# DELIVERING A FAIRER HEALTHIER SCOTLAND

# OUR DELIVERY PLAN 2016–17

# FINAL DRAFT

# Contents:

# 1 CHIEF EXECUTIVE'S SUMMARY

This Delivery Plan sets out the agreement between NHS Health Scotland (HS) and the Scottish Government as to the priorities to be delivered in support of Scotland's 2020 Vision for Health and Social Care. The Local Delivery Plan (LDP) Guidance and our Annual Review Action Plan (ARAP) have a strong and welcome emphasis on the importance of strengthening the contribution of the NHS and the new Integrated Joint Boards to reducing health inequalities. This is clearly articulated in the Scottish Government's key purpose target to increase healthy life expectancy.

The Scottish Government's long term monitoring report[1] on health inequalities demonstrates the extent of the challenge if this target is to be equitably achieved. At present, men experiencing income and area deprivation can expect to live up to 24 fewer years than those men living in better off circumstances; for women the gap is up to 22 years.

Our focus is on ensuring the causes of these consistent and enduring inequalities in healthy life expectancy are addressed and that the health of all, in Scotland, is equitably improved. We will continue to deliver national collaborative leadership and coordination to improving the public's health in an equitable and evidenced informed way.

In addition to our work to support health and social care services to improve healthy life expectancy, this plan sets out how we will use our resources to lead, coordinate and facilitate support for a broad range of the Scottish Government's National Strategic Objectives. We intend to continue to do this by promoting and facilitating knowledge and promoting stronger support for action to address the circumstances that can either create or harm health.

Specific areas of work, that we will develop further include, the work of our Health and Work directorate being aligned with the Fair Work priorities as they emerge, and crucially our support to develop and strengthen the economic leverage of NHSScotland in areas of multiple deprivation.

This delivery plan therefore spans action to work with and through the public, private and third sector to improve the quality of the services people receive, the places in which they work and live, and the share they have of the money, power and other resources they need for good health and wellbeing. As such, it is consistent with Scottish Government's Strategic Guidance and encompasses all aspects of HS activities.

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[1] Scottish Government Health Inequalities Report

# 2  INTRODUCTION

## 2.1  Our Role

We are 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 improve health equitably, and to improve how that knowledge is turned into action. The model we use is shown in the diagram below.
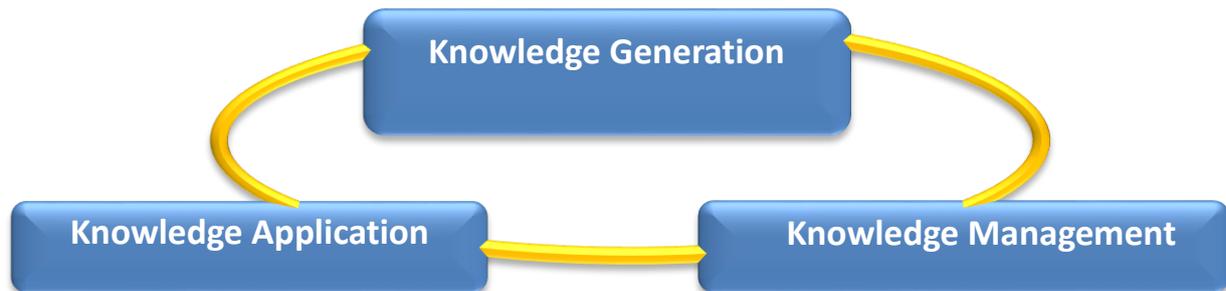


We know that we share the ambition for a fairer healthier Scotland with many organisations and individuals across Scotland. That's why we focus on working with national and local partners responsible for improving the public's health and improving services to the public. It's also why we work with employers and food providers across the public and private sector.

**During 2016/17 we will improve how we deliver our primary role as follows:**

**Knowledge generation:** We will increase our work with the third sector and other key national and local partners to ensure that the knowledge they hold about the lived experience of people whose health and wellbeing are affected by inequality, informs what is known about inequality and its impact on health, and that the knowledge they hold about how to effect change at local level is integrated into our knowledge generation and the way in which we work.

**Knowledge management:** We will deliver, improved access to the knowledge we have through a redesigned and improved website and continue our engagement with key policy makers and decision makers at national and local levels. We will increase our delivery of knowledge exchange seminars and events, as well as the publication and dissemination of key papers and reports.

**Knowledge application:** We will work with the Scottish Government and public health networks to improve the rate, at which knowledge transfers to practice and to achieve a greater consistency in its application.

## 2.2 Structured To Deliver

We have the same governance structures and reporting mechanisms as other NHS Boards. Our Chair is accountable to Scottish Ministers and our CEO to Ministers and the Scottish Parliament. Our functions come together to reach and stimulate action across many thousands of organisations, groups and individuals in Scotland. An overview of our Directorates and the functions they deliver is shown in the table below.

| DIRECTORATES | WHAT THEY DO |
|---|---|
| Public Health Science Directorate | <ul><li>Co-leads **ScotPHO** (the Scottish Public Health Observatory) with ISD Scotland, and in partnership with the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland</li><li>Commissions a wide range of research and evaluation of policy implementation</li><li>Hosts and funds **ScotPHN** (the Scottish Public Health Network), which provides knowledge exchange and joins up all those working on public health in Scotland.</li></ul> |
| Health Equity Directorate | <ul><li>Shares learning from knowledge application and practice improvement-supporting implementation, monitoring and evaluation of approaches for health equity.</li><li>Provides digital and publishing services for a range of health information products, including national immunisation and screening information resources</li><li>Provides consultancy support for CPPs and Integrated Joint Boards in developing effective local plans to address health inequalities challenges</li><li>Funds and works with **CHEX** (Community Health Exchange Scotland) to promote community development approaches.</li><li>Funds and hosts **CFHS** (Community Food and Health Scotland) to promote access to healthier foods for geographic communities and communities of interest.</li></ul> |
| Health and Work Directorate | <ul><li>Leads work with industry, employers and their stakeholders to achieve better and more equitable health outcomes.</li><li>Delivers the **Healthyliving** and **Healthy Working Lives Awards**, Healthy Working Lives Services and elements of the national Fit for Work Scotland</li><li>Uses knowledge and evidence from NHS Health Scotland and its partners to influence for more equitable policy relating to health and work, including in relation to Good Work, income and welfare.</li></ul> |
| Strategy Directorate | <ul><li>Develops strategic engagement with partners from across government, the public sector and the third sector.</li><li>Provides funding to and works in strategic partnership with **Voluntary Health Scotland**</li><li>Leads the dissemination of knowledge to policy and decision makers in Scotland through briefings, public affairs work, social media, events and corporate engagement</li><li>Leads strategic planning, resource management and organisational improvement in order to be an excellent and innovative organisation within the **EFQM Framework**</li></ul> |

# 3 OUR STRATEGIC AND POLICY CONTEXT

Our strategy **A Fairer Healthier Scotland** (AFHS), sets out a vision for Scotland in which all people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. This vision is based on principles of social justice and human rights, and involves working for the right to health for all, as enshrined in international law in the 1976 International Covenant on Economic, Social and Cultural Rights.

In September 2013, the World Health Organisation (WHO) European region approved international health policy **Health 2020**. This emphasised the need for a whole government/whole society approach to addressing the social determinants of health in order to reduce health inequalities. AFHS is recognised as an example of how the WHO expects countries to fulfil their obligation to implement 2020.

