



HS Paper 24/19

Board Meeting: 17 May 2019

2018/19 Highlight report

Recommendation/action required:

The Board is asked to:

- Note this brief report which summarises highlights and achievements during 2018/19, in advance of the full end of year performance and impact report being presented to the June Board meeting.

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2018/19: Summary of Highlights and Achievements

Purpose of this report

1. This brief report provides selected highlight achievements of the year, across each of our five strategic priorities and strategic change priorities. This is in advance of the full end of year performance and impact report, which has now been scheduled to be presented to the June Board meeting.
2. This year was the second year of our [five year strategy](#), building on our original 2012 – 2017 strategy, [A Fairer Healthier Scotland](#). We set long-term outcomes in our five year strategy, knowing that the strategy would provide a framework for action on fairer health improvement for our successor body, Public Health Scotland. We know now that fairer health improvement will have a prominent role in the new body, and features strongly in the national Public Health Priorities launched last year. Our ongoing work towards the outcomes set out in our five year strategy therefore remains as important as ever.
3. We [published](#) two reports in February that underline just how important it is that concerted action is taken to improve and protect health and reduce inequalities. The evidence shows that life expectancy in Scotland has stalled and that in our poorest areas, life expectancy has actually decreased. This means that health inequalities are worsening and that socioeconomic position is increasingly impacting on how long we live for, and how long we live in good health. To reverse this trend, action is required by a wide range of bodies, across the full spectrum of the social determinants of health. This report highlights some of the key ways in which NHS Health Scotland has been contributing to this shared effort.
4. We are making good progress towards the long-term outcomes set out in our strategy, despite the challenging economic context that we share with public bodies and civil society throughout Scotland. This context makes our work all the more crucial for the health of the people of Scotland, especially those who are feeling the brunt of austerity most keenly.
5. This report contextualises the highlights in terms of the long-term outcomes set in our [Strategic Framework for Action](#), as well as the short-term outcomes set in our [2018/19 Delivery Plan](#).

Strategic Priority 1: Fairer and healthier policy

Long-term outcome: Our evidence has influenced national policy development, with a particular focus on areas where impact on reducing health inequalities would be greatest.

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

Achievement: We have established the programme required to evaluate the Scottish Government's Monitoring and Evaluating Scotland's Alcohol Strategy over the next five years.

6. On 1st May 2018, the Scottish Government introduced a Minimum Unit Price (MUP) for alcohol and we were assigned the important task of leading an independent evaluation. We have reviewed and constructed our MESAS programme (Monitoring and Evaluating Scotland's Alcohol Strategy) to recognise the change and we have designed a series of studies that will assess the impact of the measure. The research will inform the review of MUP that the Scottish Parliament will carry out before 30th April 2024.
7. We have raised awareness of the evaluation through a variety of digital channels and face-to-face engagements. Our briefing on what conclusions can be drawn from the post sales data published in the press to date has proved very useful to local and national policy makers, and we will start to see reports from the evaluation early in 2019/20.

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

Achievement: We have focused our work building health into all policies on the issue of income inequality.

8. Income is a key social determinant of health, but we know little about how income-based policies compare in terms of their effects on health and health inequalities. Our research to fill this evidence gap for Scotland is part of the Informing Interventions to reduce health Inequalities (Triple I) project, undertaken through the ScotPHO collaborative with Information Services Division (ISD) and others. Triple I aims to provide decision makers with practical tools and interpreted research findings to help inform decisions about investing in interventions to reduce health inequalities in Scotland.

9. As part of this work we used robust data and evidence to model various policies and compare how they would affect household incomes, population health, health inequalities and government revenues. The findings of the research are being used with and by a number of stakeholders including the Dundee Fighting for Fairness Commission, Edinburgh and South East Scotland City Region Deal, the new Social Security Agency.

Strategic Priority 2: Children, young people and families

Long-term outcome: Scotland has demonstrated progress towards implementing the ‘WHO Investing in Children: The European Child and Adolescent Health Strategy 2015-2020’.

