

**Scotland's
health**

Self-Assessment Report

2017–18

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Chief Executive's foreword

I am delighted to introduce our Self-Assessment Report for 2017/18. While there will be no formal annual review of NHS Health Scotland in 2018, this report sets out our key achievements during 2017/18 and is designed to support our Board and our sponsor team in the Scottish Government to review our performance over the last year.

As the national Health Board working to improve health and reduce health inequalities, our work is incredibly varied, reflecting the diversity of factors that impact on health. Our work takes us into all elements of work, life and play in Scotland and that diversity is reflected in this report. The achievements reported here range from our work to end child poverty and work to stimulate action on power inequality, to our work to increase the uptake of screening and immunisation services.

One of our most significant strategic achievements during 2017/18 was the publication of our new five-year vision for a fairer, healthier Scotland. Building on the direction of travel set out in our first A Fairer Healthier Scotland strategy 2012–2017, this **Strategic Framework for Action 2017–2022** describes the five strategic priorities that will form the basis of our work as we transition into Public Health Scotland, integrate with the new public health landscape and align with the new public health priorities.

As well as describing our key achievements, this report provides an overview of our performance against the themes agreed with the Scottish Government in our 2017 annual review. This includes working across the Programme for Government to influence policies that have an impact on health and balancing delivery of our priorities with work to support the formation of Public Health Scotland.

Supporting the development of Public Health Scotland has been of significant strategic importance this year. We know that we – our people and our work on fairer health improvement – will become part of the new body next year and we

are working closely with the Scottish Government and partners in the development of the new organisation.

Lastly, this report describes our contribution to the Scottish Government's National Performance Framework, in particular the purpose target 'Increase healthy life expectancy', and our contribution to NHSScotland's Local Delivery Plan (LDP) standards.

I know I can speak for all of my colleagues when I say that it gives us great pleasure to be able to present such a positive self-assessment for this year, our final full operating year as NHS Health Scotland.

Gerry McLaughlin

Chief Executive

NHS Health Scotland

Examples of our key achievements and impact

Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. Our **2017/18 Impact Assessment Report** sets out in detail how we performed in relation to our short- and long-term outcomes. Our particular focus in this self-assessment report is on our key achievements and impact in relation to policy areas prioritised by the Scottish Government in **A Nation With Ambition: The Government's Programme for Scotland 2017–18**.

The feedback and recommendations received from the Scottish Government following our 2017 annual review are also key to this self-assessment. One of the main elements of the feedback was the importance of balancing the delivery of our priorities with work to support the formation of Public Health Scotland. We are in the second year of our Strategic Framework for Action and are delivering a significant body of work this year, as set out in our annual **Delivery Plan**. This is important work that we must continue to progress while we also play a significant role in the development of Public Health Scotland. We planned time and resource at the beginning of the year to contribute to work around the transition to the new body, including undertaking staff and stakeholder engagement. We built flexibility into our planning so that we could respond to opportunities as they arise over the course of the year. This approach is standing us in good stead to respond to the developmental work commissioned by the Public Health Reform team over the course of the year.

Another important theme of our annual review feedback was the importance of working across the Programme for Government to influence policies that have an impact on health. Our work to reduce health inequalities and improve health spans all the social determinants of health and we work closely with policy leads across a broad range of public policy issues beyond health. The first of

our examples of impact below illustrates this through our work on child poverty. Our work on inequalities in power, one of the fundamental causes of health inequalities, also demonstrates the breadth of our reach.

Childhood poverty

In the **2016 Fairer Scotland Action Plan** we made a pledge to support the Scottish Government in its ambition to end child poverty in Scotland. In the last 12 months we have achieved a number of our identified key actions. These were to:

- develop and deliver training resources and events (in partnership) to raise awareness of child poverty and its impact on health and wellbeing among public services staff
- work in partnership with NHS Boards to develop national referral pathways between NHS services and local advice services to maximise the incomes of patients
- promote the importance and adoption of routine enquiry about money worries by NHS staff to help patients maximise their incomes and referral to advice services where necessary.