The Scottish Government has set its ambitions for integrated health and social care services in its **vision for 2020** which sets the purpose of increasing healthy life expectancy:

*'Increasing healthy life expectancy will mean that people will live longer in good health, increasing their capacity for productive activity and reducing the burden of ill health and long term conditions on people, their families and communities, public services and the economy generally.'*[2]

Our national leadership role and responsibility is to support the Scottish Government achieve this purpose. Central to this, is our role in sharing the evidence that there are compelling interdependencies between how the benefits of a thriving economy are shared and population health. Sharing the benefits of economic growth more equitably, together with other elements of fair work, improves health which in turn improves productivity. This is consistent with international evidence that has been gathered for more than forty years.

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[2] LDP guidance 2016/17

# 4  DELIVERY OF NATIONAL GUIDANCE AND PRIORITIES

## INTEGRATED PLANNING APPROACH

### CORE PROGRAMMES

- **Fundamental Causes**
- **Social and Physical Environments**
- **System change for equity**
- **Rights of the child to good health**
- **Organisational Excellence and innovation**

### ANNUAL REVIEW ACTION PLAN-IMPROVEMENT THEMES

**Demonstrating Impact**

**System wide support for health equity**

**Promoting fair work**

**Strengthening the role of CPPs, NHS Boards and Integrated Joint Boards**

**Workforce planning and development**

### LOCAL DELIVERY PLAN/ NHS SCOTLAND PRIORITIES

- **Health Inequalities and Prevention**
- **reduction in inappropriate variation (CMO)**
- **Antenatal and Early Years**
- **Person-Centred care**
- **Safe Care**
- **Primary Care**
- **Integration**
- **Scheduled and unscheduled care**

# 5  OUR CORE PROGRAMMES: AIMS, RATIONALE, AND OUTCOMES

This section looks at the five core programmes we have identified for the period of our current corporate strategy 2012-17; they are predicated on what the evidence base indicates, is needed to improve health equitably in Scotland.

In addition to evidence we use horizon scanning, analysis of Scottish Government policy priorities, our annual review action plan; and stakeholder engagement to plan and inform our work.

Developing medium to long term outcomes for all that we do enables us to plan our work on an annual basis with a clear line of sight to the outcomes we have set in AFHS. An overview of the rationale, aim and outcomes for each of our core programmes is set out below.

## CORE PROGRAMME 1: FUNDAMENTAL CAUSES

**The aim of this core programme is to strengthen the evidence base and to effectively support policy and decision makers take evidence informed action that will reduce health inequalities and achieve health equity.**

### Rationale

Health inequalities are primarily caused by social and economic drivers that result in the unequal distribution of power, wealth and income across the population of Scotland. Taking action to tackle these fundamental causes is vital if inequalities in health are to be reduced. Health behaviours are influenced by the circumstances and environments in which people live, work and take recreation- therefore efforts to improve health in an equitable way across the population and for all groups of people need to include action to tackle the social and economic drivers of poor health outcomes as well as services, information and support for individuals.

| Outcomes | |
|---|---|
| | • **Stakeholder actions, policy and practice are informed by our key messages to support progression of the health inequalities agenda** |
| | • **Availability and accessibility of "what works" evidence is improved** |
| | • **Greater exchange of knowledge and experience about health inequalities; locally, nationally and internationally** |

## CORE PROGRAMME 2: SOCIAL AND PHYSICAL ENVIRONMENTS FOR HEALTH.

**The aim of this core programme is to ensure that the places and communities in which people live and work, support and promote good health.**

### Rationale

Where we live and work – our home, neighbourhood, social meeting places, workplaces and green spaces – has a vital influence on how we live, the quality of our lives, and our long-term health and wellbeing. People have the right to participate, be included and socialise with others in their community and to remain part of that community as personal circumstances change, as they grow older and are in need of more support. Raising awareness of and supporting the implementation of the place standard and working with the government to ensure fair and equitable workplaces are key priorities within this programme. Improving environments and policies in addressing the needs of key population groups is also covered by this programme- these include people at risk of or experiencing homelessness, people in the criminal justice system and families living in adversity.

| Outcomes | <ul><li>Better community justice planning, practice and collaboration for people in custody and community, through more effective interventions, reduced impact of offending and sentencing and positive, sustainable change.</li><li>Stakeholders take into consideration community-led health activity in their area when discussing and planning strategy and when delivering and evaluating programmes and services.</li><li>We have used evidence to inform government policy and galvanised action on tobacco control, particularly in response to new legislation and any impact on priority groups.</li><li>Communities, CPPs, the third and private sector are aware of the place standard, understand it, and use it to drive up place quality and address health inequalities</li><li>Homelessness: Scottish Government Policy leads for homelessness and National NHS Board leads for homelessness are accessing and using Health Scotland's evidence, knowledge and resources to inform and deliver their work.</li><li>An increasing number of employers apply good workplace practices to promote health, safety and wellbeing and recognise the principles of good work, engaging in early intervention activities to protect and improve employees' physical and mental health.</li><li>A refreshed approach to employment and employability services for people with mental health problems has been scoped and developed.</li></ul> |
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## CORE PROGRAMME 3: SYSTEM CHANGE FOR EQUITY

**The aim of this core programme is to strengthen the potential of services to improve health and to mitigate and prevent inequalities impacting on health.**

**Rationale**

The public sector system must be accessible and equitable if it is to contribute to addressing health inequalities and improving health. This means that services and programmes must reach and meet the needs of people who need them most as well as work effectively across the population. We will work with public sector leaders, planners and practitioners across the system to translate knowledge of what works

into action and to evaluate effectiveness for impact on health inequalities and health improvement.

| Outcomes | <ul><li>**The public service workforce has the capacity and capability to deliver public health policy**</li><li>**The policies we have influenced demonstrate an awareness of health inequalities and are focused on upstream action**</li><li>**Partnerships which can make the greatest impact in addressing health inequalities have an increased understanding and are motivated to take action to promote equity in health and social justice**</li><li>**Those designing services demonstrate an understanding of proportionate universalism in their action planning and delivery**</li></ul> |
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## CORE PROGRAMME 4: THE RIGHT OF EVERY CHILD TO GOOD HEALTH

**The aim of this core programme is to work with a wide range of stakeholders to support and promote action across the fundamental causes and environmental influences that are a barrier to achieving good health whilst at the same time ensuring that practice to support children, young people and families experiencing inequality is strengthened and improved.**

### Rationale

The Scottish Government's vision is that Scotland will be the best place in the world for a child to grow up, a place where children can access all the opportunities and support they need, when they need it. From conception onwards, children's early life circumstances and experiences shape their physical, social, mental, emotional and cognitive development and provide a foundation for their future attainment and health. Inequality is a barrier to the right of every child to good health.

| Outcomes | <ul><li>**Families, children and service providers have access to tailored, accurate, relevant and inequalities-sensitive health information**</li><li>**Knowledge underpinning action on achieving equity in health social circumstances is embedded in professional education programmes relating to early years. children, young people and families**</li><li>**NHS services understand their role and the interventions that can support lone parents and other families living in poverty to increase financial inclusion.**</li><li>**A *Good Mental Health for All* strategy for children and young people will have tested our approach to collaborative action on early intervention for children and young people living in adverse circumstances**</li><li>**Health Scotland and partners have a better understanding of the support required by local partnerships and actions to mitigate & prevent adverse family circumstances in relation to information, evidence and planning**</li><li>**Engagement as active international partners influences health in all policies, especially those that influence Early Years and the wellbeing of Young People**</li></ul> |
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## CORE PROGRAMME 5: ORGANISATIONAL EXCELLENCE AND INNOVATION

**The aim of this programme is to manage and develop our funding, people and other resources, so that the organisation is highly effective in generating and sharing the knowledge that is needed to achieve our aims.**

### Rationale

We can only deliver effectively if we continuously strive to achieve the goal of being an excellent organisation. An excellent organisation continuously challenges all aspects of the ways it works with the view to improving its delivery.

