Impact Assessment Report 2015/16

NHS Health Scotland

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NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

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CEO foreword

2015/16 concludes a successful year with good overall performance and significant levels of impact, underpinned by a very satisfactory financial performance.

Throughout the year we made a considerable leadership contribution to building stronger support for action to reduce health inequalities. In particular we can track our impact on the discourse about health inequalities and the link between fairness and health. Our series of health inequalities briefings has been welcomed in Scotland and internationally. But 2015–16 wasn't just spent reiterating a description of the problem of health inequalities – we also demonstrated the value of investment in upstream measures and prevention through our Triple I report and in our Economics of Prevention briefing, our events and our learning exchanges. Our work on the impact of place on health in communities was launched with the Place Standard and the Place Standard tool, both of which provide a strong platform for engaging local government and the third sector in place-based approaches to improving the public's health.

We successfully engaged key stakeholders in understanding the relationship between income and health inequality and contributed significantly to the knowledge base relating to the impact of welfare reform and austerity on health through our report Making a Bad Situation Worse. Our briefing on Good Work for All highlighted the need to increase the quantity and quality of work in Scotland and for better practical support on issues such as childcare and long-term health conditions. As well as effective dissemination of knowledge, our health and work service provided practical advice and support and successfully supported growing numbers of employers in Scotland.

We made a significant contribution to the analysis of the Scottish Government's Healthier Conversation report, as well as working with the community and voluntary sector to hold conversations across Scotland. Our joint work with the Health and Social Care Alliance in implementing the SNAP: Scotland's National Action Plan for Human Rights placed an emphasis on the right of all in Scotland to have access to the resources needed to achieve the highest attainable standard of health. Our leaflet The Right to Health has been very well received by NHS Boards, necessitating a number of reprints to keep up with demand.

We have worked with other national partners to identify and respond to the needs of Community Planning Partnerships and Integrated Joint Boards, providing bespoke information for local use, for example modelling the potential impact of the living wage on health outcomes in local areas.

We continued our journey towards being an excellent and innovative organisation. Our commitment to this journey can be seen in the retention of the Healthy Working Lives Gold Award and our submission to Quality Scotland for the Recognised for Excellence accreditation. Through improving our performance data and realignment of our teams and functions, we have strengthened our ability to adapt and respond more effectively to our stakeholders and our external operating environment. We utilised learning and feedback from our staff regarding internal communications to produce better results in some key aspects of organisational change.

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We are already implementing our Delivery Plan for 2016–17 and look forward to finalising our next 5-year strategic plan, continuing to lead and build alliances for action that will take us closer to A Fairer Healthier Scotland.

Gerry McLaughlin,
CEO NHS Health Scotland

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Introduction

This is NHS Health Scotland's end-of-year impact report for 2015/16. It focuses on the impact we have had as an organisation through implementing our Delivery Plan, and highlights how we have contributed to the ambitions of our corporate strategy, 'A Fairer Healthier Scotland'.

This report is supported by the Impact assessment report 2015/16: the context of our impact, a document which sets out the methods that we have used to assess our impact and details the context in which we have operated in 2015/16.

The table below provides a summary of our organisational impact through a series of key performance indicators (KPIs). The body of this document provides more detail on each of the KPIs and presents additional qualitative narratives of our impact.

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Summary of performance ratings

Domain	Sub-domain	No.	KPI	RAG
2	Improved policy making	1	We have evidence that we have influenced policymakers to ensure that they consider the impacts on health inequalities and develop more equitable policy.	
2	Stronger support for action	2	We have successfully developed stronger support for action among high-impact and high-influence stakeholders by increasing the number of strategic partnerships NHS Health Scotland has in place.	
3	Organisational reputation	3	Key stakeholders (high-impact and high-influence) are positive about the work of NHS Health Scotland and provide positive feedback on our work.	
3	Customer results	4	The Net Promoter Score for our products and services is 47 % or above.*	
3	Core programme results	5	Core programme 1: 85 % of outputs are delivered on time and on scope.	
		6	Core programme 2: 85 % of outputs are delivered on time and on scope.	
		7	Core programme 3: 85 % of outputs are delivered on time and on scope.	
		8	Core programme 4: 85 % of outputs are delivered on time and on scope.	
		9	Core programme 5: 85 % of outputs are delivered on time and on scope.	
4	People/ workforce	10	The organisational Employee Index Score meets or exceeds 69 %.	
4	Finance/ resources	11	We spend our budget within the revenue resource limit.	
		12	Corporate priorities are fully resourced (time and budget).	

*The NPS rating scale range is –100 % to 100 % (above 0 % is good, over 50 % is excellent).
The overview of the society results can be found in the 2015-16 Context of our Impact paper on pages 17-19.

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Our impact

The presentation of our impact is structured around the performance framework. The impact of each domain is described by both tangible KPI data and narrative examples of impact based on the performance measures in the 2015/16 delivery plan.

Performance domain 2: shared results

From the performance framework detailed in the Context of our Impact paper [please insert link to cover paper it can be seen that society results and shared results are labelled as collaborative performance. This recognises that we are one of many organisations who are trying to address the issues contained within these domains, therefore our performance within these domains does not lie directly within our control.

For the purposes of this performance framework and reporting on the suite of KPIs, we will only be considering our organisational contribution to the shared results.

Collaborative performance

The AFHS Stakeholder Performance Forum was established in 2014 to provide us with critical friend support to identify organisational performance measures for our performance framework and suite of KPIs for 2015/16. They will be invited to continue to provide support in the development of future iterations.

In addition to providing this support, the group has also expressed an interest in considering collaborative performance around the reduction of health inequalities. In the 2015/16 annual review, one of the actions for the group is to:

'Establish health equity outcomes through A Fairer Healthier Scotland (AFHS) stakeholder performance forum that require collaborative action across the public, private and third sectors and inform the review of the National Performance Indicators.'

Corporate outcomes

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

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

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This section of the report seeks to demonstrate the extent to which we are on track to achieve outcomes 1–3. Outcome 4 will be demonstrated through the following domains: our enablers, our results and specifically core programme 5 within our results.

Improved and more equitable policy-making

If our strategic outcomes were successfully achieved, we would expect to see more equitable policy being developed by Scottish Government and public bodies. We would see our work effectively aligned with the policy landscape and well positioned to influence the development of policy.

The corporate risk register highlights the risks of us not advocating for adequate and effective policy, and has been considered as part of this domain.

No	Key Performance Indicator	RAG
1	We have evidence that we have influenced policymakers to ensure that they consider the impacts on health inequalities and develop more equitable policy.	

The indicator above is determined by the following supplementary indicators. A subjective status measure has been given based on the combination of these supplementary indicators and narrative examples that we have gathered.

Supplementary indicator

1. We supported local areas to tackle inequalities.

In 2015/16, we recorded that we undertook 54 corporate-level engagements; of these 89 % were national and 11 % were local. In the majority of all our corporate engagement we either provided active contributions or we designed and delivered tailored support.

No RAG criteria was set for this supplementary indicator; we simply wanted to demonstrate that we had engaged locally.

