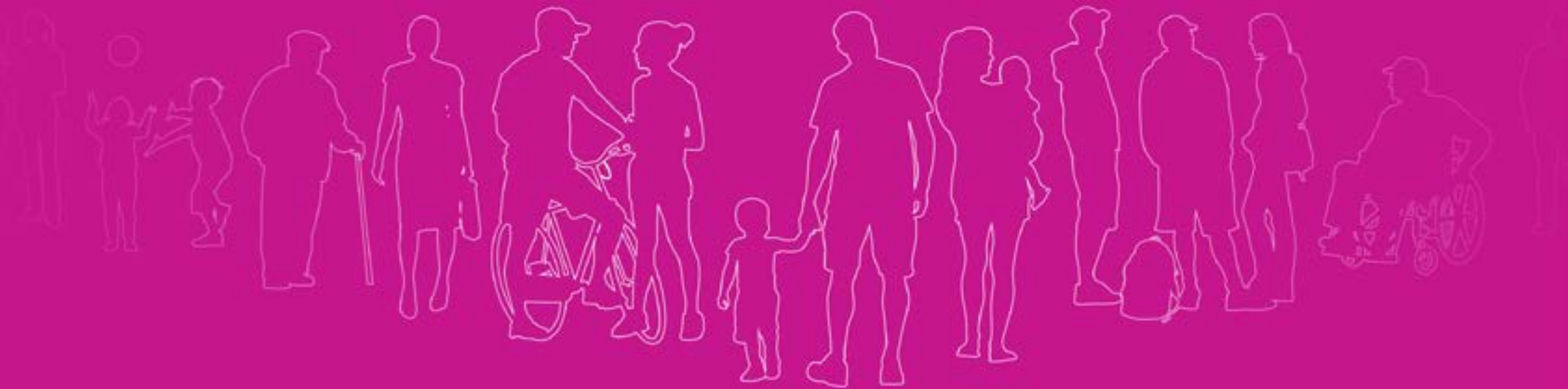


# Self-assessment report 2015/16



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# Highlights of the year

2015/16 was a successful year with good overall performance and significant levels of impact, underpinned by a very satisfactory financial and people performance. As an organisation we were the first NHS Board to receive Recognised for Excellence 3-STAR using the European Foundation for Quality Management (EFQM) framework.

Throughout the year we contributed significantly to the Scottish Government's Programme for Government. In particular we generated and disseminated knowledge about the link between fairness and health, and the need for action on the determinants of health and wellbeing, as the following examples demonstrate:

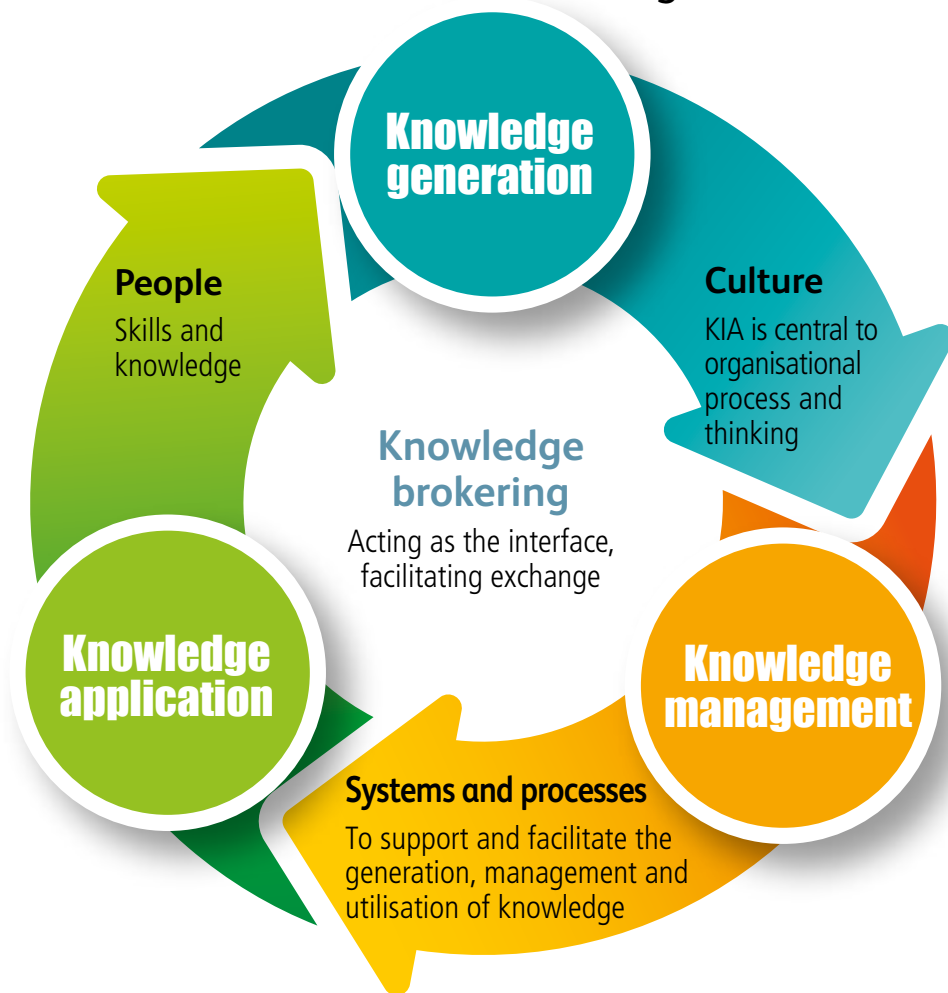
- Our work on the impact of place on health culminated in the launch of the [Place Standard](#) and the [Place Standard tool](#). This provided a strong platform for engaging communities, public, private and third sector organisations in place-based approaches to equitable population health and wellbeing.
- Our series of health inequalities briefings was welcomed in Scotland and internationally.
- We made a significant contribution to the analysis within the Scottish Government's [Healthier Conversation report](#).
- We enabled understanding of a human rights-based approach to health, with our leaflet [The Right to Health](#) which was very well received by NHS Boards. Our leadership role in the Scottish National Action Plan for Human Rights was acknowledged.
- We demonstrated the value of investment in upstream measures and prevention through our [Triple I report](#); and in our [Economics of prevention briefing](#).
- We contributed towards the establishment of a stop-smoking service in Scottish prisons. Our [Specification for a national prison smoking cessation service in Scotland](#) is currently being implemented nationally, and will be the foundation for future smoke-free prisons in Scotland.
- We successfully engaged key stakeholders in understanding the relationship between welfare, income and health inequality through a major national conference and our report [Pulling in different directions?](#)
- Our briefing on [Good work for all](#) highlighted the relationship between equitable population health and wellbeing and the quantity and quality of work in Scotland. It also highlighted the need for better practical support on issues such as childcare and long-term health conditions.

- We provided practical advice and support on improving health in the workplace to growing numbers of employers in Scotland. In 2015/16, 12,974 employers accessed our Healthy Working Lives (HWL) services, representing growth of almost 190% compared with the previous year, due primarily to our successful marketing campaign.
- We worked with other national partners to identify and respond to the needs of Community Planning Partnerships (CPPs) and Integrated Joint Boards (IJBs), and contributed to Fairness Commissions. We provided bespoke information for local use, including modelling the potential impact of the living wage on health outcomes in local areas.
- We retained the HWL Gold Award and were delighted to become the only NHS Board in Scotland to receive the EFQM Recognised for Excellence accreditation.
- We developed visual materials to support the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) alcohol sales data report, which received extensive media and political coverage.

# Introduction

## Who we are

We are a national 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 generate and share the knowledge of what works, and doesn't work, and to improve how that knowledge is turned into action. The Knowledge into Action (KIA) model we use is shown in the diagram below.