We use the European Foundation for Quality Management (EFQM) excellence model to assess our strengths and areas for improvement. This helps us systematically identify the best ways to improve our performance. Our approach involves senior managers championing improvement in specific areas to make measurable improvements. In 2016/17 we will be identifying and implementing specific improvements from our next external assessment by Quality Scotland in March 2016.

| Outcomes | • NHS Health Scotland staff are valued, supported and actively engaged in decisions affecting them and are appropriately skilled to deliver their role.<br>• We are exemplary in the way that we embed the Staff Governance Standard into the way we manage and support our workforce.<br>• We meet or exceed governance standards, regulation and legislation<br>• Our key stakeholders are better able to access and use the knowledge that NHS Health Scotland has in order to influence action to reduce health inequalities products and services we develop will be based on the needs of our customers<br>• We are confidently and successfully delivering our corporate priorities and national leadership role of reducing health inequalities and improving health<br>• Public health delivery is focused on achieving health equity |
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# 6 DELIVERY PRIORITIES

This section below maps deliverables from our core programmes (CP) that correspond to the priorities identified in both Local Delivery Plan Guidance (LDP) and our Annual Review Action Plan (ARAP). **The core programme from which the deliverable is drawn is represented by (CP1,2,3,4) as appropriate.**

| SCOTTISH GOVERNMENT PRIORITIES | NHS HEALTH SCOTLAND DELIVERABLES |
| --- | --- |
| **NHS procurement policies should support employment and income for people and communities with fewer economic levers** | Work with NHS Chief Executives Group and Scottish Government to scope and deliver the application of the economic leverage of NHSScotland within localities of multiple disadvantage **(CP 1)**<br><br>Provide leadership and coordination to a programme of work to maximise NHSScotland's role in reducing health inequality **(CP3)**<br><br>Lead the development and promotion of the central role of the NHS in promoting the benefits of good work in creating and protecting mental health and wellbeing.**(CP 2)** |

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| | Provide data, briefings and evidence to key stakeholders identifying challenges priorities to create good work for all in Scotland **(CP1)** |
| **Actions relating to employment policies that support people to gain employment or ensure fair terms and conditions for all staff** | Embed good work knowledge into action by supporting implementation of best practice with key stakeholders who can influence good work in Scotland **(CP1)**<br><br>Work with six local strategic partnerships, to produce an on line resource containing evidence, learning and practice experience of sustainable approaches, that enable working age people with mental health problems, to get into, and stay in employment, culminating in sharing the resource at a national event **(CP 2)**<br><br>Support development and implementation of local NHS Board activity to mitigate the impact of low income and Welfare Reforms on health and health inequalities across Scotland.**(CP2)**<br><br>Produce an evidence report on active labour market policies and other briefings ensuring that the relationship between these and children's health are explicitly referenced.**(CP2)**<br><br>Coordinate and co-produce a refreshed Health and Safety Action Plan for Scotland **(CP2)**<br><br>Work with policy leads in Scottish Government to develop employment support service policy capable of delivering health outcomes and addressing the causes of health inequalities.**(CP2)** |
| **Actions to support staff to support the most vulnerable people and communities Workforce 2020 Implementation Plan** | Support implementation of the workforce 2020 plan, by leading on initiatives to support all staff meet the needs of the most vulnerable communities focusing initially on a 'literacy programme' for Integrated Joint Board executive and non-executive directors. (**CP 3**)<br><br>Work with Scottish Government and NHS Education Scotland, to scope NHS Health Scotland's contribution to the workforce requirements as highlighted in the public health review **( CP3)** |

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| **Health improvement actions to promote healthy living and better mental health:** | Provide leadership and coordination to a programme of work to maximise NHSScotland's role in promoting good mental health for all **(CP3)** |
| **Health Promoting Health Service (HPHS)** | Work with Scottish Government policy and local area HPHS leads to provide leadership and coordination to the Health Promoting Health Service programme and strengthen the inequalities focus of HPHS delivery in the hospital sector **(CP 3)** |
| **Physical Activity** | Lead and contribute to the delivery of key actions within or directly related to the National Physical Activity Implementation Plan **(CP3)** |
| **Tobacco** | Lead and co-ordinate knowledge into action on progressing tobacco-free environments, focusing on priority groups with high smoking rates and protecting those at risk from exposure to tobacco smoke in their environment **(CP3)** |
| **Alcohol and drugs** | Deliver an evidence review to inform the refreshed alcohol strategy; a MESAS[3] monitoring report and dissemination of existing and new MESAS evidence; the needs of older drug users; disseminate evidence on the naloxone programme to inform drugs policy, and deliver a programme of improvement work in ADPs **(CP3)** |
| **Food Policy and food poverty** | Inform and evaluate new and emerging food policy in Scotland using the best available data and evidence, through working in partnership with Food Standards Scotland, and the Scottish Government. **(CP3)** |
| **Obesity** | Facilitate the child healthy weight network and review its remit and resources; provide evidence to inform the obesity strategy in Scotland and develop strategic partnerships and plans with partner organisations **(CP3)** |
| **Antenatal and early years** | Work with partners and stakeholders to develop knowledge based resources on health for pregnant women, children, young people and families with particular reference to fundamental causes. **(CP4)** |

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[3] MESAS is an acronym for : Monitoring and evaluating Scotland's Alcohol Strategy

| | Deliver a programme of work, aligned to the Scottish Government's child poverty strategy, focusing on NHS services' contribution to preventing, reducing and mitigating child poverty through increasing financial inclusion and opportunities for improving wellbeing for lone parents and families with low incomes. **(CP4)**<br><br>Scope the information, evidence and planning support required by local partnerships, the NHS and LAs to resource proportionate actions to mitigate and prevent adverse family circumstances impacting on the health and wellbeing of young people, children and families, including equity in antenatal service access, educational attainment and play **(CP 4)**<br><br>Establish a new programme for early intervention for adverse childhood experiences in collaboration with Scottish Government, clinical services and third sector organisations in touch with families living in adverse circumstances. **(CP4)** |
| --- | --- |
| **Transforming Primary Care so that everyone gets the care they need through scheduled and unscheduled care** | Work in partnership with the Scottish Government, the Scottish School of Primary Care and the Deep End Practices to scope, define and initiate the development of evaluation, data and knowledge resources aimed at mitigating the impact of inequality on health through the primary care setting **(CP3)** |
| **Supporting Integrated Joint Boards and Community Planning Partnerships to reduce health inequalities and improve health** | Work with Healthcare Improvement Scotland and National Services Scotland to deliver outcome improvement work that effectively brings together national and local public health capacity to support Integrated Joint boards (IJBs) **( CP3)**<br><br>Work with the Improvement Service, Local Public Health teams, NSS and other partners to influence and contribute to Community Planning Partnerships work to address health inequalities.**(CP3)**<br><br>Work with policy makers and local leaders to encourage experimentation and evaluation of innovative health inequalities policy and practice, in four different policy areas (primary care, mental health, education and employment) **(CP3)** |