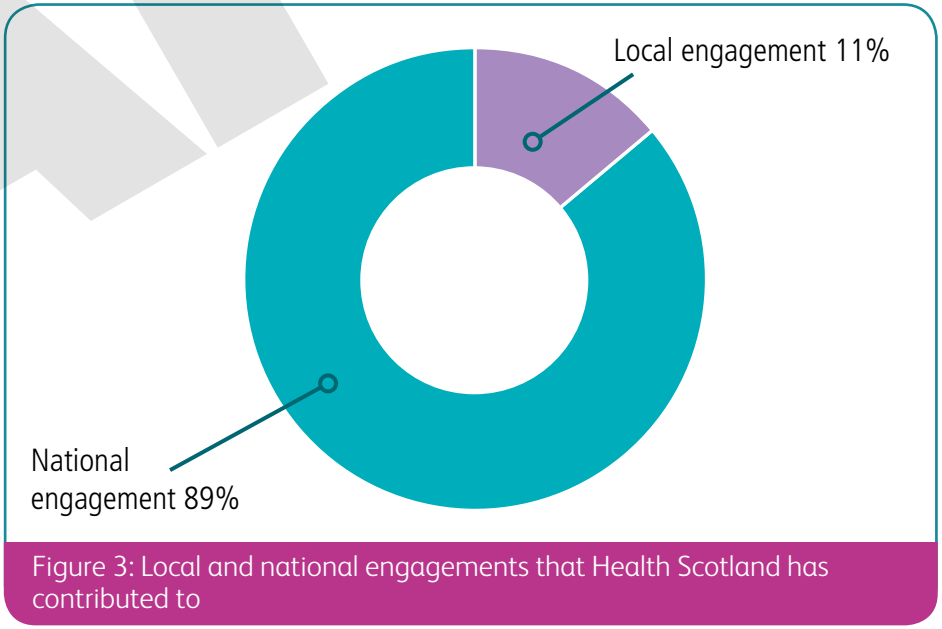

Figure 3: Local and national engagements that Health Scotland has contributed to

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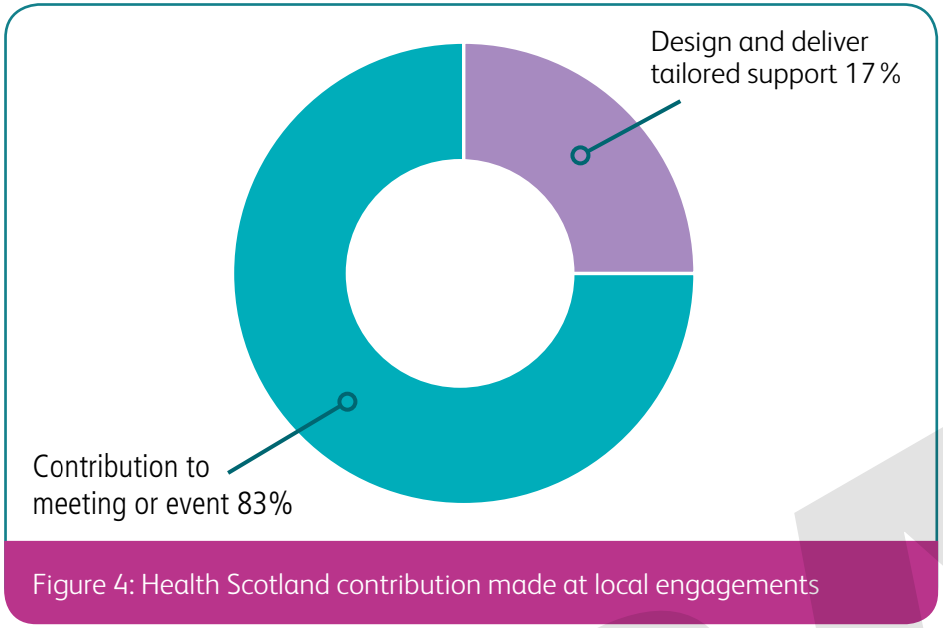

Figure 4: Health Scotland contribution made at local engagements

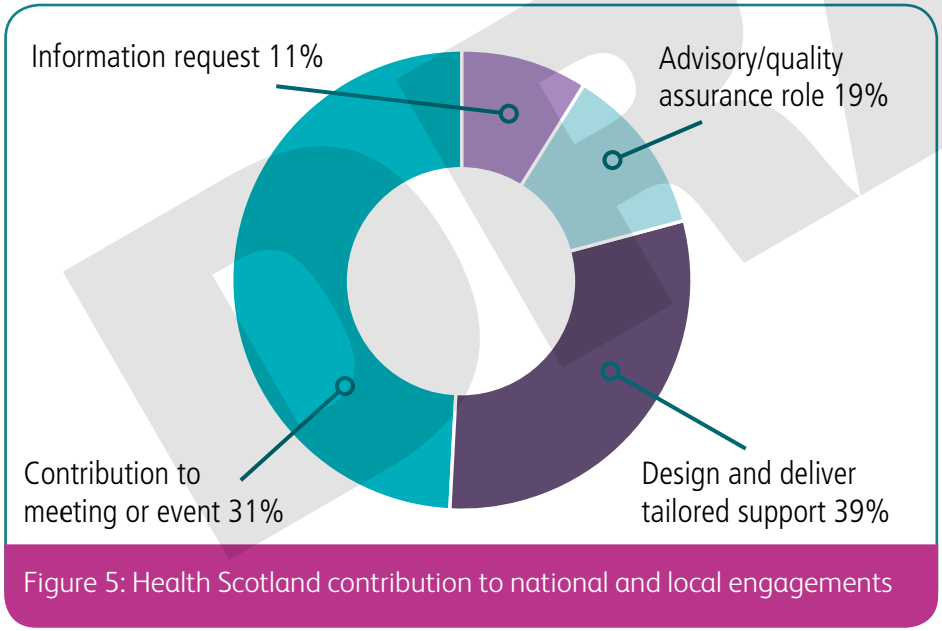

Figure 5: Health Scotland contribution to national and local engagements

RAG

Supplementary indicator

2. There is a 5% increase (on baseline) of NHS Health Scotland work being referenced in the Scottish Parliament in the context of, for example, debates, committee meetings and Scottish Parliament Information Centre (SPICe) briefings.

(Parliamentary mentions are defined as including: bills; committees; debates; legislation; ministerial mentions; parliamentary questions; party political activities; petitions; Scottish Government announcements; Scottish Parliament briefings and reports; Scottish Parliament bulletins and reports; Scottish Parliament publications; SPICe briefings).

Following the implementation of the proactive approach to public affairs in November 2014, parliamentary mentions of our work have fluctuated in line with Scottish Parliamentary activities. The highest data points reflect increases in committee activities, parliamentary questions/ consultations and Scottish Government announcements. For example, in September 2015, following our written submission to the Finance Committee on the Scottish rate of income tax, an increase in related activities can be observed in terms of oral and written evidence, such as an advisor briefing. An increase in related activities in terms of energy can also be observed. The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill also made reference to NHS Health Scotland through its consultation as well as the Green Curtain national information campaign.

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The median point of 14 parliamentary references in 2015/16 mirrors our 2014/15 baseline.

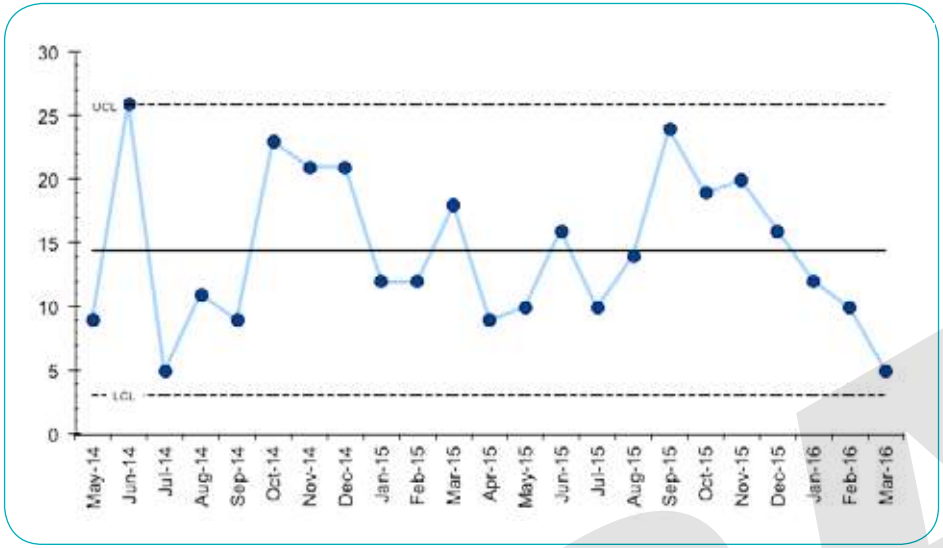

Figure 6: Mentions of NHS Health Scotland work in the Scottish Parliament (C Chart)

RAG

Supplementary indicator

3. NHS Health Scotland staff present the organisation's key messages (key note, main presenter or session chair) at over 20 national level conferences/events.

In 2015/16 NHS Health Scotland staff presented at 30 national level conferences/ events on the organisation's key messages.

NHS Health Scotland staff activity	Number of national level conferences/events
Executive directors speaking or chairing	13
Non-executive directors speaking or chairing	4
Other staff speaking or chairing	13
Total	30

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How we're improving

The stakeholder performance forum will continue to meet in 2016/17 to progress work around this annual review action. Planned work for the group includes running a pilot with one health inequalities outcome to test how collaborative performance measurement could be approached and undertaken, with a view to upscaling this learning to broader health equity outcomes.

As demonstrated by the graphs above, we have done work to support local areas. However, a more targeted approach is required for the coming financial year. The 2016/17 supplementary indicator will be more specific and will detail the local areas that we wish to work with to generate influence and impact.

In addition to the supplementary indications above, we have responded to multiple consultations, almost all of which have cited our responses in their reports. This will be monitored as a supplementary indicator in 2016/17.

For 2015/16, we have recorded some of the consultations that we have responded to below.

- Scottish Labour Party's 'Commission on Health Inequalities' consultation
- Budget July 2015: Have Your Say
- Call for evidence: Hunger and Food Poverty Inquiry
- Call for evidence: Land Reform (Scotland) Bill
- Setting the persistent child poverty target
- Call for evidence: the Scottish rate of income tax
- Inquiry into the devolution of further fiscal powers
- Call for evidence: devolved social security powers for Scotland
- Scottish Government's scrutiny of the draft budget 2015–16
- Welfare to work inquiry
- Women and welfare call for evidence
- Benefit delivery inquiry
- Call for evidence: the future of local taxation
- Call for evidence: Feeding Britain
- Consultation on the Regulations and Statutory Guidance under the Welfare Funds (Scotland) Act 2015
- Call for evidence: All-Party Parliamentary Group (APPG) on Health in All Policies inquiry into the impact of the Welfare Reform and Work Bill 2015–16 on child poverty, child health and inequalities
- Consultation on the Review of Public Health in Scotland

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Improved capacity to deliver effective actions in practice

If our corporate outcome is achieved, we would expect to have improved the capacity of public services to take action on health inequalities. Partners across sectors would be better able to access, understand and use health inequalities knowledge from NHS Health Scotland in order to develop more effective local programmes.

This sub-domain is still in development and specific KPIs will not be included in the 2015/16 data collection round. Work is already underway to improve this for 2016/17. However, two impact narratives have been included below to demonstrate the type of work that we are aiming to undertake in relation to this corporate outcome.