We continue to provide leadership and advocacy on the impact of child poverty by:

- sharing knowledge of the impact of child poverty, e.g. it damages children's experiences of childhood and harms their future chances
- evaluating interventions to reduce child poverty to identify what is effective
- providing data analysis and evidence reviews
- offering coordination and networking opportunities to share learning on child poverty with key stakeholders
- further developing partnership approaches at a national and local level to take action to tackle child poverty
- providing advice on workforce learning and development needs on raising awareness of child poverty and implications for practice.

In 2017/18, we further developed good working relationships with key policy leads in the Scottish Government social justice, social security and learning directorates. This has continued to develop opportunities to help shape recommendations for action. Our efforts illustrated above have influenced the **Child Poverty (Scotland) Act 2017, the Scottish Government's Tackling Child Poverty Delivery Plan, the Scottish Government's Local Child Poverty Action Report Guidance and the Best Start Grant.**

We worked with the Scottish Health Promotion Managers Group to improve financial inclusion referral pathways between midwifery, health visiting and advice services. We have been involved in the development of a mapping report of current activity in Scotland, including providing recommendations and the creation of an action plan. The Scottish Government made reference to this work in their **Tackling Child Poverty Delivery Plan** and invited us to submit a proposal on how the £500,000 allocated fund should be used. This proposal was accepted.

We held an event bringing local authority, NHS and third sector representatives together to share practice on financial inclusion in early years.

Power animation

As part of our knowledge into action approach, the animation **Power – A Health and Social Justice Issue** was developed through the Public Health Evidence Network (PHEN), in collaboration with Glasgow Centre for Population Health (GCPH). The animation is based on our development work on power inequalities and aims to inform understanding and build motivation to redistribute power.

In its design process, we engaged with and sought feedback from partners at the Scottish Community Development Centre (SCDC) and What Works Scotland. The publication of the animation was widely supported by our stakeholders, including the Improvement Service Knowledge Hub for

Community Planning Partnerships, Holyrood Magazine, the ALLIANCE and CHEX.

Following the successful launch of the power animation in August 2017, we identified an increase in the percentage of visitors who engaged with the Power Inequality page on our website (rising from 26% to 63%). We also monitored social media activity and found that the power animation performed considerably higher than the corporate average in impressions (with 4,596 per tweet) and engagement rates, which was sustained into November 2017. This evidence suggests that the reach of the animation has raised the profile of NHS Health Scotland as a knowledge advisor on the distribution of power as a fundamental cause of health inequalities.

NHS Health Scotland's approach and advocacy on power continues to be welcomed by its partners. Organisations including Edinburgh Tenants Federation, CHEX, Third Sector Interfaces, SCDC, Health and Social Care Academy and The ALLIANCE have embedded the animation in their resources, training and events. This demonstrates that an understanding of the role and importance of inequalities in power has been integrated into the public narrative. In future, we hope that this positively contributes to achieving progress towards the new national outcome to 'tackle poverty by sharing opportunities, wealth and power more equally'.

Screening and immunisation

The 2017/18 flu immunisation campaign aimed to raise awareness and improve vaccine uptake among 'at-risk' target audiences, which were identified as:

- people aged 65 and over
- everybody with a health condition
- pregnant women
- healthcare workers
- children (ranging from the age of 2 to 11 years).

To reach these target audiences a variety of channels were used, including:

- adverts and content-led communications on television and radio
- digital advertising on platforms including Facebook and YouTube
- distribution of printed information and marketing materials
- public relations activity in print, broadcast and online media.

NHS Health Scotland worked to develop and deliver the campaign with a range of partners through the Scottish Immunisation Programme. We engaged with key partners including the Scottish Government, all 14 NHS Scotland local Boards and Health Protection Scotland (HPS). We also undertook partnership work with public, private and third sector organisations to extend campaign reach through our partners' communication channels. Examples of our partnerships include Age Scotland, British Heart Foundation and Morrisons.