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. Our work is designed to align and contribute to the Scottish Government's national outcomes set out in the National Performance Framework (NPF); in particular its commitment to equality and fairness and ultimately its purpose of creating an inclusive, economically vibrant Scotland.

We know that many organisations and individuals share our vision of a fairer, healthier Scotland and that many make a vital contribution to improving population health and wellbeing. That's why we focus on working with those policy- and decision-makers responsible for the quality of the places people live, where they work, their income, social support and the access they have to the NHS and other public services. It's why our health information and marketing materials are designed to be accessible to all groups and communities.

## **Our report structure**



Our 2015/16 self-assessment report provides an overview of our performance against our 2015/16 Annual Review Action Plan and NHSScotland's Local Delivery Plan (LDP) Guidance. The report outlines our key achievements and highlights challenges and opportunities in the context of our operating environment.

In 2015/16 we developed and introduced a performance framework for the organisation with key performance indicators (KPIs) which are summarised on page 14 and provide a quantitative overview of our performance. This is supplemented by qualitative impact narratives of our work.

# The 2015/16 Annual Review Action Plan

The tables below highlight the key areas that the Scottish Government asked us to focus on in 2015/16. Each table summarises our progress in delivering our outcomes and associated actions. A Red, Amber and Green (RAG) status has been used to indicate the progress of each action. Red = not achieved; Amber = largely achieved; Green = achieved.

## Theme 1: Demonstrating impact




Outcome	Action	RAG status
NHS Health Scotland has a set of KPIs in place and uses a blend of quantitative and qualitative measures to demonstrate its impact on an annual basis.	Work with the AFHS stakeholder performance forum to develop a set of measures including KPIs. <b>Status:</b> Achieved as planned for 2015/16. An organisational performance framework (including KPIs) was developed.	
	Ensure the Delivery Plan for 2015/16 has SMART short-term outcomes for each core programme (including key impact measures) and is clearly aligned with an improvement approach to stakeholder engagement. <b>Status:</b> Achieved as planned for 2015/16. The 2015/16 Delivery Plan was written with SMART short-term outcomes linked to the performance framework developed through our stakeholder performance forum.	

## Theme 2: Strengthening system-wide support for action to reduce health inequalities



Outcome	Action	RAG status
Key stakeholders are better able to access and use NHS Health Scotland's knowledge on how to reduce health inequalities.	<p>We are to ensure that an improved website is in place, and that it is developed and tailored to fulfil its strategic purpose with all key stakeholders.</p> <p><b>Status:</b> The original date for the launch of a new website has been revised.</p> <p>After talking further to our stakeholders about what they need from our corporate website, the launch date has been revised. We have rewritten the content so it meets user needs and reviewed how it is presented to make sure that it is easier for stakeholders to find what they are looking for and get quickly to information and tools on the action they can take. We are also carrying out additional user testing; this is planned for September/October 2016 prior to final revision and launch in Autumn 2016.</p>	
	<p>We have a communication and engagement plan that prioritises engagement work with policy-makers, health and social care partnerships (HSCPs), CPPs and third sector organisations.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>We have developed a corporate communications and engagement plan, prioritising engagement with CPPs and HSCPs as well as third sector organisations.</p>	
	<p>We develop a model, materials and funding for a 'listening to the people of Scotland' programme delivered through the local community and voluntary sector.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>We undertook three community sessions within Scotland to 'listen to the people' in partnership with community and third sector organisations. This work allowed us to take a proactive approach to the national conversations when they were announced. We provided analytical support to the Scottish Government's Healthier Scotland team.</p>	





Theme 3: **Rebalance NHS Health Scotland's delivery priorities in order to build fairer health outcomes into local planning and practice**