Contribution to the Fife Fairness Commission

NHS Health Scotland was invited to become a member of the Fife Fairness Commission that was set up to provide a strategic overview of the scale, scope and nature of poverty in Fife and the effectiveness of activity currently undertaken to address such poverty. Our contribution helped the Commission advocate for a stronger recognition of the role of the wider social determinants of health and wellbeing. The Commission published its report[7] on 30 November 2015. It provides recommendations for future actions for Fife Council and Fife Partnership to tackle poverty and inequality, creating a fairer Fife.

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Co-producing change with partners for greater health inequalities focus

The new and improved 'Improving health developing effective practice' (IH:DEP) programme of learning aims to increase the confidence of the wider public health workforce to improve their practice to take action to reduce health inequalities and improve health. We worked with a range of partners to redesign the programme in order to achieve greater focus on health inequalities and increase participant access to the course.

Dimensions	Training for trainers	Accreditation	Core course	Introductory course
Historic	2-day thematic health promotion training for trainers course. Main target: health promotion workforce and NHS.	Accredited by Robert Gordon University (RGU) for 30 cat points at 3rd year university level (optional).	6-day face-to-face course on key health promotion themes. Delivered as a single unit to multidisciplinary teams.	Half day face-to-face course to raise awareness of health promotion and encourage interest in the core course.
New programme following review and improvement	Strong health inequalities focus to support the wider public health workforce. Skills development on the delivery of a blended course. Clearer and improved guidance to support accreditation locally.	The new blended course learning outcomes are approved by the RGU board for accreditation. This new development further strengthens the greater focus on health inequalities of the course through the assessment process.	Comprehensive and flexible blended course with a strengthened health inequalities focus. Delivered over 150 learning hours to multidisciplinary teams and across sectors through e-learning, workshops and skills practice.	Revised as a stand-alone course to introduce the key concepts of health improvement and health inequalities to a wider and more diverse audience. Stimulates interest in the blended course.
Partners	Health improvement leads. Public Health Workforce Development Group. Health Promoting Health Service Group.	Robert Gordon University (RGU).	Course management group comprising health promotion/improvement managers and practitioners, RGU course coordinator.	Health improvement teams in local areas who deliver the face-to-face elements.

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Dimensions	Training for trainers	Accreditation	Core course	Introductory course
Performance	Two courses delivered. 22 trainers trained. Increase in a dedicated pool of experienced and confident trainers.	Eight participants supported through the accreditation process with 100% success rate.	5 courses delivered. 59 participants from a range of backgrounds (NHS, social care, police and third sector). A 6-month follow-up process set up for participants and their managers to evaluate application into practice.	Pilot course delivered to 20 participants in NHS GG&C. The course resources are currently in the final stages of external peer review and internal quality assurance.
Impact	5 of 22 trainers have already delivered the course, with a couple being planned for next year. Feedback received from trainers included: 'excellent for CPD'; 'opportunity to explore a common language'; 'build skills in health improvement and health inequalities'.	Delivered on the 20/20 workforce vision of a capable, integrated and effective workforce.	77% stated the course was valuable. 74% stated increased knowledge and skills and health inequalities. 74% would recommend the course. 68% are already applying learning to practice, such as a digital inclusion project and campaign templates. Several core course participants signed up for the training for trainers.	Immediate course feedback received from participants included a range of positive and negative words. Positive words scored very highly and with no choice of negative words. 50% of participants in the pilot have signed up for the core course.
Learning and next steps	A bigger pool of trainers does not always mean a corresponding level of delivery. Therefore, rather than train more trainers, next year's activities will focus on CPD for existing trainers to consolidate their knowledge and skills and share learning and experience.	RGU to provide additional learning support to encourage trainers to improve their skills in marking academic assignments.	Develop an online trainers' forum to facilitate peer support to enhance the delivery of the core course.	Launch the new course for IH:DEP trainers to deliver at local level.

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How we're improving

We have been working to develop a KPI and supplementary indicators for 2015/16 to better articulate our impact on improving capacity to deliver effective action in practice. The following measures have been identified:

1. We have enabled identified local and national partners to improve their capacity to deliver effective actions within their practice to reduce health inequalities in Scotland.
2. We will run events in four community planning partnership (CPP) areas to build local capacity around outcomes planning and evaluation.
3. We will work with four CPP areas to ensure that their Local Outcomes Implementation Plans (LOIP) include evidence-based actions to reduce inequalities.
4. We will monitor our web statistics (in particular, pathways and search terms) to better understand our users and ensure easy access to key evidence.

Stronger support for action for prevention and better, fairer health

If we are successful in driving stronger support for action, we would expect public leaders, politicians and third sector leaders to become further engaged with prevention and better, fairer health. This will enable the process of change and establish priorities across public services.

No	Key Performance Indicator	RAG
2	We have successfully developed stronger support for action among high-impact and high-influence stakeholders by increasing the number of strategic partnerships NHS Health Scotland has in place.	

This overarching KPI is supported by several indicators, as shown below.

Supplementary indicator

1. Participants in our strategic partnerships rate contribution from NHS Health Scotland positively using net promoter score (NPS) (target 20%).

For the purpose of 2015/16 data collection, we tested the NPS with one of our organisational groups, the AFHS Stakeholder Performance Forum. Unfortunately we had too low a response rate to extract a valid score. The NPS will be broadened out to other groups in future years.

Some of the qualitative feedback provided through the survey commented on the high quality of guest speakers and the open and friendly atmosphere. Improvement suggestions from the group were: tighter agenda management and alternate meeting locations.

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Supplementary indicator

RAG

2. 90% of participants attending NHS Health Scotland events rate the event positively.

Overall, we achieved an 86% positive rating from delegates who completed our corporate event evaluations. (Evaluations were captured from the following events: Community Food and Health Scotland, Scottish Smoking Cessation Conference, AFHS Delivering our Strategy, Place Standard Launch. From 2016/17 Health Scotland will introduce generic events evaluations, which will improve data robustness of this indicator.)

Supplementary indicator

RAG

3. We have identified high-impact and high-interest stakeholders and are engaging with 90% of those identified.

We achieved 14% engagement with our high-impact and high-interest stakeholders over the course of 2015/16.

A few factors need to be taken into consideration when looking at this figure. As alluded to in the introduction, the data was pulled from the Strategic Engagement CRM system. Another factor which has impacted on the data is that due to the pre-election period for the Scottish Government elections in May 2016, some of our engagements could not take place.

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How we're improving

We will widen the NPS to a larger cohort by increasing the number of groups who are asked for feedback on our contribution. This will give us a more robust understanding of stakeholders' views on our contribution to strategic partnerships.

In addition to the supplementary indicators above, we have identified the following indicators for 2016/17:

- An improved, generic approach to events surveys, which will enable us to be more specific about the impact of our events. There will be an indicator on the positive intention of delegates to apply learning/tools/resources from the event into their practice.
- We have a proactive social media approach in place. We will report on engagement through the organisation's social media channels.
- From anecdotal evidence, we know that inequalities briefings we published in 2015/16 were well received by our stakeholders. For 2016/17, we want to make sure that these briefings are followed up with engagement activity. The indicator will report on handling plans taking place for inequalities briefings published in 2016/17.

- As an organisation, we pursue a proactive press approach (examples of 2015/16 media coverage are included below). For 2016/17, we will develop an additional indicator so we can better report on the broader media attention our press activity receives.

Our work has also been reported extensively through the media:

- STV[8] and the Daily Record[9] covered evidence we provided to the Holyrood Economy Committee on how work affects people's health. It also featured on the BBC's Democracy Live web channel.
- Our work on health and employment was referred to in a *Scotsman* article[10] on in-work poverty.
- Our input to the Work, Wages and Wellbeing inquiry was also featured in *The Herald*: Work may be bad for your health, NHS Health Scotland tells MSPs[11] and in the *Evening Times*: Low pay bad for your health.[12]
- We published *What comes first, the healthy economy or the healthy society?* in *Holyrood* magazine.[13]

Two Press Association stories were picked up in relation to our oral evidence to Parliament on the SRIT in national and local papers. Nationally, the stories were picked up in *The Scotsman*[14] Scots income tax raise 'would fight health inequality' and *The Herald* Income tax in Scotland 'should be increased to help tackle health inequalities'.[15]

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Performance domain 3: our results

This domain aims to measure the impact of work that we have direct control over, including how our stakeholders perceive us, whether they would recommend us to others and the delivery of our organisational core programmes.

Organisational reputation and credibility

As an organisation we aspire to ensure that our identified high-impact and high-influence stakeholder groups have a positive regard for NHS Health Scotland's reputation and position, and are influenced by the knowledge we generate and disseminate. Not performing in this domain has been highlighted in the corporate risk register, and is therefore an important area in which to measure performance.

No	Key Performance Indicator	RAG
3	Key stakeholders (high-impact and high-influence) are positive about the work of NHS Health Scotland and provide positive feedback on our work.	

For 2015/16 this overarching KPI is supported by a suite of supplementary indicators, as shown below:

RAG

Supplementary indicator

1. There is a 5% increase (on baseline) of NHS Health Scotland work being referenced in the Scottish Parliament in the context of debates, committee meetings, SPICe briefings, etc.

This measure is important to assess our impact in terms of both organisational reputation and credibility and also more equitable policy, so is replicated within this report. See supplementary indicator data in *Improved and More Equitable Policy Making* KPI.