In comparison to previous years, overall awareness and recognition of the flu campaign increased despite a reduced media spend. This suggests that our 'at-risk' target audiences were more likely to have engaged with our marketing materials and recall the key messages they contained. This also implies that the mix of marketing channels used were effective at reaching those we wanted to encourage to get the vaccine.

Of those who engaged with the campaign, a large proportion said they had either made an appointment to get their flu vaccine or had already had it (from 28% in 2016/17 to 38% in 2017/18 among childhood audiences, and from 21% in 2016/17 to 43% in 2017/18 among seasonal audiences). It is likely that this is a direct result of people having seen the campaign.

Although the 2017 flu immunisation campaign gained high recognition and encouraged positive behavioural change among our 'at-risk' target audiences, the uptake of flu vaccine has remained low in many of the groups specifically targeted by the campaign, e.g. people aged under 65 with health conditions. We are now looking into why this is.

Our contribution to Local Delivery Plan (LDP) standards

The LDP standards establish a framework against which NHS Boards can measure performance and provide assurance to the Scottish Government. As a national Health Board, we contribute to LDP standards through various means, including through our programme work, publications, events and learning resources.

We also worked to support the National Boards Collaborative Programme. We provided strategic communications and engagement advice and worked closely with regional communications and engagement leads. We helped to ensure that prevention, health equity, reducing inequalities and taking a human rights approach to health featured consistently in the narrative of the national and four regional collaborative discussion documents. Support for the national collaborative programme has included the design of communications products. In addition, NHS Health Scotland has ensured that there is alignment between the language and the visual identities of the national and regional collaborative programmes and that of the public health reform programme. This should help ensure that the public health priorities are an integral part of communication and engagement activity in relation to health and social care transformation.

LDP standard: Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent

We made a substantial contribution to the planning of a new and more accessible bowel cancer screening test (introduced in November 2017, 513,376 tests distributed). We led the public and professional engagement which has already seen impact within the Scottish Bowel Screening programme, for example:

- Increased public satisfaction with the new bowel screening test and instructions, particularly among those living in our most disadvantaged communities where uptake is lower.
- New targeted materials were introduced for the first time, such as materials for those with lower literacy, learning difficulties, British Sign Language (BSL) users and those whose first language is not English.
- New materials and the process used to develop them attracted international interest in evidencing health improvement and the reduction of health inequalities. Our research and materials were the subject of an event in early 2018 where we showcased our impact to the rest of the UK who are still to introduce the new test.
- Critically, primary care staff are better able to demonstrate and discuss the new bowel screening test with eligible patients as a direct result of a briefing pack we produced for GPs and GP practice staff. This pack included a sample kit for demonstration to patients.

We developed and distributed the following documents:

- 315,116 copies of Breast Screening – Helping You Decide
- 806,724 copies of Bowel Screening – Your Questions Answered
- 818,993 copies of Bowel Screening – Step-by-Step Instructions
- 47,935 copies of Bowel Screening – Repeat Test.

LDP standard: At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

We are working to fulfil actions in support of the **Pregnancy and Parenthood in Young People Strategy**.

'Getting Maternity Services Right for Young Parents' will be a key resource for professionals, providing advice on how to support young parents as they go through the antenatal and post-natal journey. It will help professionals put

young parents at the centre of service planning and delivery. We are engaging professionals ahead of publication to maximise usage and reach of the guide.

We are working with Young Scot to develop a resource with young parents to give them tailored information and support around parenthood. This will help to ensure young parents are in a position to understand their rights and make informed decisions about their wellbeing.

We developed and distributed the following resources:

- 66,565 copies of Breastfeeding – Off to a Good Start to NHS Boards in Scotland, in languages which include Chinese, Polish, Urdu and Slovakian. An audio version is also available for visually impaired families.
- 58,939 copies of Ready! Steady! Baby!
- 2724 copies of the Young Parents Survival Guide.
- 125 people completed the Raising the Issue of Maternal and Infant Nutrition module on the NHS Health Scotland virtual learning environment.