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| | Work with the Health and Social Care Alliance and Strathclyde University to implement the Scottish National Action Plan through the health and social care action group's priority actions for 2016/17 to advance a Human Rights Based Approach within health and social care services.**(CP3)**<br><br>In partnership with Scottish Government raise awareness and promote implementation of the Place Standard in a way that acts to reduce inequalities **(CP3)**<br><br>Co-fund the **GoWel**l research and learning programme investigating the impact of investment in housing, regeneration and neighbourhood renewal in Glasgow on the health and wellbeing of individuals, families and communities.**(CP3)**<br><br>Produce knowledge briefings and reports for policy and decision makers on the importance of quality and affordability of housing in taking action to improve health and reducing health inequalities in Scotland **(CP3)**<br><br>Work with Directors of Public Health, Housing and other key partners on the prevention of homelessness by driving delivery of the recommendations stemming from our ScotPHN report and UK best practice guidelines **(CP3)**<br><br>Collaborate with Scottish Government on improvement methodologies to strengthen community justice redesign activity including within local Community Planning Partnerships; produce advice and a framework for NHS Boards for Health Improvement in Community Justice and link to the National Prisoner Healthcare Network' **(CP3)** |

# 7 CORE DEVELOPMENT ACTIVITY AND SERVICE DELIVERY

This section gives an overview of those deliverables within each of our core programmes that are either continuing or developmental in nature. A wide range of our work is captured here, including for example, knowledge generation; delivery of our Healthy Award programmes; delivery of our commitments to the National Suicide Prevention Strategy and our work to promote uptake of immunisation and screening services.

## CORE PROGRAMME 1

| Deliverables | <ul><li>Provide a series of high quality data and evidence outputs which describe and explain health and health inequality outcomes in Scotland</li><li>Provide data and evidence regarding the impact of the distribution of income and wealth on health and health inequalities, and identify relevant effective interventions.</li><li>Deliver a programme of Communication and Engagement aimed at policy and decision makers focused on the fundamental causes of health inequalities and what would work to reduce them.</li><li>Exchange knowledge and promote action on the relationship between power and health inequalities in collaboration with local policy and decision makers including Scottish Government, Academics, Oxfam Scotland, Carnegie UK Trust, and Community Planning Partnerships</li><li>Provide evidence to policy and decision makers on the impact of austerity and social security changes on health and wellbeing identifying feasible action to mitigate this impact.</li></ul> |
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## CORE PROGRAMME 2

**COMMUNITY JUSTICE WORKSTREAM**

| Deliverables | <ul><li>Capture good practice in violence prevention, management of people in the justice system and reducing the risk of offending in local tests of change using improvement methodologies and share with Scottish Government, the CJA Chief Officers Group and Community Justice Scotland to strengthen action to reduce the impact of offending and reduce inequalities.</li><li>Strengthen the focus of the National Prisoner Health & Wellbeing improvement Group on measurable outcomes that impact on health inequalities by rolling out improvement methodologies to strengthen the transition of community justice into local redesign activity.</li><li>Produce advice and an improvement framework for NHS Board Leads for Prison and Justice Health Improvement through the National Prisoner Healthcare Network on how to develop local prevention and intervention plans with CPPs to embed action to reduce offending, support victims and reduce the inequalities crime creates.</li><li>Work through ScotPHN, with key partners to shape the, public health approach to violence prevention across Scotland, developing new initiatives and projects whilst sustaining existing projects that address the inequalities that underpin violence and health inequality.</li></ul> |
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**CONNECTED COMMUNITIES WORKSTREAM**

| Deliverables | <ul><li>Deliver programmes of work that engage disadvantaged communities, including their public and Third Sector partners, in the design and delivery of policy and practice that addresses food poverty and inequalities in health</li><li>Work with stakeholders to agree a Scottish/UK definition, measurement and monitoring of food poverty / household food insecurity.</li><li>Design a programme of activity, with key stakeholders that explores what success would look like for community development and health in Scotland</li></ul> |
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**NEIGHBOURHOOD**

| Deliverable | • Generate, synthesise and disseminate knowledge relating to neighbourhood and health, enabling this knowledge to be translated into action by policy and decision-makers.to improve the quality of places across Scotland |
|---|---|

**WORKPLACE**

| Deliverables | • Deliver a new Healthy Working Lives website including an appropriate mix of online diagnostic tools and resources and development of digital services to complement other delivery channels. <br><br> • Deliver integrated Scottish workplace health and wellbeing services, assisting employers to understand and implement their role in maintenance of and return to good work. <br><br> • Deliver and develop the HWL Award Programme maximising employer uptake and ensure employers continue to access advice and support. <br><br> • Deliver and develop a range of services to support employers maximise employee mental wellbeing across the workforce. <br><br> • Deliver and develop the Healthy Living Award for caterers in the public, private and third sectors maximising uptake at standard and plus levels. |
|---|---|

## CORE PROGRAMME 3

| Deliverables | <ul><li>Work in partnership with the Scottish Government, Healthcare Improvement Scotland, Integrated Joint Board Chief officers to help identify, understand and address health inequalities</li><li>Lead and contribute to the delivery of key actions within or directly related to the National Physical Activity Implementation Plan</li><li>Collaborate with Scottish Government, COSLA and national mental health agencies to provide support to local area partnerships to apply data and evidence of effective and efficient interventions aimed at promoting wellbeing, preventing mental health problems and reducing mental health inequalities</li><li>Develop, disseminate and support action based on evidence-based recommendations for cost-effective policy and practice to reduce health inequalities working with Government, service delivery and academic partners</li><li>Host the National Programme for Suicide Prevention on behalf of Scottish Government and deliver our commitments in the current strategy , overseeing the implementation and impact of the strategy through the national group</li><li>Lead a programme of work with JIT and IJBs to develop, inform and promote an evidence based, inequalities focused approach to improving the health & wellbeing of older adults including those with multiple and complex needs</li><li>Lead and support improved collaborative relationships across public and third sector agencies in the NHSS implementation of the National Strategy on Violence against Women and Girls, including improved collaborative relationships across public and third sector agencies, and enhanced workforce capacity to improve the NHS identification of, and response to, GBV.</li><li>Strengthen the role of NHS immunisation and screening services in achieving health equity through informed and increased uptake of these services</li></ul> |
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## CORE PROGRAMME 4

| Deliverables | <ul><li>Support development and implementation of local NHS Board activity to mitigate the impact of low income and Welfare Reforms on health and health inequalities across Scotland.</li><li>Work with Scottish Government, NES, SSSC , Education Scotland, the higher & further education sector,  and third sector to embed knowledge into action into education, CPD and other training programmes</li><li>In partnership with the Scottish Government develop and deliver a new community child health programme.</li><li>Contribute research and evaluation expertise on how to improve child and adolescent health and reduce health inequalities to the WHO Collaborating Centre for Health promotion and Public Health Development and wider intelligence to international public health decision makers including the Scottish Government, WHO, Eurohealthnet and the International Union for Health Promotion and Education.</li></ul> |
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## CORE PROGRAMME 5