RAG

Supplementary indicator

2. We have identified high-impact and high-interest stakeholders and are engaging with 90% of those identified.

This measure is important to assess our impact in terms of both organisational reputation and credibility and also stronger support for action, so is replicated within this report. See *Stronger support for action for prevention and better, fairer health* KPI

Supplementary indicator

3. We have an organisational NPS of 20% or above among policy and decision makers.

The main data source to evidence this KPI for 2015/16 was a series of questions on our organisational reputation and credibility. These were part of a recent survey that was carried out with stakeholders to support the redevelopment of our website.

On analysis of the results, concerns were raised as to the quality of the data received and also the self-selection nature that allowed responders to identify themselves as 'policy and decision makers'. Owing to this the results have not been included in this report. A more tailored survey will be undertaken in 2016/17 with a renewed focus on targeting our identified high-impact, high-interest stakeholders.

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How we're improving

Within the 2016/17 performance framework, this subdomain will be expanded to include external leadership for the reduction of health inequalities. It will also include more specific measurements of the impact we are having with community planning partnerships and our social media presence.

Customer results

The quality of our products and services is a crucial predictor of whether they will help people do the things that reduce health inequalities.

The NPS is a customer loyalty metric which tells us whether customers feel loyal to our products and services and would use them again. The NPS rating scale range is –100 % to 100 % (above 0 % is good, over 50 % is excellent).

No	Key Performance Indicator	RAG
4	The NPS for our products and services is 47 % or above.	

550 customers
surveyed on products and services
Aggregate net promoter score = **47%**

We surveyed customers on their satisfaction on a sample of our products and services which deliver corporate priorities (550 responded). The aggregate NPS for the product and service they received was 47 %, suggesting that customers rate Health Scotland products and services highly.

This is an encouraging indicator of customer loyalty to our products and services; they will continue to use them to influence and develop their work.

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Core programmes

We have identified five core programmes for the period of our current corporate strategy. They are predicated on what the evidence tells us is needed to improve health equitably in Scotland.

Through tracking performance of the delivery of our core programmes, we can identify over time how effective we are as an organisation in planning our work and delivering what we said we would deliver.

We can also learn from this process what the reasons are for not delivering outputs and use this knowledge to improve planning processes year on year.

This year we identified corporate priorities in conjunction with the Annual Review Action Plan and then aligned these with the core programmes. The performance of the corporate priorities is reported at the beginning of each core programme and is demonstrated using the RAG system, and any additional comment to explain status where required. The RAG status was selected by the corporate priority lead.

For 2015/16, the performance of core programmes will be demonstrated by the percentage of outputs delivered per core programme and also with narrative examples of impact.

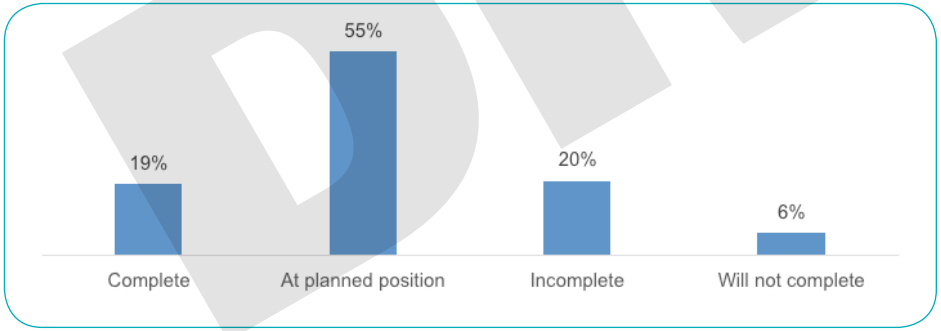

Figure 7: Status of outputs at year end

As shown in Figure 7, across all core programmes, three quarters of the actual products and services (outputs) we planned for 2015/16 were completed or reached their planned position.

How we're improving

As in previous years, we continue to struggle to narrow the long-term outcomes that we are trying to address down to short-term annual programme-level outcomes that we can monitor our performance against. Progress has been made, however, and we have developed an outcomes framework which has attempted to align short-term outcomes to core programmes. This work is still in development and is already being used to develop more meaningful KPIs for 2016/17.

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Core programme 1: Fundamental causes

The fundamental causes programme of work focuses on reducing health inequalities caused by social and economic drivers, which results in unequal distribution of power, money and resources.

No	Key Performance Indicator	RAG
5	Core programme 1: 85% of outputs are delivered on time and on scope.	

Corporate priority	RAG/status
Briefings – families with young children and gender	Achieved as planned for 2015/16
Good work	Achieved as planned for 2015/16
Power and inequalities	Achieved as planned for 2015/16
Healthy Working Lives and Fit For Work	Achieved as planned for 2015/16

Good work

An example of impact relating to this core programme in 2015/16 was good work, one of our identified corporate priorities. NHS Health Scotland's main ambition with this was to align the 'fair'/'good' work agenda with health inequalities and to have success in getting health inequalities recognised as a key consideration around good work.

One of the key milestones for this was for us to be included in Scottish Government's Fair Work Convention, as this would demonstrate reach of the awareness-raising activities that we have undertaken.

Action requirements were identified both at national and local level. Nationally we participated in the Fair Work Convention process and locally we focused on working with the social care sector, as they are a particularly disadvantaged sector with high-risk groups for 'bad' work.

Impact

As a result of the work that we have undertaken, the Fair Work Convention has included 'good work' principles in their recommendations. They are also expected to identify us as a contributing organisation and we have built capacity into our 2016/17 plans to carry out work as part of the new Fair Work Directorate within Scottish Government. This is an area of progress, as there was previously no contact between NHS Health Scotland and this directorate. This indicates a breakthrough in moving beyond policy silos and gives us an alternative to the traditional route of engaging with Scottish Government.

Locally, we have made a contribution to making bad work good:

1. **In-work poverty**, led by Glasgow City Council with DWP funding – we contribute to the steering group, shaping the model with other partners (including employers).

2. Helping **unemployed** people find work in the social care sector in Fife – helping find routes into work for those disadvantaged in the labour market, giving them a chance of career progression beyond low pay/ zero-hour contracts. We have a facilitating role (despite some difficulty bringing partners together) and also a watching brief. As training pathways are developed and progress is made, our focus will change.

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Core programme 2: Social and physical environments

Our work on social and physical environments focuses on where we live. Our home, neighbourhood, workplace, social meeting places and green space have a huge influence on how we live, the quality of lives and our long-term health and wellbeing.

No	Key Performance Indicator	RAG
6	Core programme 2: 85% of outputs are delivered on time and on scope.	

Corporate priority	RAG/status
Community justice	Achieved as planned for 2015/16
Place standard	Achieved as planned for 2015/16

Community justice

There were approximately 7600 people in prison in Scotland in 2014, which equated to a rate of around 141 per 100,000 – the second highest in Western Europe. It's important to consider these individuals within the wider societal inequalities that are implicit in the risk factors for their offending. The correlation between income inequality and imprisonment is strong, and Scotland's prison population predominantly reflects our most socially deprived communities.

However, experience of poverty alone does not lead to a prison sentence; rather, the interrelationship between poverty and other socially restrictive factors enhances the risk. Having poor mental health, harmful substance use, gender and identity issues, being a young person and/or having been a previous victim of violent crime can increase the likelihood of a negative impact through contact with justice services.

Young people under 21 accounted for 10% (9182) of all cases of males with a charge proved in Scottish Courts in 2013–14, and 8% (1431) of all female cases. As a result, under-21s received over 1300 custodial sentences and over 2960 community sentences.

Around 50% of all prisoners have a history of debt, with a third never having had a bank account. 47% off all prisoners have no formal qualifications compared with 15% of the general population. More than 20% of the prison population need support with reading, writing and basic arithmetic. 41% of men, 30% of women and 52% of young men in the prison system were permanently excluded from school. Although less than 1% of all children are in care, looked-after children account for more than 25% of all people in prison.

DRAFT

Impact

Anticipating the Community Justice Act 2016 and the proposed transition arrangements for Community Planning, we established a new workstream.

The Community Justice work aims to encourage earlier intervention and action to mitigate the health impact and reduce the inequalities associated with crime, offending, being a victim and its impact on community health. A new health improvement framework and use of improvement approaches with local partners are underway.

It aims to provide guidance on effective and, where available, evidence-informed actions that the variety of partners involved in Community Planning Structures can take.