LDP standard: People newly diagnosed with dementia will have a minimum of one year's post-diagnostic support

We promoted findings from the **Dementia and Equality report** by:

- Influencing content of the 2018 dementia awards so that applicants need to show alignment with the **National Dementia Strategy 2017–2020**, and demonstrate that they promote equality, human rights and widen access to under-represented groups.
- Supporting Alzheimer Scotland's sessions to address the Dementia and Equality report recommendations and identify key actions. A total of 118 people from across all sectors participated. Applicable learning for other services in the wider public services delivery is being broadly disseminated via an Iriss report.

- Making the recommendation in a consultation on post-diagnostic support data sets that data should include the protected characteristics of people with dementia.

We continued our effective management and distribution of key dementia publications. In partnership with Alzheimer Scotland, we updated all our dementia publications. We distributed over 35,000 copies of the following publications:

- Worried About Your Memory?
- Understanding Dementia – A Guide for Young Carers
- Coping with Dementia
- Living well with Dementia.

LDP standard: 90 per cent of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

- We updated the Alcohol and Drugs in the Workplace e-learning module and 245 people have since completed the module.
- We began the review and update of the Making a Change resource for the public.
- We brought together an expert advisory group to consider how the Chief Medical Officers' drinking guidelines could be promoted and make recommendations.

LDP standard: Sustain and embed Alcohol Brief Interventions in the three priority settings of primary care, A&E and antenatal, and broaden delivery in wider settings

We are working with the Scottish Government to review the reach and current use of the Alcohol Brief Intervention resources.

LDP standard: Sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas

We coordinated and facilitated four meetings of the Smoking Cessation Network and Coordinators Group which seeks to deliver the Scottish Government's tobacco policy and to influence, at a national level, the direction of services.

We began the development of the Service Specification for Smoke Free Prisons including facilitating training for specialist staff.

In 2017/18, 529 people completed our Raising the Issue of Smoking e-learning module. We developed a suite of five e-learning modules, including Stop Smoking Medication – The Role of Stop Smoking Medications, and Stop Smoking Practice – Pre-Quit Sessions Practice.

We delivered a skills development course for 26 stop smoking advisers from a wide range of local areas.

We fulfilled 3,079 Quit Your Way information requests received through Smokeline.

LDP standard: NHS Boards to achieve a staff sickness absence rate of four per cent

Our staff absence rate for 2017/18 was 3.56%. This is lower than our absence level in 2016/17 which was 3.8%.

LDP standard: NHS Boards are required to operate within their revenue resource limit (RRL), their capital resource limit (CRL) and meet their cash requirement

Please see Finance and Efficiencies section on pages 16–17.

Organisational impact

Progress against our performance framework

Our performance framework shows how we align our work to the **Scottish Government outcomes** and sets out measures to assess our performance and contribution at each level to evidence and demonstrate the impact of our work.

Our performance framework consists of three domains:



- **Society:** Trends in health inequalities and the fundamental causes of health inequalities (inequalities in incomes, wealth and power).
- **Our organisational results:** Our performance in relation to our work, including stakeholder engagement and satisfaction.
- **Our organisational enablers:** Our performance in relation to managing our organisational resources, including our people.

Within each of the domains, we use key performance indicators (KPIs) and supplementary indicators to measure performance. We provide a red (did not achieve), amber (largely achieved), green (achieved) rating for the KPIs and supplementary indicators and narrative examples to demonstrate our overall impact.

Summary of performance ratings

We have seven KPIs. The first relates to the wider context in which we operate and measures societal trends in health and social inequalities in Scotland. The remaining six KPIs relate either to our direct work as an organisation or to outcomes to which we contribute. In 2017/18 we met or exceeded our targets in five of the six KPIs that are at least partially within our control.

Societal trends in health and social inequalities in Scotland show an improvement in absolute and relative health.

RED

The Net Promoter Score¹ for partners is greater than 0%.