**IMPROVED STAFF EXPERIENCE WORKSTREAM**

| Deliverables | <ul><li>Develop and deliver an action plan against the Staff Governance standard to ensure staff are well informed</li><li>Develop and deliver an action plan against the Staff Governance standard to ensure staff are appropriately trained and developed</li><li>Develop and deliver an against the Staff Governance to ensure staff are involved in decisions and to embed partnership working</li><li>Develop and deliver an action plan against the Staff Governance standard to ensure that staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued</li><li>Develop and deliver an action plan against the Staff Governance standard to ensure staff are provided with a continuously improving and safe working environment</li></ul> |
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## IMPROVED PLANNING & USE OF RESOURCES WORKSTREAM

| Deliverables | • Deliver excellent financial and management information processes and systems including deploying a new planning and staff time management tool<br>• Host an external assessment team to help us continuously improve the performance of the organisation<br>• Deliver continuous organisational improvement including our corporate governance mechanisms and processes |
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## IMPROVED STAKEHOLDER EXPERIENCE WORKSTREAM

| Deliverables | • Gather feedback from our stakeholders so that we understand how to engage and influence effectively<br>• Develop and implement a Communications and Engagement plan aimed at decision makers, policy makers and practitioners<br>• Develop our IT and digital services, published products and marketing materials to meet the needs of our customers adhering to agreed quality and accessibility standards, evidence and best practice.<br>• Develop tools and standards for managing and governing knowledge which meet the needs of the organisation and stakeholders. |
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## NATIONAL LEADERSHIP DEVELOPMENT WORKSTREAM

| Deliverables | • Develop our internal leadership capability within a clear accountability framework<br>• Provide national leadership and coordination to the work of the Inequalities Action Group and to health equity policy and implementation as part of a public health strategy for Scotland<br>• Work with Scottish Government, Scottish Public Health Leadership Groups, and Public Health agency stakeholders to provide national leadership for, and development of, innovative and equitable public health delivery across Scotland |
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# 8 PERFORMANCE MANAGEMENT

We use qualitative and quantitative performance information to manage and improve our performance. Our performance management framework was developed with input and scrutiny from our external Stakeholder Performance Forum. We use our quantitative measures with case studies and performance stories to assess the impact of what we deliver. This information will go as an annual Impact Report to our Board and the Scottish Government **Please contact nhs.HealthScotland-Communications@nhs.net, if you would like to receive a copy of our Impact Report for 2015/16 when it is produced**.

We use our Impact and Performance reports to assess the progress we are making towards achieving the medium to long term corporate outcomes we have set in our strategy. These are that we achieve:

- Fairer more equitable policy

- Stronger Support for Action

- Better Practice

- Organisational Excellence and innovation

## 8.1   OUR PERFORMANCE MANAGEMENT FRAMEWORK

Based on the work that we do as an organisation, a performance framework has been produced to articulate the areas of our work that we want to measure our performance and impact upon.  The performance framework consists of four domains in which we can consider our performance;

1. Society Results
2. Shared Results
3. Our Results
4. Our Enablers

Each domain has a number of sub-domains which explains in more detail the specifics of our work. So that we can measure our performance against these domains, a suite of KPIs has been developed for each.

By assessing our performance against these domains as a collective, we will be able to have a robust assessment of our performance and impact as an organisation.

## Table 1: Performance framework

| Scotland Performs: National Performance Framework | | | | | Collaborative Performance |
|---|---|---|---|---|---|
| Wealthier | Smarter | Healthier | Safer & Stronger | Greener | |
| **Performance Domain: Society Results** | | | | | |
| Reduced inequalities in Health<br>Reduced inequalities in Society | | | | | |
| We have tackled the significant inequalities in Scottish Society | | We live longer, healthier lives | | | |
| **Performance Domain: Shared Results** | | | | | |
| Stronger System-Wide Support for Action<br>More Equitable Policy<br>Improved capacity to deliver effective actions in practice | | | | | |
| **NHS Health Scotland**<br>**Working together to embed effective actions to tackle health inequalities** | | | | | NHS Health Scotland Performance |
| **Performance Domain: Our Results** | | | | | |
| Leadership, organisational reputation and credibility<br>Customer results engagement and satisfaction<br>Programme results:<br>• Fundamental Causes<br>• System change for fairness and equity<br>• Places and Communities<br>• The right of every child to good health | | | | | |
| **Performance Domain: Our Enablers** | | | | | |
| People/Workforce<br>Finance/Resources<br>Delivery | | | | | |
| **Organisational Excellence and Innovation** | | | | | |

## 8.2 COLLABORATIVE PERFORMANCE

Table 1 illustrates 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, and therefore performance in relation to these domains does not lie directly within our control.

For the purposes of this performance framework and suite of KPIs, we will monitor societal trends in relation to health inequalities separately, and will only be identifying KPIs for our contribution to the shared results.

A parallel project which is being undertaken in collaboration with our AFHS Stakeholder Performance Forum will begin to unpick how a collaboration of organisations might measure collaborative performance of the reduction of health inequalities in Scotland.

## 8.3 KEY PERFORMANCE INDICATORS 2016/17

**Table 2: Key performance indicators**

| Sub-domain | KPI |
|---|---|
| **People/ Workforce** | 1. All teams piloting iMatters meet or exceed an Employee Index Score of 69%<br>2. All Executive directors have as a personal performance objective they deliver the corporate priorities for which they are responsible on time and on scope for<br>3. 90% or all corporate priorities are delivered on time and on scope |
| **Finance and Resources** | 1. We spend our budget within the revenue resource limit.<br>2. Corporate priorities are fully resourced (time and budget). |
| **Core Programme Results** | Core Programme 1 – 4<br><br>Each of the indicators below will be tailored from data captured on each of the individual core programmes. |
| **Core Programme Results** | 1. 90% of our identified high impact and high interest stakeholders rate their engagement with us positively.<br>2. 100% of all core programme work has been through a screening or full HIIA. |

| Leadership, organisational Reputation and Credibility | 3. 100% of outputs/deliverables score >11 and 33% of outputs/deliverables score >= 17 in the prioritisation process<br>4. 85% of outputs will be delivered on time and on scope<br>5. 5% increase in core programme work being references in Scottish Parliament and in identified local plans. |
|---|---|
| | Core Programme 5<br><br>This core programme combines a mixture of internal organisational improvement work streams and externally focused leadership work. To avoid duplication, each of the workstreams have KPIs within the following sub-domains:<br><br>1. Improved staff experience: people/workforce<br>2. Improved planning and use of resources: finance and resources<br>3. Improved stakeholder experience, better knowledge: improved capacity to deliver effective actions in practice and leadership, organisational reputation and credibility<br>4. Collaborative leadership: people/workforce and leadership, reputation and credibility |
| | Key stakeholders with high impact and influence are positive about the work of NHS Health Scotland and provide positive feedback on our work and NHS Health Scotland are seen as leaders in the field of health improvement and health inequality reduction<br><br>1. We have engaged with the Public Health Network at least 4 times in the implementation of the Public Health Review.<br>2. We have engaged with 90% of our identified high impact and high influence stakeholders in the development of our 2017-22 strategic plan.<br>3. 5% increase of NHS Health Scotland work referenced in Scottish Parliament.<br>4. There is evidence of NHS HS's influence in the outcome improvement plans of the four CPPs that we have committed to work with.<br>5. We have an organisational NPS of 20% or above amongst policy and decision makers |
| Customer Results | 1. The Net Promoter Score (NPS) for our products and services is 47% or above. |