Short-term outcome: The Child and Adolescent Health Strategy for Europe is more focused on areas where impact on reducing health inequalities is greatest.

Achievement: We have increased Scotland’s profile internationally in the field of child and adolescent health.

10. We have worked with the World Health Organization (WHO) Collaborating Centre for International Child and Adolescent Health Policy (University of St Andrews) and WHO Regional Office on the progress report *Situation of Child and Adolescent Health in Europe*. The report has been disseminated widely including to the governments of the 53 member states in the European region.
11. We also developed the European adaptation of the Global Accelerated Action for the Health of Adolescents Framework, resulting in the paper *Adolescent Health and Wellbeing in the WHO European Region: can we do better?* This report highlights the main causes of mortality and morbidity for adolescents across the European region, focusing attention on inequalities, and provides guidance to governments on how to take action.
12. Our work has been well received and recognised internationally. For example we delivered a key-note address at an international conference in Moldova and jointly hosted a pre-conference workshop with the WHO Regional Office. Further, our expertise in evidence based strategy for child and adolescent health and addressing inequality has been sought by a number of European countries this year including Romania, Albania and Montenegro.
13. This work has helped Scotland fulfil its international leadership role in this area.

Long-term outcome: National and local policies and strategies relevant to children and young people are based on our evidence on factors that protect and build resilience in children.

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

Achievement: We have facilitated closer and more coordinated working between national partners to support efforts to tackle child poverty.

14. As part of the Child Poverty (Scotland) Act 2017, local authorities and NHS Boards must jointly report annually on the activity they are taking, and will take, to reduce child poverty. These reports are called Local Child Poverty Action Reports. A number of national partners offer support to local authorities and NHS Boards and we have been working this year to co-ordinate the effort and resources of these national partners.

15. We developed a model of working between national and local structures by establishing a Local Child Poverty Co-ordination Group. We chair the group, which includes membership from the ISD LIST team, Improvement Service, The Poverty Alliance, Scottish Government, and COSLA. The needs of local child poverty leads drive the work of the group and there is an ongoing two-way conversation with local partners to make sure their needs are being addressed.

Strategic Priority 3: A fair and inclusive economy

Longer-term outcome: The proportion of the working-age population in good work has increased, and inequality across the working population has reduced.

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

Achievement: We have provided practical and high quality guidance on the value of good work to health.

16. We worked in partnership with the Health and Safety Executive to deliver a number of events for employers. This included a Safety and Health and Awareness Day at West Lothian College for 150 apprentices, lectures and employers during National Apprentice Week, and a Health and Work conference in Glasgow focused on raising awareness of actions to prevent the major mental health issues facing Scottish workplaces.

17. Delegates on our online training courses have increased over the last year by 60%, and 951 delegates attended face-to-face Healthy Working Lives courses over the year. We also delivered an Institution of Occupational Safety and Health (IOSH) Managing Safely training course.

18. We also delivered a successful Fair Start Scotland employability event in collaboration with Scottish Government Employability Division to identify ways for partners to contribute better as referral agents and employers.

Short-term outcome: Social security policy is informed by evidence of what is most likely to contribute to a reduction in health inequalities

Achievement: We have been influential in developing and putting forward the case for the strong connection between social security policy and health inequalities.

19. We published *Working and Hurting*, the third report in a series looking at developments in income, employment and social security alongside trends in health and health inequalities in Scotland. The report was widely reported in the press and was also presented at the annual Public Health Information Network for Scotland (PHINS) seminar in September. The report has helped in the recent interpretation of the stalled life expectancy in Scotland. We presented relevant findings from *Working and Hurting* to the Scottish Government Welfare Reform Health Impact Delivery Group and the Lothian Deprivation Interest Group in order to inform action to mitigate the health impacts of current welfare reforms.

Strategic Priority 4: Healthy and sustainable places

Long-term outcome: Routine use of the Place Standard has contributed to an improvement in the quality of local places, particularly those suffering the highest disadvantage.

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

Achievement: We have further embedded the Place Standard in national policy and local practice.

