight Board, the Shared Services Programme and the Scottish Directors of Public Health to ensure effective developmental work across the public health community in support of public health reform	We have provided support for the Scottish Directors of Public Health work programme (Q4) We have delivered the Shared Services Portfolio-Public Health Programme (SSP-PHP) work programme on behalf of Board Chief Executives/Public Health Oversight Board (Q4) We have supported the Public Health Oversight Board in its reform work (Q4)

Making a difference

Short-term outcome: Products and services are designed and delivered utilising new strategic approaches that continue to improve their efficiency and effectiveness

Delivery commitment	Performance indicators
Develop and deliver best practice approaches to the design and delivery of products and services	We have closed three of our professional websites and migrated relevant content to healthscotland.scot (Q2)
	We have published a new Accessible Information Policy and communicated it to all staff (Q4)
	Three networks will have undertaken the Network Maturity Matrix, providing us with an indication of how they are performing and a focus for improvement (Q3)
Deliver Phase 1 of Redesigning Health Information for Parents (ReHIP)	We have completed the print version of the redesigned Ready Steady Baby! Resource (Q4)
	We have distributed Ready Steady Baby! to all eligible pregnant women in Scotland (Q4)

Fit for the future

Short-term outcome: A common set of best practice behaviours is valued and practiced across the organisation

Delivery commitment	Performance indicators
Undertake a programme of learning to promote and embed key behaviours required for the future context, working across organisational and agency boundaries	We have achieved an 80% satisfaction rate from internal evaluation forms across all learning programmes (Q4) 80% of staff have a completed Personal Development Plan on the Knowledge and Skills Framework by 31st May (Q1)

Short-term outcome: We have demonstrated an active improvement approach to reviewing our systems and preparing for change

Delivery commitment	Performance indicators
Work with Information Services Division and Health Protection Scotland to identify areas of fit and good practice in our systems and processes so that the new public health body is effective and credible from the start	We have worked collaboratively with Information Services Division and Health Protection Scotland and made recommendations to the Executive Delivery Group about effective system and processes for the new public health body (Q3)

Short-term outcome: NHS Health Scotland is well prepared for the transition to the new public health body and has contributed effectively to the national shared services agenda

Delivery commitment	Performance indicators
Support the implementation of change as the new public health body is created and other services across NHSScotland are reconfigured	We have maintained iMatter scores within "well informed" and "involved in decision-making" staff governance standards (Q3)
Contribute to the development of the governance requirements for the new public health organisation, ensuring the governance arrangements for NHS Health Scotland work are suitably reflected to achieve a smooth transition and exit for the NHS Health Scotland governance Board	A plan is in place and has been executed for the NHS Health Scotland governance transition (Q4)
Lead and actively contribute to better national and local support for health improvement and the reduction of health inequalities in the wider public health system and changing context	We have contributed to the planning and delivery of the LIST (Local Intelligence Support Team) Gathering, ensuring effective promotion and positioning of fairer health improvement within the event (Q3)

We have made a demonstrable contribution to a clear and agreed model for how public health should be structured and delivered in Scotland including the support the new public health body can offer both locally and nationally (Q3)

We have led and/or made a demonstrable contribution to at least 3 of the Commissions set up to inform the new public health body (Q2) |

Core delivery commitments

This section accounts for some of the national services provided by NHS Health Scotland and the core professional and corporate services which enable the organisation to deliver our strategic aims. The majority of our work is based on knowledge and information. We take great pride in our research and evidence expertise, and the specialist marketing, publishing, digital and communications functions that enable many of our stakeholders to access high-quality services and knowledge-based products.

Core services also include the resources and functions required to fulfil the organisation's governance obligations, and the national workforce planning and financial planning guidelines laid out in the LDP guidance for 2018/19.

Our workforce

Our workforce is by far our single biggest resource. The financial and policy workforce planning assumptions that we have made about our workforce and staff budget for 2018/19 are included within the financial plan, which is summarised in **Appendix 1**. We have also taken into account the Scottish Government's Everyone Matters: 2020 Workforce Vision Implementation Plan for 2018/20 in developing our workforce delivery commitments for 2018/19. Everyone Matters specifies five priority areas and specific actions that we are expected to take in 2018/19. These priority actions are set out below along with (in brackets) the delivery commitment in which relevant actions are planned:

- **Healthy organisational culture:** Ensure that iMatter is embedded as a continuous improvement tool to improve staff experience and that actions are taken to respond to feedback, particularly improving leadership visibility and staff engagement (workforce engagement).

- **Sustainable workforce:** Take action to promote the health, wellbeing and resilience of the workforce (workforce engagement).

- **Capable workforce:** Work across organisational and professional boundaries (i.e. between primary and secondary care, between sectors and so on) to share good practice in learning and development, evidence-informed practice and organisational development (workforce engagement).

- **Effective leadership and management:** Deliver actions within the overview paper "Executive Level Leadership and Talent Management in the NHS in Scotland" published May 2017 (workforce engagement, and a common set of best practice behaviours is valued and practised across the organisation)

The 2020 Workforce Vision priority for which we do not have planned actions relates to 'workforce to deliver integrated services', as this is very specifically about the workforce in local Health Board areas. We do, however, have a number of strategic delivery commitments about our national role in supporting the capacity of the health and social care workforce. Our actions to meet our obligations under our Property Assets Management Strategy (PAMS) are also built into this plan, under the core delivery commitment 'workforce engagement'. The table on page 42 shows our core delivery commitments and the performance indicators we will use to measure our performance, including when we expect to meet these targets (Q1–Q4).

Core delivery commitments

Delivery commitment	Performance indicators
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	95% of staff log in to Lync on a regular basis following the move to the NHSMail Lync service (Q2) 95% of Virtual Desktop Interface users use the external access service (Q4)
Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved	Evidence that our identified high impact, high influence stakeholders have been engaged effectively (Q4) Increased percentage of performance indicators completed on time (Q4)
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	Increase in knowledge and research rating from customer service survey (Q4) Increase in requests for support via business planning (Q4) Increase in use of lending and current awareness services (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	The Board and its Committees have received satisfactory governance assurance information and reports for approval, discussion or noting as appropriate (Q4) All internal audit reports score C or above (Q4)
Quality and improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work	We have delivered three organisational improvement projects (Q3)
Finance and procurement: provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards	An additional commitment around our contribution to the national efficiency saving of £15 million (Q4)

Delivery commitment	Performance indicators
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	We have created and shared a high Impact, high influence stakeholder list for all strategic priorities and strategic change priorities (Q2) An increase in the number of healthscotland.scot sessions where at least one publication on fairer health improvement is accessed (Q4) An increase in our Twitter engagement rate and number of Instagram followers (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	Our website healthscotland.scot receives an average of 17k visitor sessions per month. (Q4) At least 30% of healthscotland.scot users visiting core 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	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 whilst taking into account the context of change we are currently working in	A decrease in the number of undelivered outputs for reasons of lack of staff capacity (Q4) Maintain iMatter scores within 'treated fairly and consistently' staff governance standards (Q3) We have achieved an Employee Index Score of 69% or above (Q3)

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 2018/19.

This resource may also be made available on request in the following formats:

translations	easy to read	audio	BSL	large print	braille

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