| | |
|---|---|
| **Improved capacity to deliver effective action in practice** | 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.<br><br>1. We will run events in 4 CPP areas to build local capacity around outcomes planning and evaluation<br>2. We will work with 4 CPP areas to ensure that their Local Outcomes Implementation Plans (LOIP) include evidence based actions to reduce inequalities<br>3. 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** | We have successfully developed stronger support for action amongst high impact and influence stakeholders.<br><br>1. We have an NPS of 20% or above in relation to our contribution to strategic partnerships.<br>2. 85% of participants at our events indicate that they express a positive intention to apply the learning/tools/resources from the event to their practice.<br>3. We have engaged with 90% of our identified high interest and high impact stakeholders.<br>4. All of our published inequality briefings have been developed with input from identified policy and decision makers.<br>5. Handling plans including engagement events/meetings have taken place for 85% of all of the inequality briefings that are being published in 206/17<br>6. We see a 5% increase in engagement through social media |
| **More Equitable Policy** | We have evidence that we have influenced policymakers to ensure that they consider the impacts on health inequalities and ensure policy is more equitable.<br><br>1. We have supported 4 local partnerships to tackle health inequalities<br>2. There is a 5% increase of NHS Health Scotland work being referenced in Scottish Parliament<br>3. NHS Health Scotland staff present at over 20 national level conferences/events which are relevant to our corporate priorities<br>4. We have responded to 95% of relevant stakeholder consultations. |

| | |
|---|---|
| | 5. We engaged with the consulting organisation in 85% of relevant consultations. |
| **Health inequalities** | 1. Trend in the Slope Index of Inequality (SII) in mortality across Scottish Index of Multiple Deprivation (SIMD) deciles amongst those aged <75 years<br>2. Trend in the Relative Index of Inequality (RII) in mortality across SIMD deciles amongst those aged <75 years<br>3. Trend in SII in healthy life expectancy<br>4. Trend in RII in healthy life expectancy<br>5. Trend in SII in Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)<br>6. Trend in RII in WEMWBS |
| **Society** | 1. Trends in income Gini coefficient (i.e. distribution across the population)<br>2. Trends in wealth Gini coefficient (i.e. distribution across the population)<br>3. Trends in the percentage of the population living in households below 60% of the UK median income (i.e. relative poverty threshold)<br>4. Trends in the percentage of children living households below 60% of the UK median income (i.e. relative child poverty threshold)<br>5. Trends in the proportion of the working-age population employed full-time or to their part-time preference<br>6. Trends in the SII in S4 tariff scores across SIMD quintiles<br>7. Trends in the RII in S4 tariff scores across SIMD quintiles |

# 9 OUR WORKFORCE PLAN

## 9.1 MANAGING OUR WORKFORCE RESOURCES

In June 2016 we expect to have completed a two year programme of realignment of functions across and within several directorates. This is to ensure that we have the optimal structure to deliver our strategic ambitions and maximum efficiency. The salary budget of £12,289k and headcount of 280 wte projected for 2016/17 reflect this revised structure and it is our intention that the permanent headcount and established salary budget (other than inflationary increases) do not rise through 2016/17. We believe this is prudent within the current operating climate.

However, we have an ambitious plan and delivery priorities agreed with Scottish Government and we are aware that effective delivery of these priorities depends to a significant extent on staff resource.   In preparing this Delivery Plan we have identified critical capacity issues for delivery. These gaps include: health economics; public health science evidence generation; web-based design and delivery; research commissioning; general project planning and delivery capacity in some specific teams in Health Equity; occupational health advisory capacity in specific areas of employability.

The specific teams and directorates concerned have been asked to identify plans that would boost workforce capacity in areas where gaps have been identified. Strategies that we expect to be deployed include inward secondments, fixed term contracts or the commissioning of work to other agencies. An additional £1,125m has been allocated for this purpose. These plans are due to be identified by mid-March 2016 and implementation will begin by 1 April 2016, or earlier in some cases.

These plans are informed by specific financial and policy workforce planning assumptions, which have been refreshed, in partnership, for 2016/17.

## 9.2  WORKFORCE SUPPORT and DEVELOPMENT

The workplace plan element of our Delivery Plan is developed in partnership and takes into account relevant actions from our National Staff Survey Action Plan, Staff Governance Action Plan and Workforce Development Strategy, as well as the priorities identified by Scottish Government under the 2020 Workforce Vision. The specific development actions for 2016/17 – under these 2020 Workforce priorities of Healthy Organisational culture, Sustainable workforce, Capable workforce and Effective leadership and management - will be finalised and agreed in partnership, endorsed by the Staff Governance Committee and submitted according to Scottish Government workforce planning guidelines in June 2016.

# 10 OUR FINANCIAL PLAN

**HS**
**LDP - High Level Workings**
**Summary analysis**

| | Assumptions | Notes | 2015/16 Bud £k | 2015/16 F/c £k | First Draft 2016/17 Plan £k | 2017/18 Plan £k | 2018/19 Plan £k | 2019/10 Plan £k | 2020/21 Plan £k |
|---|---|---|---|---|---|---|---|---|---|
| **Income** | | | | | | | | | |
| Core Funding - Recurring Baseline | 1 | 1 | 18,037 | 18,037 | 18,217 | 18,399 | 18,583 | 18,775 | 18,968 |
| Non-Core - Earmarked recurring | 2 | 2 | 266 | 266 | 118 | 118 | 118 | 118 | 118 |
| Non-Core - Subject to annual review | 2 | 2 | 1,322 | 1,322 | 612 | 572 | 547 | 547 | 547 |
| Depreciation | | 6 | 275 | 275 | 290 | 330 | 355 | 355 | 355 |
| Revenue to Capital virement | | | | 0 | | | | | |
| | | | 19,899 | 19,899 | 19,237 | 19,419 | 19,603 | 19,795 | 19,988 |
| | | | Rev Bud | F/c | | | | | |
| **Expenditure** | | | | | | | | | |
| Staff Costs ( incl dist'n awards) | 3 | 3 | 11,162 | 10,912 | 11,612 | 11,910 | 12,213 | 12,527 | 12,845 |
| Overheads | 4 | 4 | 2,087 | 2,087 | 1,805 | 1,805 | 1,805 | 1,805 | 1,805 |
| Contracts - HWL & SAS | 5 | 5 | 1,272 | 1,272 | 673 | 674 | 675 | 676 | 677 |
| Programs/Projects | 6 | 6 | 5,107 | 5,257 | 4,867 | 4,710 | 4,565 | 4,442 | 4,316 |
| Income - Misc | | | (4) | (4) | (10) | (10) | (10) | (10) | (10) |
| Depreciation | | 8 | 275 | 275 | 290 | 330 | 355 | 355 | 355 |

30

|  |  |  |  | 19,899 | 19,799 | 19,237 | 19,419 | 19,603 | 19,795 | 19,988 |
|---|---|---|---|---|---|---|---|---|---|---|
| Surplus (to carry forward 2015/16 to 2016/17) |  |  |  |  | 100 |  |  |  |  |  |
| Capital Program |  | 7 | 7 | 100 | 100 | 350 | 250 | 250 | 250 | 250 |
| Efficiency programs - to be finalised |  |  |  |  |  |  |  |  |  |  |
| Recycled savings Target - % of baseline | 5% | 8 | 9 |  |  | 911 | 920 | 929 | 939 | 948 |
| Cash-releasing savings Target % of non-core | 10% | 8 | 9 |  |  | 61 |  |  |  |  |
| Note 2016/17 only |  |  |  |  |  |  |  |  |  |  |