20. The Place Standard is starting to become embedded in national policy and legislation (for example in forthcoming spatial planning legislation) and

international interest in the tool continues to increase with a host of other countries now using and embedding it.

21. Every local authority in Scotland has either used the tool or is planning to use it and there are well over 100 separate uses totalling approximately 14,000 individual responses mainly from local communities. The key uses of the tool are as a community engagement tool, a way to inform local planning (e.g. development of locality plans) or strategic planning (e.g. master-planning or to inform a council's strategic plans) and as an educational tool with local schools and colleges.
22. The WHO has recently announced it will formally accredit the tool as they see it as a way of practically translating the United Nations Sustainability Development Goals, public health and place making theory into practice. Further, the WHO has invited Scotland's future public health body to host a newly formed designated WHO Collaborating Centre for Place.

Long-term outcome: We have contributed to more people in Scotland living in high-quality, warm and sustainable homes that they can afford and that meet their needs.

Short-term outcome: Health outcomes are embedded into local and national strategic housing plans.

Achievement: We have continued to promote housing as a key determinant of health.

23. In 2018/19 we made a significant contribution to the refresh of the national guidance for production of Local Housing Strategies and it is proposed that health outcomes will now be a significant element of the guidance. In addition throughout 2018 we held three regional *Building Foundations for Health and Housing* events which sought to engage with local health and housing colleagues across Scotland. Through this series of events we facilitated local networking, shared examples of good practice and identified key next steps for future collaboration between health and housing colleagues.

Strategic Priority 5: Transforming public services

Long-term outcome: Public services that impact on health transform how they plan and deliver services in order to protect the right to health.

Short-term outcome: Those responsible for commissioning, managing and delivering public services have an increased understanding of how to plan

and deliver them in order to protect the right to health and reduce inequalities.

Achievement: We have contributed to the effective development of Local Outcome Improvement Plans, a key tool in assisting CPPs to take collective action in improving health.

24. In partnership with Audit Scotland and the Improvement Service we undertook a stocktake of Community Planning Partnerships' (CPPs) Local Outcome Improvement Plans (LOIPs). The aim was to assist all CPPs in ongoing LOIP development through providing a national overview of the key messages, identifying areas of good practice and also identifying where improvement support, including evaluation, could most usefully be targeted. This resulted in the report *Local Outcomes Improvement Plans Stock-take: Emerging Themes*, which has helped inform conversations with local areas on their support needs.

Achievement: We have contributed to the 10 year Monitoring and Evaluation strategy for primary care.

25. We worked closely with the Scottish Government on the development of the strategy and our contribution was recognised in the resultant [strategy](#). This includes reference to our leadership of the Primary Care Evidence Collaborative and our role in delivering and reporting on the strategy in the coming decade.

Achievement: We received recognition for our approach to promoting partnership working in the field of sensory impairment.

26. Following our national leadership to improve equitable access to services for people with a hearing impairment, the British Sign Language Working Group that we lead came runner up in the Scottish Sensory and Equality Awards for outstanding approach to promoting partnership working in the field (reflecting our excellent contribution).

Achievement: We helped deliver Scotland's first Citizen's Hearing on the Right to Health.

27. We worked with partners including The Alliance and the University of Strathclyde to deliver Scotland's first Citizen's Hearing on the Right to Health. This enabled policy makers, including NHS Boards, local authorities and health and social care partnerships to hear personal testimonies from rights holders reflecting on violations of their rights. This will inform further work around rights based health.

Strategic Change Priority 1: Leading public health improvement

Long-term outcome: Fairer health improvement has a high profile within the wider public policy landscape.

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

Achievement: We have been effective in our engagement with key public health reform stakeholders throughout the year.