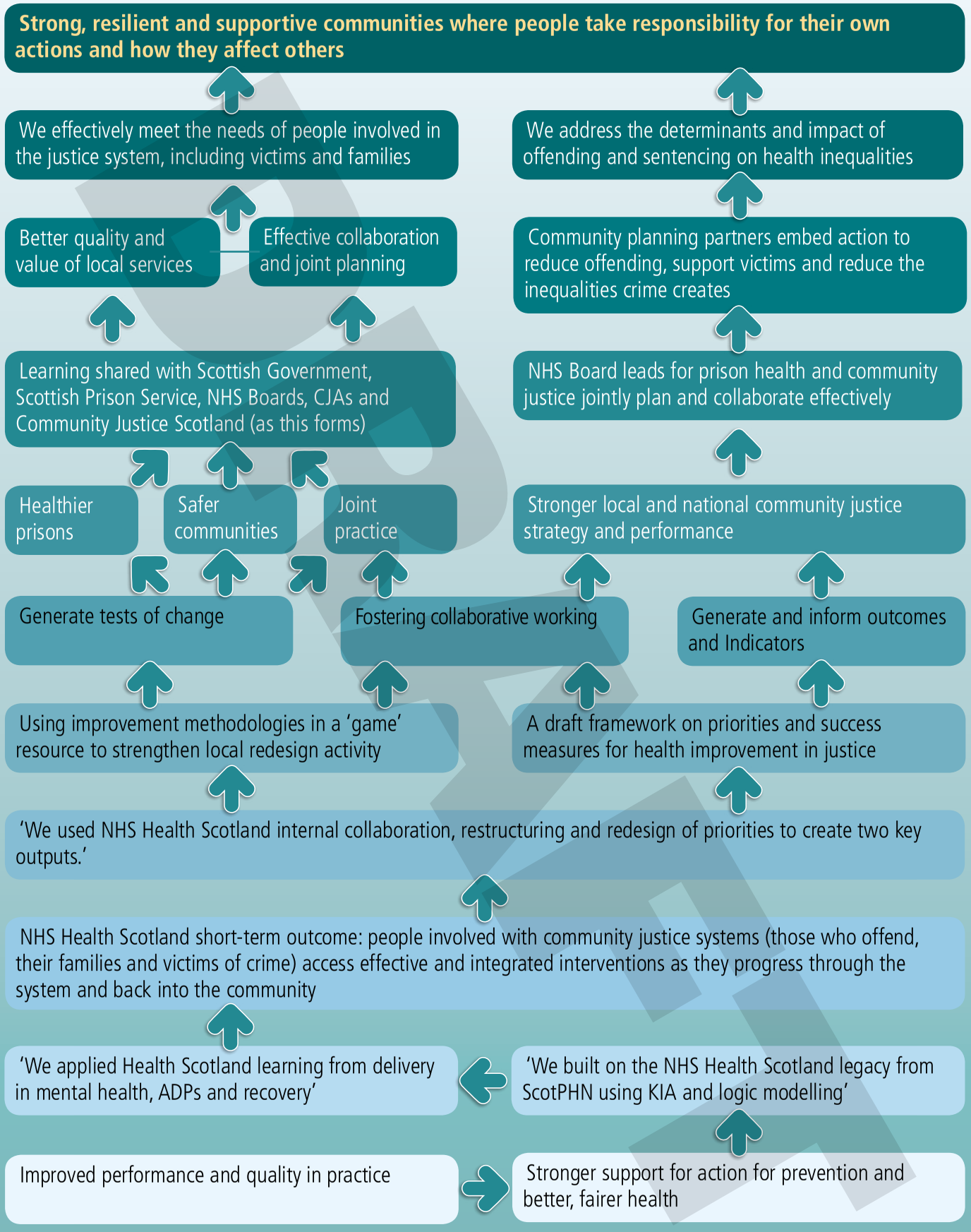
Three key pillars are proposed to take this forward nationally and locally:

1. Opportunities for Earlier Intervention
2. Mitigating the Impact of Offending and Sentencing
3. Opportunities to Sustain Change and Build Resilience.

The flowchart on page 30 outlines the process, flow and intended impact of this workstream which, while it has emerged iteratively, has been timely to align ourselves with this new agenda and strengthen national leadership.

DRAFT

Figure 7



'We recognised the opportunity to develop new alliances with Justice (police, prison, community, partnership and government) to address inequality which simultaneously reduces offending and improves health and wellbeing. As a result we are now offering leadership, commentary and capacity on legislation, planning and policy for the future vision of community justice.'

Place Standard

The Place Standard has been successfully delivered, in partnership with Scottish Government and Architecture & Design Scotland. It was launched in December 2015. The Place Standard:

- delivers a framework for the assessment and improvement of new and existing places
- supports consistency in the delivery of high-quality, sustainable places that promote wellbeing, low-carbon behaviour and positive environmental impacts
- provides a framework for structured conversations, supporting public and private sectors and communities to work together to deliver high-quality places
- maximises the contribution of place to reducing health inequalities across Scotland.

Implementation of the Place Standard is recognised as key to its overall long-term success by all partners involved. A draft proposal made by NHS Health Scotland for implementing the Place Standard has been well received by partners, including Scottish Government. Building on this and further discussions, Health Scotland are leading the drafting of an **implementation** plan which will go to the project board for sign-off.

We are also leading an evaluation of the Place Standard; since it has only recently been launched this is expected to be based on use of the tool by customers and stakeholders during 2016/17. Overall, implementing and embedding the Place Standard is likely to take place over several years.

Impact

NHS Health Scotland has had substantial **influence over its content**. A focus on action that helps to tackle health inequalities is embedded throughout. In particular, themes on 'work and local economy' and 'influence and sense of control' relate directly to the fundamental causes of power, income and wealth.

Stakeholder engagement has been extensive, reaching all key stakeholders identified. **Pilots took place** during 2015 which explored the potential of the tool alongside local partners, including CPPs in Glasgow City and Shetland.

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Restoring the public health response to homelessness in Scotland

In May 2015, Scotland's Public Health Network's (ScotPHN) report Restoring the Public Health Response to Homelessness in Scotland[16] was published and discussed with Directors of Public Health, receiving a very positive response. The intention is that the report establishes a system-wide movement. There are many encouraging signs that this movement has already gained considerable momentum. Below is a brief overview of some of the many developments.

Impact

National impact

- A national Health and Homelessness Group has been established to oversee progress with the report.
- We are now represented on two national groups carrying the population health perspective: Homelessness Prevention and Strategy Group (HPSG), chaired by the Minister for Housing and COSLA Housing and Communities Spokesperson; and the Joint Housing Planning and Delivery Group (JHPDG).
- At the HPSG's annual event (December 2015), the Minister for Housing recognised the report and the renewed focus from health on homelessness.
- The Chief Scientist's Office is now funding national data linkage work with all local authorities participating to link council homelessness data with secondary care health datasets. This will replicate the health care usage demonstrated by the widely praised Fife work.
- Homelessness prevention and supporting people who are homeless is now part of the Health Promoting Health Service.

Local impact

- The *Restoring the Public Health Response to Homelessness in Scotland*[16] report has renewed focus on local actions and connections between health and housing in an ever increasing number of council/Board areas. As a result, we have been fostering new connections and ways of working.

Overall impact

Raising the profile of homelessness and getting it back on the health agenda (considered as an NHS issue again), as well as facilitating local collaboration (e.g. between health/social care services and housing organisations).

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Core programme 3: System-wide change for health equity

Core programme 3 defines Health Scotland's contribution to facilitating System Change for Fairness and Equity with particular emphasis on achieving fairness and equality in public services.

No	Key Performance Indicator	RAG
7	Core programme 3: 85% of outputs are delivered on time and on scope.	

Corporate priority	RAG/status
Local delivery model	Achieved as planned for 2015/16
Diet and obesity – Health Scotland's approach	Achieved as planned for 2015/16
Primary Care	Achieved as planned for 2015/16
Transition management	Several plans progressed; however, some are ongoing due to the functional realignment.
NHS manifesto	After an external engagement, the commitment to prepare the manifesto became less relevant. A strategic approach to the NHS will be developed as part of the 2017–22 corporate strategy.

Scottish food and health policy

Food policy in Scotland remains high on the Scottish Government's agenda. However, the landscape has recently been changing, with a review of existing policies and the development of new ones. With the newly established Food Standards Scotland (FSS) and the appointment of the new Food Commission, there was a need to ensure NHS Health Scotland forges sound partnerships and works collaboratively with these organisations and other emerging partners.

It should be noted that this work sits alongside a number of other programmes led by the organisation to support the development of food policy, including Community Food and Health and the healthyliving award.

The flowchart on page 29 shows the process, flow and impact of this work.

DRAFT

Scottish food and health policy

Impact

Food Standards Scotland (FSS) has launched a board paper indicating that they will lead on the development of a new national strategy. This national strategy reflects some of the components of the food logic model that NHS Health Scotland developed.

Action

We facilitated external partners coming together to begin discussions on a national joint strategy/logic model, and produced a report with recommendations.

Work across the organisation is coordinated to ensure maximum impact.

A food logic model has been produced for NHS Health Scotland to prioritise future work. This has seen a shift in the focus of our work towards health inequalities.

We have supported partners with relevant evidence and advice. Examples include reviewing the FSS situation report, support with HIIA and undertaking research such as the introduction of the universal free school meals policy in Scotland.

NHS Health Scotland developed an organisational position statement on food poverty and a food logic model.

Facilitated partnerships with a number of external partners. Examples include Scottish Government, FSS, NHS Boards, Scottish Grocers' Foundation, Focus on Food and the Soil Association.

Internal

External

Outcome

Short term outcome: advise and facilitate partnership working to enable the development and implementation of Scottish Food and Health policy with a focus on improving health and reducing health inequalities.
Medium term outcome: System-wide change for health equity.

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Physical health of those with mental illness

Morbidity and mortality rates of those experiencing mental illness are higher than those of the general population. Furthermore, there are inequalities in relation to the access to and experience of health and social services that people with mental illness receive. NHS Health Scotland is focused on reducing inequalities related to mental illness within marginalised groups.

To generate impact in this area, a number of key activities were undertaken to build the case for change.