**HS**

**LDP - High Level Workings**

**Key Assumptions**

1 Core Funding - Recurring Baseline
1% increases in funding confirmed for 2016/17 - assumed to continue for each year thereafter

2 Non-Core Funding
Non-core funding provided in 2015/16 to remain at same level for 2016/17 and future years other than where funding was one-off
A detailed analaysis is provided for non-core funding - see worksheet - Non-core analysis
*Work Outstanding - review and assessment of current year non-core funding and projection for future years*

*Update (2/2/16); CMT considered the non-core funding - Mental Health, eHealth and HWL under review and may fall*

**Lower funding may mean lower costs but would need to assess**
**Scottish Government to show 10% reduction in non-core funding as a negative allocation and transfer to core funding**

3  Staff Costs
Assumed to remain arounf the establishment WTE post functional
realignment
This is at a WTE of 280 with a vacancy factor of 6.25% so around 266 WTE are
budgetted
*Update (2/2/16): Reconciled to £5k on salary costs v detailed workings at 2 Feb 16 and on establishment WTE of 280*

4  Overheads
Assumption is that Meridian Court will reduce in floor usage to one floor from April
2016.
*Work Outstanding - Meridian Court use of part floor to be reviewed and assessed re time and cost*
*Update(2/2/16): MC to continue in use for first quarter of 2016/17 at a cost of £75k so £225k saving in 2016/17, £300k in 2017/18*

5  Contracts - HWL - Boards, Proc- SAS
Assumption is that HWL wil reduce its costs at Boards from £1.2m to £0.6m by reconfiguring its service provision in
2016/17.
The changes are part of the functional realignment. SAS Procurement will continue in 2016/17 under an
SLA.

6  Program/Projects
Assumption is that our funding available for program/projects will gradually fall as our payroll costs to maintain our WTE figures
willl not be fully funded by core uplift
of 1%.
*Work Outstanding - Prioritisation review of output bids for 2016/17.*

7 Capital
Assumption is that we wil have a IT equipment replacement on a rolling program and a property renewal program on rolling basis also

*Work Outstanding - Some review of capital requirements and forward program*

8 Efficiency Savings
Assumption is that we have a 5% recyled saving on baseline for the period of the program, and a 10% cash releaasing saving
on non-core monies for 2016/17 only.
**Work Outstanding - working and practicality of non-core efficiency savings**

| HS LDP - High Level Workings NOTES | | 2015/16 Bud £k | 2014/15 F/c £k | 2016/17 Plan £k | 2017/18 Plan £k | 2018/19 Plan £k | 2019/10 Plan £k | 2020/21 Plan £k |
|---|---|---|---|---|---|---|---|---|
| 1 | **Core Funding - SG** | | | | | | | |
| | PY Baseline | 18,898 | 18,898 | 18,037 | 18,217 | 18,399 | 18,583 | 18,775 |
| | Uplift            1% | 189 | 189 | 180 | 182 | 184 | 192 | 193 |
| | Savings | (1,050) | (1,050) | | | | | |
| | CY Baseline | 18,037 | 18,037 | 18,217 | 18,399 | 18,583 | 18,775 | 18,968 |

Efficiency savings fixed at £1,050k for 2015/16 then no cash releasing savings

Non-Core - see separate analysis

2

Earmarked recurring expected to remain at 2015/16 levels - some inflation but should be low and self funding
Non-recurring - any reductions would mean lower spend so should be self adjusting

Staffing - high level changes

3

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Prior year Budget at Dec (incl distinction awards) | | | 11,162 | 11,612 | 11,910 | 12,213 | 12,527 |
| Add - 1% uplift in full - on baseline re progression (approx 1.6%) | | | 180 | 182 | 184 | 192 | 193 |
| Add - 1% NIC re employer | | | 110 | 0 | 0 | 0 | 0 |
| Add - 1% inflation | | | 110 | 116 | 119 | 122 | 125 |
| Add - Staff Changes to WTE | | | 50 | 0 | 0 | 0 | 0 |
| | 11,162 | 10,912 | 11,612 | 11,910 | 12,213 | 12,527 | 12,845 |
| | | | | | | | |
| Staff Cost % of total costs | 56% | 55% | 60% | 61% | 62% | 63% | 64% |

Salaries - detailed review

| | | | |
|---|---|---|
| Salaries per Payroll Version 8 at 2/2/2016 per HD | 11,521 |
| Add: Distinction Awards | 86 |
| | 11,607 |
| Contingency | 5 |
| Total | 11,612 |

| Staff numbers | WTE | WTE | WTE | WTE | WTE | WTE | WTE |
|---|---|---|---|---|---|---|---|
| Establishment | 279 | | 280 | 280 | 280 | 280 | 280 |
| Vacancy factor % | 6.25% | | 6.25% | 6.25% | 6.25% | 6.25% | 6.25% |

| | | Budget | | 265 | | 266 | 266 | 266 | 266 | 266 |

WTE - per detailed review - Payroll Version 8 at 2/2/16 per HD      280

Intention is to maintain establishment numbers post functional realignment being around 280 WTE

Vacancy factor at 6.25% as achievable given turnover in recent years

| **HS** **LDP - High Level Workings** **Notes (cont.)** | | **2015/16** **Bud** **£k** | **2015/16** **F/c** **£k** | **2016/17** **Plan** **£k** | **2017/18** **Plan** **£k** | **2018/19** **Plan** **£k** | **2019/10** **Plan** **£k** | **2020/21** **Plan** **£k** |
|---|---|---|---|---|---|---|---|---|
| 4 | Overheads | | | | | | | |
| | Finance (excl Deprec) | 233 | 233 | 200 | 200 | 200 | 200 | 200 |
| | Health Equity - IT | 361 | 361 | 361 | 361 | 361 | 361 | 361 |
| | Strategy - Estates - reduction as noted below | 1,493 | 1,469 | 1,244 | 1,193 | 1,193 | 1,193 | 1,193 |
| | | 2,087 | 2,063 | 1,805 | 1,754 | 1,754 | 1,754 | 1,754 |

Estates - saving of part floor usage of Meridian Court at £225k (2016/17 - 9 months), full year saving in 2017/18 of £300k

Finance - saving in shared services costs of £15k in 2016/17 - to confirm and check external audit costs

| | | | | | | | | | |
|---|---|---|---:|---:|---:|---:|---:|---:|---:|
| 5 | Contracts - HWL - Boards, SAS proc | | | | | | | | |
| | HWL - Boards | | 1,200 | 1,200 | 600 | 600 | 600 | 600 | 600 |
| | SAS Procurement | | 72 | 72 | 73 | 74 | 75 | 76 | 77 |
| | | | 1,272 | 1,272 | 673 | 674 | 675 | 676 | 677 |
| 6 | Projects | | 5,107 | 5,257 | 4,867 | 4,710 | 4,565 | 4,442 | 4,316 |