28. We have been active and influential in positioning our agenda and legacy in the wider public health landscape. This includes engaging extensively with the Committee of the Faculty of Public Health in Scotland (CFPHS). As in previous years, we sat on the planning group for the CFPHS annual conference and this year we were instrumental in the choice of the theme for the conference – ‘The Right to Health: public health ethics, equality, values’. Joe FitzPatrick, Minister for Public Health, Sport and Wellbeing, gave the Ministerial Address on day one and emphasized the need to focus on reducing inequalities and take a human rights-based approach to public health. Later in the conference, our Chair and Director of Strategy gave a plenary presentation on the right to health, together with Judith Robertson, Chair of the Scottish Human Rights Commission and Paul Hunt, a human rights lawyer and previously the UN Special Rapporteur on the right to health.

29. We utilised a number of opportunities throughout the year to advocate for a human-rights based approach to public health and influence wider thinking about the right to health. For example, the Director of Strategy presented on the right to health at the Public Health England annual conference, which generated considerable interest across social media channels. We are also working as part of the group developing the next Scottish National Action Plan (SNAP) on Human Rights and we are making strategic links with public health and public health reform across the PHR programme.

Short-term outcome: We have provided credible and trusted advice and support to influence the reform of the public health function in Scotland.

Achievement: ScotPHN has played a central role in public health reform.

30. We have continued to support ScotPHN to act as a key partner with a number of public health interest groups. ScotPHN has successfully provided specific support to the Public Health Oversight Board, the Shared Services Programme

and the Scottish Directors of Public Health to ensure effective developmental work across the public health community in support of public health reform. This included conducting a series of engagement events on the Public Health Priorities, which were referenced in the [Public Health Priorities for Scotland](#) as being instrumental in the development of the priorities, along with the expert group that developed criteria to assess and weigh the evidence, of which we were also a part.

31. ScotPHN also oversaw the Leadership for Public Health Research, Innovation and Applied Evidence (LPHRIAE) Commission. This involved coordinating work to plan for a new function at national level within Public Health Scotland and describing how the national function would support and enable activities at the regional and local level across the wider Scottish public health system.

Strategic Change Priority 2: Making a difference

Long-term outcome: Products and services for fairer health improvement are developed collaboratively in order to deliver the impact required.

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

Achievement: We published a new edition of Ready Steady Baby!

32. Ready Steady Baby! (RSB) forms an essential part of the Early Years Information Pathway. We know that health inequalities in the antenatal period are often linked with the parents' adverse and complex social circumstances. We publish a suite of information resources that aim to meet the information needs of all parents, whilst ensuring additional resources are targeted to support more vulnerable women and families.
33. For this edition content has been significantly reviewed and updated in consultation with approximately 500 professionals involved in over 50 expert groups and networks across Scotland as well as parents, carers, input from the Scottish Government, NHS, third sector and academia. Parental engagement and co-production has been at the core of RSB with over 300 parents being involved. This collaborative approach ensured that the information is quality assured and continues to meet the expectations of our target audience – parents and carers. A new online version, accessible on any device, is available on the NHS Inform [website](#).

Strategic Change Priority 3: Fit for the future

Long-term outcome: The resources invested in health improvement are sufficient and effectively aligned with wider public health priorities.

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

Achievement: We have prepared comprehensively for the changes facing NHS Health Scotland through public health reform.

34. Significant staff time and resource has been devoted to change and transition in the past year, including staff being involved in all of the 'commissions' and the majority of the 'projects' that have been initiated by the Public Health Reform Team (PHRT). In many cases we were involved as a lead organisation, (for example the Improving Health Commission and the Leadership for Public Health Workforce Development Commission). In all cases we were able to inform and influence the work using our experience in fairer health improvement.
35. This has in turn required significant coordination through a number of forums including the Change Oversight Group (COG), chaired by the Director of Strategy. The COG developed over the course of the year to be responsive to the changing needs of the organisation and its staff. This includes opening up COG to any member of staff to attend any meeting to find out what is going on and share views.
36. Effective staff communication and engagement has been key to this outcome. We developed a bespoke 'Change Hub' in order to provide staff with a single point of information on all things change and transition, including the shared services agenda. The Change Hub has continued to develop over the course of the year and now features a news reel and an 'Ask COG' page so that staff can feed their questions in to the COG anonymously at any time.