1. Strategic influence
   Working with and through the health promoting health service and mental health national network, we encouraged the mobilisation of stakeholders to work with us.

2. Encouraging other programmes to focus on mental health/internal working

   Internal engagement, ensuring they have the knowledge to include a focus on mental health outcomes within their programmes.

   External delivery of work (e.g. smoking and mental health and prisons)

3. Supporting three local NHS Boards to facilitate tests of change in mental health services adopting the secondary care physical activity pathway.

Using Plan, Do, Study, Act methodology to showcase use of the Knowledge Into Action (KIA) approach. The test of change sites have been supported to roll out and scale up the methodologies locally and to share learning of their experience with stakeholders from across Scotland; this was done through a learning event.

- Ayrshire and Arran: forensic mental health services have implemented PA pathway.
- Glasgow – all mental health services (greater attention to physical health needs).
- Forth Valley implemented in forensic mental health service evaluation showed challenges around appropriateness of interventions, patients' readiness to change and staff attitudes as significant barriers.

Impact

The impact of this work has been threefold:

1. Commitment for the continuation of this work in Scottish Government's new mental health strategy.

2. Roll out and scaling up of the test of change sites in other areas across Scotland through partnerships, networks and learning events.

3. Third sector organisations will be commissioned by NHS Health Scotland in 2016/17 to roll this work out further, with a particular focus on improvements guided by lived experience.

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

All of NHS Health Scotland's core programmes include projects that impact on children, young people and families. However, having a specific core programme for the right of every child to good health allows us to articulate our vision for action on achieving the best start in life. It creates the framework for the programmes and projects that we believe will have the strongest impact on reducing health inequalities from people's earliest years throughout their life course.

No	Key Performance Indicator	RAG
8	Core programme 4: 85% of outputs are delivered on time and on scope.	

Corporate priority	RAG/status
Health Scotland's Children and Young People Strategic Action Plan	After review, the work has been refocused and will be delivered through existing core programme work.

Pregnancy and Parenthood in Young People strategy

The Pregnancy and Parenthood in Young People (PPYP) strategy came from a recommendation from the Health and Sport Committee's Inquiry into Teenage Pregnancy.[17] Although the rate of teenage pregnancy has been decreasing in Scotland since 2007, there is still a strong inequalities gap. Young people living in Scottish Index of Multiple Deprivation (SIMD) 1 are 4.8 times more likely to have a teenage pregnancy and 12 times more likely to deliver their baby than young people living in SIMD 5. The aim of the PPYP strategy was therefore to pull the issue of teenage pregnancy out of health and into the wider social environment in order to help narrow the inequalities gap.

Impact

We offered a staff member through an attachment to the Scottish Government policy team to support the development of the strategy, and had another staff member on the steering group to champion the focus on inequalities. We also supported the evidence base through developing an outcomes framework and an evaluability assessment to ensure the strategy was evidence informed. This work included creating and coordinating a steering group to guide the development, engaging with young people to ensure their views were captured as part of the development, policy mapping to ensure policy links, a 12-week formal consultation, an Evaluability Assessment, Equality Impact Assessment and a Child Rights and Wellbeing Impact Assessment.

As a result of the work that NHS Health Scotland undertook, the PPYP strategy was published in March 2016. This is Scotland's first strategy focused on pregnancy and parenthood in young people. It addresses the fundamental causes of pregnancy in young people and its consequences, with actions focused on the wider environmental and social influences and individual experiences which effect inequalities of this particular group.

The diagram on page 32 shows the context of this work and NHS Health Scotland's contribution.

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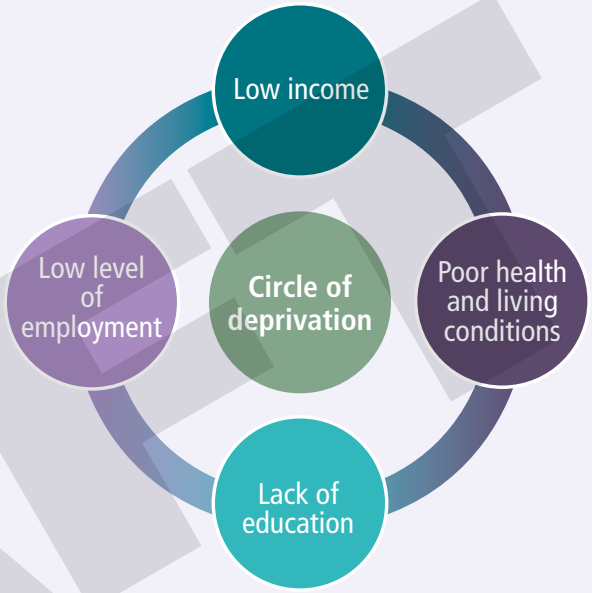
Pregnancy and Parenthood in Young People strategy

SIMD1 females are 4.8 times more likely to have a teenage pregnancy and 12 times more likely to deliver their baby than SIMD5 females

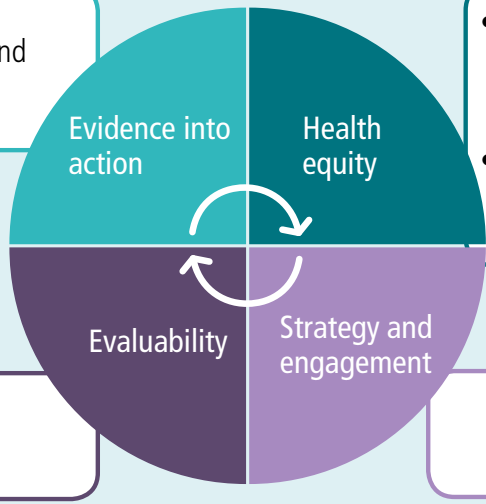
Which can lead to



Scottish Government launched Pregnancy and Parenthood in Young People strategy in March 2016

NHS Health Scotland's contribution by teams

Outcomes framework and supporting evidence



- Staff member attached to the Scottish Government
- Representation on the steering group

Evaluability assessment

Responded to formal consultation

DRAFT

ScotPHO website statistics on children and young people

NHS Health Scotland has produced a number of profiles on the ScotPHO website which contain data sources on health statistics for children and young people in Scotland.

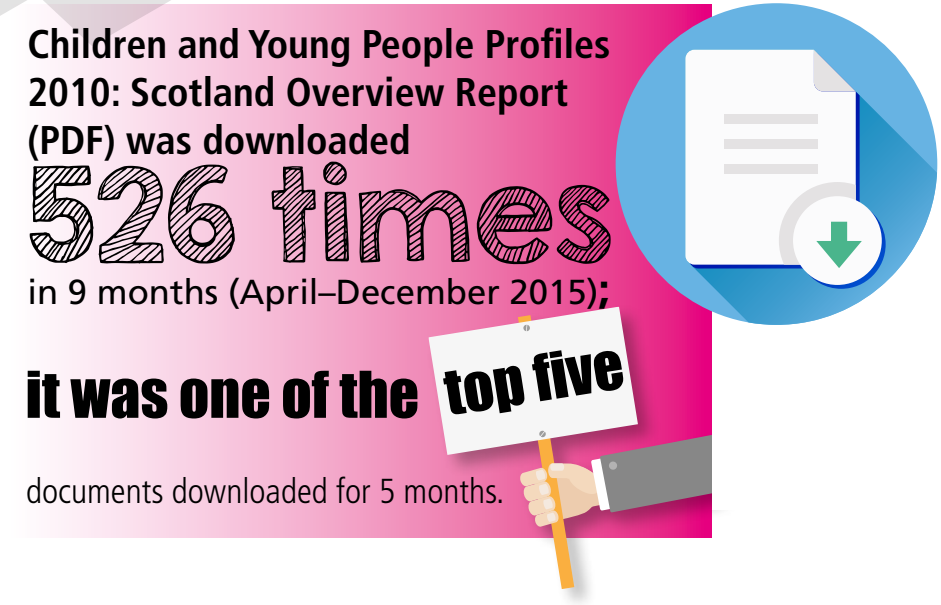
In order to get a better understanding of how these resources are being used, we visited 12 out of the 14 regional Health Boards.

In all Boards visited:

- there was a lack of knowledge of the full extent of the resources that ScotPHO offers
- the majority of staff were aware of, and had most heavily used, the profiles, followed by the website
- there was a very strong desire for Children and Young People profiles. In one locality they were obtaining the updated data themselves using the 2010 Children and Young People profile data sources. If available, they would be used for the Early Years Collaborative work, GIRFEC work and the Children and Young People Act reporting, and it was hoped that the improving child health surveillance data would be used.

Impact

In one meeting these profiles were seen as having added value over Scottish Government Children and Young People outputs, as people felt the profiles had more local mortality and morbidity data, with less reliance on the mental health indicators and surveys.



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Overall we established what information the Health Boards found relevant and what data sources informed policy and planning services. In line with this feedback, an update to the 2010 Children and Young People profiles is planned for 2016/17. We will continue to update the relevant section of the ScotPHO website to ensure it remains current and relevant to the needs of users.