Residue of funding - as calculated from summary schedule
Although maintained at £5.25m from 2015/16 to 2016/7 as staff costs to maintain WTE not fully funded

| | | | | | | | | | |
|---|---|---|---:|---:|---:|---:|---:|---:|---:|
| **7** | **Capital** | | | | | | | | |
| | IT - Rolling Program | 5 years | 30 | 50 | 50 | 50 | 50 | 50 | 50 |
| | IT - New Developments | 5 year ave | | | 100 | 100 | 100 | 100 | 100 |
| | Property Improvements | 10 years ave | 70 | 50 | 200 | 100 | 100 | 100 | 100 |
| | TOTAL | | 100 | 100 | 350 | 250 | 250 | 250 | 250 |

New developments in IT to consider whether additional investment would lower costs elsewhere ie staff/external costs (Cost/benefit analysis)

| | | | | | | | | |
|---|---|---|---:|---:|---:|---:|---:|---:|
| 8 | Depreciation | | | | | | | |
| | Deprec Forecasts on asset base at Dec 15 | | 270 | 270 | 270 | 270 | 255 | |
| | additions as above | IT 15/16 | 5 | 5 | | | | |
| | | IT 16/17 | | | 10 | 20 | 20 | |
| | | IT 17/18 | | | | 10 | 20 | |
| | | IT 18/19 | | | | | 10 | |
| | | Prop 15/16 | | 0 | 5 | 5 | 5 | |
| | | Prop 16/17 | | | 5 | 20 | 20 | |
| | | Prop 17/18 | | | | 5 | 20 | |
| | | Prop 18/19 | | | | | 5 | |
| | Total Depreciation | | 275 | 275 | 290 | 330 | 355 | 0 | 0 |

Potential impairment/write-off of NBV of property assets (leasehold improvements at Meridian Court) on reduction to one floor under review

| HS<br>LDP - High Level Workings<br>9     Efficiency savings | 2015/16<br>Bud<br>£k | 2015/16<br>F/c<br>£k | 2016/17<br>Plan<br>£k | 2017/18<br>Plan<br>£k | 2018/19<br>Plan<br>£k | 2019/10<br>Plan<br>£k | 2020/21<br>Plan<br>£k |
|---|---|---|---|---|---|---|---|
| Core funding | 18,037 | 18,037 | 18,217 | 18,399 | 18,583 | 18,775 | 18,968 |
| % saving | | | | 5% | 5% | 5% | 5% | 5% |
| Target | | | 911 | 920 | 929 | 939 | 948 |
| To be recycle in organisation | | | | | | | |
| Non-core monies (excl c/f funding) | | | 612 | 572 | 547 | 547 | 547 |
| % top slice | | | | 10% | 10% | 10% | 10% | 10% |
| Top-sliced | | | 61 | 57 | 55 | 55 | 55 |
| Note - cash releasing | | | | | | | |
| RECYCLED SAVINGS<br>Savings<br>: | | | | | | | |
| HWL - reconfiguration of services | | | 600 | | | | |
| Meridian Court - floor changes | | | 225 | 75 | | | |
| Staff savings Qtr 1 - HWL/HE | | | 86 | | | | |
| To be agreed | | | | 845 | 929 | 939 | 948 |

|  |  |  |  |  |  |
|---|---|---|---|---|---|
|  | 911 | 920 | 929 | 939 | 948 |

Investment:
New service provision - to be agreed

|  |  |  |  |  |  |
|---|---|---|---|---|---|
|  | 911 | 920 | 929 | 939 | 948 |
|  | 911 | 920 | 929 | 939 | 948 |

CASH RELEASING SAVINGS

| Non-core funding - efficiency changes as above | 61 |  |  |  |  |
|---|---|---|---|---|---|

Detail to be agreed
At present only on 2016/17
funding

| Total Efficiency savings | 972 | 920 | 929 | 939 | 948 |
|---|---|---|---|---|---|

# Appendix A: Summary of NHS Health Scotland Corporate Risk Register

**Corporate Risk Register 2016-17**

| No. | Description | Owner | Response Coordinators | Governance Committee | Metrics |
|---|---|---|---|---|---|
| 1 | As a result of ineffective performance management:<br><br>• our performance doesn't improve<br>• we don't deliver our corporate priorities on time and on scope. | DoS | Organisational Leads for Strategic Development<br><br>Head of People & Improvement | TBC | • % corporate priorities delivered on time, scope and budget<br>• % deliverables fully delivered |
| 2 | As a result of not aligning staffing and financial resources to corporate and in year emerging priorities:<br><br>• we do not make the best use of our resources<br>• and we have less impact than we might<br>• our reputation is damaged | DoS | Head of Strategy and Communication<br><br>Head of People & Improvement | TBC | • % corporate priorities not delivered because of resourcing issues |
| 3 | Because the knowledge we produce and share about health inequalities is correct but sometimes not followed up with support to apply the knowledge:<br>• we do not give the people who can act to reduce health inequalities what they need when they need it<br>• and so they do not act to reduce health inequalities | DPHS/DHE | Organisational Lead for Practice Improvement | TBC | • Net Promoter Score for individual products |
| 4 | As a result of our inability to quickly respond to the new political administration and changing landscape:<br><br>• we fail to meet expectations of our funders and stakeholders<br>• we lose the ability to secure our national position | DoS | Organisational Lead for Strategic Development | TBC | • % of new outputs created in year delivered on time, scope and budget |
| 5 | As a result of not responding quickly enough to our changing financial situation: | HF&P | Executive Finance Manager | TBC | • Financial KPIs |

| | | | | |
|---|---|---|---|---|
| | • we do not act quickly enough to deliver against strategic opportunities<br>• and we do not meet our financial targets. | | | |
| 6 | As a result of not aligning and adapting our language to the prevailing public and political discourse:<br><br>• there is a risk that we lose our ability to influence our key stakeholders<br>• and therefore fail to make an impact | DoS | Organisational Lead for Communications and Engagement | TBC | • % of NHS Health Scotland work being referenced in the Scottish Parliament |
| 7 | As a result of ineffective engagement with high influence and interest stakeholders:<br><br>• we do not articulate our new strategic ambitions effectively<br>• and do not securing a national leadership position for reducing health inequalities. | DoS | Organisational Lead for Strategic Development | TBC | • % of high influence, high interest stakeholders engaged on AFHS 2 |
| 8 | As a result of lack of capacity in the Web and Digital team:<br><br>• they cannot deliver in response to demand<br>• resulting in failure for the organisation to deliver on commitments | DHE | Head of Digital & Creative<br><br>Organisational Lead for People & Workplace | TBC | • No. of days of vacancies in Web & Digital<br>• Difference in % turnover between Web & Digital and all HS mean turnover<br>• Outputs at risk of delivery specifically because of capacity issues in this team. |
| 9 | As a result of not properly concluding the functional realignment:<br><br>• there is a risk that we don't see the improvements we expect from it as quickly as we need | DoS | Organisational Lead for People & Workplace | TBC | • |
| 10 | As a result of not having structured but flexible approaches to project management:<br><br>• there is a risk that we don't deliver on time, scope and budget<br>• resulting in not delivering on our commitments. | DoS (TBC) | Organisational improvement Lead | TBC | • % of outputs delivered on time, scope and budget |

| 11 | As a result of financial and workforce related issues linked to the partnership-based delivery of Healthy Working Lives services:<br><br>• We may fail to meet the expectations of our customers in terms of the responsiveness of our services<br>• We may not achieve the outcomes we have agreed with our stakeholders | DH&W | Head of Health & Work Services | TBC | • HWL Customer Results KPIs<br>• Performance against Partnership Implementation Plan |
|----|----|----|----|----|----|