GREEN

The Net Promoter Score for customers is greater than 40%.

AMBER

Across all of the strategic priorities we have shared relevant products and resources to our identified high-impact/high-influence stakeholders.

GREEN

Across all strategic priorities, our high-impact, high-influence stakeholders are satisfied with our products, services and resources.

GREEN

All teams meet or exceed an iMatter Employee Engagement Index² of 74.

GREEN

We spend our budget within the revenue resource limit. Corporate priorities are fully resourced (in terms of time and budget).

GREEN

For a detailed breakdown of our performance against our 2017/18 performance framework, please see our **2017/18 Impact Assessment Report**.

¹ **Net Promoter Score (NPS):** A measurement tool used to gauge satisfaction with a service provided. The NPS contains a rating scale with ranges from -100 to +100. 0 is considered good, 40% is an excellent score.

² **iMatter Employee Engagement Index:** This is generated from the responses to questions within the iMatter staff survey and provides an overall percentage of an organisation's level of positive staff experience.

Finance and efficiencies

Financial performance

NHS Health Scotland is funded by the Scottish Government Health and Social Care Directorates. Each business year, financial limits are set by the Scottish Government which our organisation is assessed against. To measure our financial performance each year, we measure our actual outturn, which refers to the actual amounts at the year end, rather than those that were expected or calculated earlier. We also measure variance, which identifies how much an actual expense differs from the budgeted or forecast amount. In 2017/18:

- The Scottish Government set a core revenue resource limit of £19,537k and our actual outturn was £19,414k with an underspend variance of £123k.
- Our non-core revenue resource limit (depreciation) agreed by the Scottish Government was £299k. We achieved an actual outturn of £299k with a variance of £0k.
- The core capital resource limit fixed by the Scottish Government was £15k. This was met by our actual outturn which was £15k, giving a variance of £0k.
- The Scottish Government set a cash requirement of £19,550k. Our actual outturn was £19,615k resulting in a small overspend variance of £65k, which is not significant.

Our 2017/2018 core revenue resource limit announced by the Scottish Government was £19.537m. This total consisted of three elements:

- recurring baseline (£18.265m)
- earmarked recurring (£0.251m)
- non-recurring (£1.021m).

We ended the financial year 2017/18 with a revenue surplus of £123k. This is 0.6% of our revenue budget and just out with tolerance (+/- £50k) of our planned year-end forecast surplus of £0.05m. Reports on the financial position were presented to the Audit Committee and the Board throughout the year and

financial performance was monitored closely. Our annual accounts are subject to external audit each year.

In relation to financial performance management, NHS Health Scotland has certain financial targets which it needs to meet working towards its year-end financial objective of managing within 1% but not exceeding its funding. In 2017/18, the majority of financial targets have been met and improved upon as shown below.

98% of our budget was fully committed by 31 January 2018.

GREEN

89% of our budget was spent by 28 February 2018.

AMBER

99% of our budget was spent by 31 March 2018.

GREEN

99% of our budget was spent by the closure of accounts.

GREEN

The 2017/18 revenue surplus of £123k, being carried into financial year 2018/19, will enable NHS Health Scotland to progress other actions planned to increase efficiency.

Efficiency savings

For 2017/18, we made an appropriate contribution to the shared national Board non-recurring savings target of £15m. This consisted of an individual contribution of £325k and a joint contribution of £568k working with NHS Education for Scotland and NHS National Services Scotland. For 2018/19, the shared national Board recurring savings target is £15m, with the Board's contribution to this being an individual savings target of £0.325m. The Board will be working with its fellow national Boards in 2018/19 and beyond in identifying the recurring savings from collaborative working.

The 2017/18 self-assessment report describes our contribution to achieving our vision, key achievements and impact, and provides an overview of our performance against the themes set out in our 2016/17 Annual Review. The report also outlines our progress towards NHSScotland's Local Delivery Plan (LDP) Guidance.

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



☎ 0131 314 5300

✉ nhs.healthscotland-alternativeformats@nhs.net

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