Universal Health Visiting Pathway

NHS Health Scotland worked with the Scottish Government to provide evidence, information products and evaluation support for the development of the Universal Health Visiting Pathway in Scotland.[18]

Impact

NHS Health Scotland staff were represented on both the Pathway and the Evaluation subgroups. We worked with group members to produce a public health toolkit that provides the key public health messages, evidence sources, and information for parents and learning and workforce resources for the core home visiting programme to be offered to all families by health visitors. Key public health issues, including financial inclusion, gender-based violence and substance misuse, were incorporated into the Pathway.

The Universal Health Visiting Pathway was published in October 2015 and its implementation is now underway. A series of planned NHS Board visits with Health Visiting Implementation Leads, Resource Officers and Public Health Leads is helping to ensure that local implementation of the information component of the Pathway is in place. This has enabled improved strategic relationships with key public health professionals at a local level.

Working with NHS Education for Scotland (NES) and through our contribution to the Health Visiting Masterclass, we have also influenced the content of the undergraduate and continuing professional development programmes for health visiting. These now take account of the relevant e-learning modules we have on key public health issues. We are also working with NES on the development of a virtual learning portal for higher education institutions to access the materials, evidence and tools included in content around the Health Visiting Pathway. This work has supported excellent working relationships with NES.

DRAFT

Core programme 5: Developing an excellent organisation

We can only deliver the ambitious aims of AFHS if we achieve the goal of being an excellent organisation: one which continuously challenges all aspects of the ways it works with a view to improving its delivery. This involves making the most effective use of our financial and non-financial resources, having a fully engaged and skilled workforce and having processes in place that support the greatest use of the knowledge generated by the organisation.

No	Key Performance Indicator	RAG
9	Core programme 5: 85% of outputs are delivered on time and on scope.	

Corporate priority	RAG/status
Key Performance Indicators (KPIs)	Achieved as planned for 2015/16
Corporate reporting tool	Achieved as planned for 2015/16
Enterprise Content Management (ECM)	Planning and staff training have been delivered. Phased roll out delayed – expected to be completed by October 2016.
National position	Considerable progress made. However, further work regarding the role and remit for the Inequalities Action Group required.
Network review	Several plans progressed. However, some are ongoing due to the functional realignment.
Office accommodation	Deadline for this work has been revised to early July 2016 due to building warrant delays.
Health Scotland website	Deadline revised due to concerns over quality of content and appropriate engagement with stakeholders.
Healthy Working Lives website	Revised launch date.

DRAFT

Web2Print

As customer focus is an essential part of our corporate strategy, we developed the Web2Print tool as an opportunity to deliver more effective local marketing activity. The aim of Web2Print is to help partners to produce local, customised marketing materials (such as posters) that are relevant to their specific target audiences while maintaining quality and ensuring a consistent national approach.

What did we do?

- Carried out extensive research into Web2Print systems, designs, customer needs and potential costs, in order to identify the best solution.
- Developed a prototype for testing and gave demos to staff, partners and customers.
- Promoted Web2Print via meetings, networks, demonstrations and email marketing. Demonstrations have taken place with external partners such as NHS Strategic Communicators Group, NHS Education for Scotland and NHS Lothian. We also held training sessions for all NHS Boards in promoting the HEAT antenatal materials and showcased Web2Print at a recent Smoking Cessation conference.
- Reviewed our publishing process so we can develop new materials specifically for Web2Print.

Web2Print usage

Year	Products	Print spend	Quantities
2013/14	46	£3749	6550
2014/15	124	£7476	32,660
2015/16	88	£6562	103,030
Total	**258**	**£18,057**	**103,030**

Impact

Highlights of Web2Print

- The number of products has increased significantly – there are now over 500 items available on Web2Print, including products in several different languages.
- There are now over 160 registered users.
- The tool was recognised as the winner of Best Use of Innovation 2016 at the NHSScotland Communication Awards.
- New materials are being developed: a suite of materials for Health Promoting Health Services, healthyliving award, Healthy Working Lives and Learning and Workforce Development are in the pipeline for 2016/17.

Human-rights-based approach and Declaration Festival

2015/16 was year 2 of implementation of the Scottish National Action Plan for Human Rights (SNAP) and of the National Action Group for Human Rights in Health and Social Care (HRAG), which NHS Health Scotland co-convenes with the Health and Social Care Alliance.

The year started with HRAG well formed as a group and with an action plan aligned with the overall outcomes framework for SNAP.

DRAFT

Scottish National Action Plan for Human Rights

Next steps

Pursuing two seminar actions with NHS Western Isles and NHS Greater Glasgow and Clyde (supporting Scottish Government Health and Social Care Directorates to develop plans for the third action). Coordinating study visits including from the Chief Medical Officer's office in Scottish Government to follow up good practice examples from Northern Ireland.

Impact

Raised profile of human rights with Government and Scottish Government Health and Social Care Directorates.

Actions

- High number of downloads from SNAP website.
- Positive feedback from Scottish Government on impact of contributions.
- Agreed to identify 2 or 3 specific actions to progress in 2016/17.
- Used specifically created HRAG mini website and partners' networks.
- Our written responses and blog content to the Fairer and Healthier Scotland conversations stressed the strong interrelationship between the conversations and the value of a HRBA on conversations and policy conclusions.
- Very positive feedback from Health and Safety Commission senior civil servant audience.
- Promotional material and briefings including four video case studies developed by the Scottish Human Rights Commission. Parliamentary launch chaired by Health Scotland Director of Strategy.
- Increasing the policy profile of human rights, particularly with Government and Scottish Government Health and Social Care Directorates.
- Health Scotland ran a seminar on health and human rights, hosted by the Director of Quality in Healthcare. This featured speakers with international experience of the subject.

Aims

1. Raise the profile of human rights in health and social care at a national and policy level.
2. Begin to identify specific projects which can be used to demonstrate and evaluate the impact of a HRBA at service delivery level.

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Declaration festival and human-rights-based approach in complaints management in NHSScotland

Next steps

Further promote our work and profile on the right to health. Further research collaborations with the Health and Policy Unit are also being explored.

Continue to work with Scottish Human Rights Commission, NES and the Scottish Complaints Standards Authority in review of the complaints policy and subsequent workforce developments.

Impact

1006 delegates attended the festival; representation mostly from public/third sector, members of the public.

Raised profile of the right to health; strengthened networks and relationships that will lead to the development of concrete demonstrations of a Human Rights Based Approach (HRBA) at service level. HRAG achieved a high profile and very positive feedback within SNAP.

Actions

The programme included film screenings, performances, debates, workshops and provocations, inspired by the 30 articles in the 1948 Universal Declaration of Human Rights.

Delivered in partnership with the Mental Health Foundation, the Health and Social Care Alliance Scotland, Centre for Health Policy (University of Strathclyde). NHS Health Scotland provided sponsorship, shared planning for the event and staff participated as speakers.

Declaration Festival (3–6 March 2015).

Held workshops in five NHS Board areas in partnership with Scottish Human Rights Commission and NES.

Complaints policy steering group membership; we helped to shape complaints process review.

HRAG identified opportunity for HRBA in current review of NHS complaints process.

Influencing a human-rights-based approach to managing complaints in NHSScotland.

Aims

1. Raise the profile of human rights in health and social care at a national and policy level.
2. Begin to identify specific projects which can be used to demonstrate and evaluate the impact of a HRBA at service delivery level.

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Performance domain 4: our enablers

This domain measures the performance of the systems that we have put in place to allow us to deliver our work effectively.

Our people/workforce

To allow NHS Health Scotland to deliver our work effectively, it is essential that we measure the experience of our staff. We will do this via the Employee Index Score from the iMatter survey, the national tool being used across all Boards to measure staff experience at an organisational, team and individual level. The aim is to ensure staff are engaged, motivated and appropriately skilled in order for Health Scotland to deliver our corporate strategy.

Poor staff experience has been flagged within the corporate risk register, and will be monitored through the impact report and through other HR processes.

The KPI for this sub-domain has utilised this existing measure of staff experience:

No	Key Performance Indicator	RAG
10	The organisational Employee Index Score meets or exceeds 69%.	

*roll-out of iMatter commenced in 2015/16, and is not yet fully complete. The 2015/16 Employee Index Score is a part score. We will have a complete organisational score for 2016/17.

In addition to this overarching indicator, this sub-domain has a number of additional indicators that are monitored in line with the five themes of staff governance standards.

Additional indicator
1. Well informed
RAG

Additional indicator
2. Appropriately trained and developed
RAG

Additional indicator
3. Treated fairly and consistently
RAG

Additional indicator
4. Involved in decisions
RAG

Additional indicator
5. Healthy and safe working environment
RAG

DRAFT

Our finance and resources

Successful delivery of the AFHS strategy depends on reallocating of the organisation's resources to the new priority areas, transferring funding, staffing resource and use of time. It is recognised that some resource will remain unallocated to maintaining expertise in certain core public health issues which are not currently a high priority.

Finance and resources is a priority area for the organisation. This report serves to give a high-level overview; however, further information on 2015/16 finances can be found in the corporate risk register and the annual finance report which will also be submitted to the board.

For 2015/16 we have used KPIs number 11 and 12 to determine our financial performance.

No	Key Performance Indicator	RAG
11	We spend our budget within the revenue resource limit.	

NHS Health Scotland has continued the trend of improved efficiencies with all statutory targets having been met.

In addition to the overarching KPI data, we have a number of supplementary indicators which build a greater picture of our performance in relation to finance and resources.

RAG

Supplementary indicator

1. Resource alignment – 80% of the available resources within NHS Health Scotland have been allocated to signed-off projects within the business plan by Q2 of each business year.

RAG

Supplementary indicator

2. Budget expenditure – the resource revenue will be managed to the following percentages in terms of budget committed and spent:

95% committed (costs incurred + outstanding committed) at 31st January

90% spent (costs incurred) at 28th February

95% spent (costs incurred) at 31st March

99% spent (costs incurred) at closure of accounts

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No	Key Performance Indicator	RAG
12	Corporate priorities are fully resourced (time and budget).	

As previously described, corporate priorities were introduced this year. Health Scotland achieved delivery of 70% of the corporate priorities that we set; the remainder of the priority work has either been partially achieved or not achieved. Further information on this can be found in the *Core programmes* section.

RAG

Supplementary indicator

Corporate priority leads state that corporate priorities were adequately resourced in terms of staff time.'

65% of our corporate priorities leads felt that they were fully resourced in terms of staff time and staff allocation – which would account for not all of the corporate priorities being achieved this year, as indicated in the chart below. However, we must take into account the realignment of three directorates within the organisation.

RAG

Supplementary indicator

Corporate priority leads state that corporate priorities were adequately resourced in terms of budget.

100% of our corporate priority leads who required a budget felt that the corporate priority was adequately resourced in terms of budget.

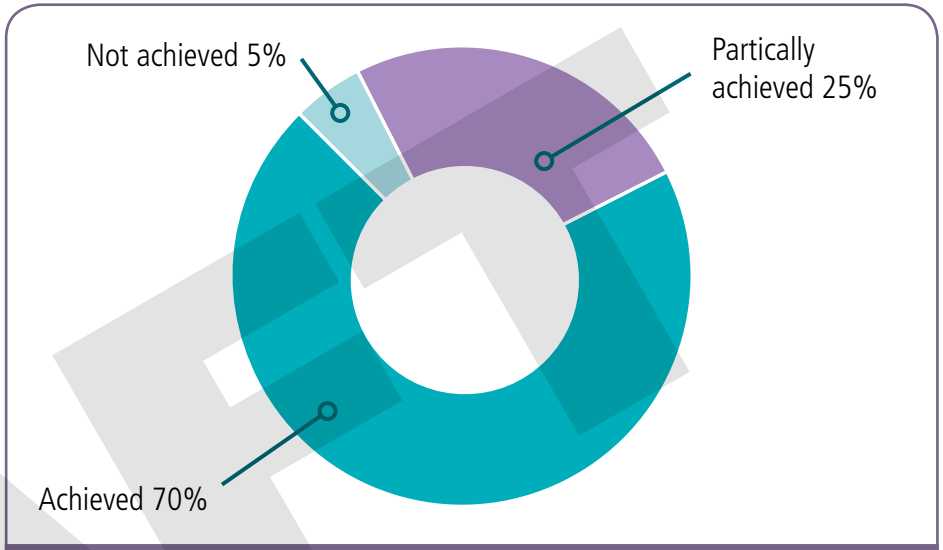

Figure 11: Delivery of corporate priorities

How we're improving

For 2016/17, each director will have a personal objective to deliver on the corporate priorities that they are responsible for. This will ensure that we are capturing the impact of internal leadership.

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Improving how we work to achieve impact

Concurrent with the development of the quantitative measures, a pilot was undertaken to capture qualitative methods for identifying effective strategies for achieving influence. This has taken a case study approach, focusing on two areas of our work from the past five years. Through interviews with staff and external stakeholders, it explored the activities Health Scotland undertakes and the strategies it uses, and how influential these may have been on others' thinking, decision making and policies.

How we're improving

Drawing on the findings from these case studies, key lessons have been learned and will be used to improve our organisational approaches in terms of achieving influence. Plans are already in place to use these findings to create guidance for teams to ensure that they are delivering their programmes of work with strategies and behaviours that have been shown to achieve influence.

The examples on the following page are from a guidance checklist which is currently being developed for use in 2016/17 to drive improvements in the way that we go about initiating influence and change.

DRAFT

In order to improve the influence and impact that we can achieve, we should ask ourselves the following questions.

How are we doing…

… at staying the course?

- Do we stay the course with partners?
- Has internal change de-prioritised an activity or project?
- Is all content promised to partners on track?

… at being strategic?

- Why are we doing this? What are our objectives?
- Have we acted on a promising opportunity recently?
- Can we influence the influencers?

… at being consistent?

- Has there been a change in personnel?
- Has there been a comprehensive handover and briefing?
- Has the change been communicated to key partners?

… at offering a distinctive Health Scotland gift?

- What understanding can we offer?
- Are we providing knowledge, expertise and experience?
- Can we speak with authority on an issue?

… at bridging, not simply messaging?

- Have partners ever felt we were simply pushing our message?
- How can we transform this into a two-way dialogue?
- Have we listened to and learned from our partners?

… in the way we operate?

- Have we been responsive, adaptable, flexible?
- Do we behave in a professional, constructive manner?
- When has our help been sought out?

… at connecting with local areas?

- What contact have we had recently with local areas?
- How did the experience go?
- How could we show our willingness to learn?

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Glossary

A Fairer Healthier Scotland (AFHS) – Health Scotland's 5-year strategic statement that sets out our mission and vision.

Absolute inequalities – a practical value measurement that measures the difference between the lowest and the highest socioeconomic groups.

Change Advisory Group (CAG) – a formal internal partnership approach to managing organisational change, underpinned by our Organisational Change Policy.

Community Planning Partnership (CPP) – a group of public agencies that work together within the community to plan and deliver better services which make a real difference to people's lives.

Core Programme (CP) – Health Scotland groups its work under five core programmes.

Corporate Risk Register – lists the strategic risk the organisation faces, who is the responsible director and what action is being taken to mitigate the risk. This document is revised on a continual basis and is reviewed by the Board with a view to publishing it annually.

Strategic Engagement Customer Relationship Management (CRM) – an online system to help us to manage, record and report on our interactions with strategic stakeholders. It is a tool that lets us understand who the organisation is strategically engaging with, where and on what.

Department for Work and Pensions (DWP) – the largest government department in the United Kingdom, responsible for welfare and pension policy.

Employee Index Score – is generated from the responses to 28 questions within the iMatter staff survey and provides an overall percentage of an organisation's level of positive staff experience.

Fair Work Convention – the independent body established to develop a clear blueprint for fair work practices in Scotland.

Functional realignment – review of Health Scotland purpose, function and workforce, ensuring this is effectively aligned to meet our objectives of AFHS.

Gini coefficient – method used to measure the distribution of income distribution in a given country.

Health inequalities – the unfair and avoidable differences in people's health across social groups and between different population groups.

Health Inequalities Impact Assessment (HIIA) – a tool that offers an opportunity during any planning process to assess the potential of a policy to reduce or increase health inequalities.

Homelessness Prevention and Strategy Group (HPSG) – steering group set up 'to assess, inform, influence and further embed homelessness prevention activity in Scotland'.

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Human Rights Based Approach (HRBA) – empowering people to know and claim their rights and increase the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights.

iMatter – a staff-experience continuous improvement tool designed with staff in NHSScotland to help individuals, teams and Health Boards understand and improve staff experience.

Key Performance Indicators (KPIs) – measurements of performance against our performance framework.

Knowledge Into Action (KIA) – turning knowledge or evidence into policy and practice.

Morbidity – frequency in which a disease or unhealthy condition appears in a particular area.

Mortality rates – the number of deaths in a given area or period, or from a particular cause.

National Action Group for Human Rights in Health and Social Care (HRAG) – Health Scotland are co-convenors for this action group, whose role is to identify opportunities for using human rights as a driver for change in health and social care and challenge and lobby for greater change to achieve this.

Net promoter score (NPS) – a measurement tool used to gauge satisfaction with a service provided.

NHS Education for Scotland (NES) – the education and training body for NHSScotland.

PEST (Political, Economic, Social and Technological) analysis – by looking at these four external factors in relation to our organisation, PEST analysis helps to determine how they will affect the performance and activities of our business in the long term.

Pregnancy and Parenthood in Young People (PPYP) – the first Scottish strategy which focuses on pregnancy and parenthood in young people.

Red, amber and green (RAG) – scale that uses the colour of traffic lights to signal work status.

Relative Index of Inequality (RII) – measure of the extent to which a chronic illness/early death varies dependant on socioeconomic factors.

Relative inequalities – an analytical measurement that looks at the ratio between the lowest and the highest socioeconomic groups.

Revenue resource limit – the target that the Scottish Government sets for NHS Health Scotland to spend.

Scottish Index of Multiple Deprivation (SIMD) – the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. It incorporates several different aspects of deprivation, combining them into a single index.

Scottish National Action Plan for Human Rights (SNAP) – this action plan aspires to influence culture and leadership and also what happens in day-to-day practice.

Slope Index of Inequality (SII) – measurement that is a regression line (slope) showing the relationship between a class or group's health status and its rank in socioeconomic terms.

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Socioeconomic inequalities – a person's social and economic position in relation to others, based on income, education and occupation.

Scottish Parliament Information Centre (SPICe) – research briefings written by specialists and used by MSPs to support parliamentary business.

Supplementary indicators – additional measurements of our performance.

Warwick–Edinburgh Mental Well-Being Scale (WEMWBS) – a tool that can be used for assessing a population's mental health.

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