Outcome	Action	RAG status
NHS Health Scotland has rebalanced its delivery focus to release capacity to work collaboratively with policy-makers, CPPs and HSCPs to reduce health inequality.	<p>We provide specialist health inequalities knowledge and delivery support to the Inequalities Action Group, focusing on planning for health equity within CPPs and HSCPs.</p> <p><b>Status:</b> Considerable progress was made. Our national position work covered a range of actions to position the organisation most effectively among national partners in order to facilitate collaborative effort and commitment to taking action to address inequality. The Inequalities Action Group commissioned and produced reports on income, work and health; communities; and place. However, further discussion regarding the future role and remit of the Inequalities Action Group is required.</p>	
	<p>We provide internal realignment process leads to a rebalance of staff resources and capacity towards working collaboratively with policy-makers, CPPs and HSCPs to reduce health inequalities and improve health.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>The internal realignment will be complete later this year. The work has been successfully undertaken through a strong adherence to a partnership model working.</p>	
	<p>We are to work with our sponsor and other policy leads in Scottish Government to agree the work to be prioritised and negotiate appropriate exit strategies as required.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>Several programme-specific plans were completed. The development of a set of priorities will continue to provide focus for this work.</p>	


Theme 4: **Welfare reform, poverty and austerity – working with the public, private and third sectors to promote good work and support for access to and sustainability of employment**

Outcome	Action	RAG status
An increasing number of employers are using Healthy Working Lives (HWL) and Fit For Work Scotland (FFWS). An outcome-focused programme to mitigate the impact of welfare reform and poverty on health has been scoped for delivery through primary care services.	<p>We are to work with, and support the development and implementation of, FFWS and to identify opportunities for synergies with the activities of HWL, ensuring effective promotion and uptake of their services by employers.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>As a result of our work, the Fair Work Convention has included ‘good work’ principles in their recommendations. They are also expected to identify us as a contributing organisation, and we have built capacity into our 2016/17 plans to carry out work as part of the new Fair Work Directorate within Scottish Government.</p>	
	<p>Scope and develop a programme, in partnership with primary care and the third sector, with a focus on:</p> <ul style="list-style-type: none"> <li>mitigating the impact of welfare reform and poverty on the health of young people, pregnant women, and families with very young children and older people</li> <li>mitigating the impact of fuel poverty and homelessness on health outcomes within these groups.</li> </ul> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>We delivered a Health and Welfare Reform conference in March 2016. It stressed the risks of ongoing austerity to public health and highlighted best practice in the mitigation of these effects. High-profile presenters included the Cabinet Secretary and Sir Michael Marmot, Professor of Epidemiology at University College London and author of the Fairer Society, Better Health report. We worked with colleagues in Scottish Government to support the development of new financial inclusion performance measures and evidence requirements for the Health Promoting Health Service (HPHS): Action in Primary Care Settings. In September 2015 we hosted a seminar on HPHS CEL and Financial Inclusion. This event was attended by a selection of HPHS leads and their local third sector and local authority financial inclusion partners. The event showcased some good practice and supported delegates to learn more about developing advice service provision in clinical settings.</p> <p>We continue to drive forward the homelessness and housing agendas. We convened a national meeting to explore how best to take forward each of the areas in a clear and consistent way. Through effective collaboration we led a national approach to health and homelessness (including national, UK and international engagement) which led to the launch of a public health faculty for homelessness and health in Scotland.</p>	



## Theme 5: Strengthening the role of NHS Boards and HSCPs in reducing health inequalities and improving health

Outcome	Action	RAG status
A leadership programme for reducing health inequalities, targeted at executives and non-executives of NHS Boards and HSCPs, has been scoped and developed.	<p>Work with key national and local partners to scope the development support needs of executive and non-executive directors in local partnerships.</p> <p><b>Status:</b> We led the completion of a national scoping of health inequality leadership learning needs. It included in-depth interviews with 24 non-executive/IJB board representatives. The needs assessment received positive feedback from stakeholders and they prioritised learning focused on action to reduce health inequalities. Plans for an online learning resource for leaders that spotlights our learning resources (case studies, evidence briefings and eLearning) have been agreed through good collaboration between ourselves, Scottish Government (Health &amp; Social Care Directorate) and the Quality Portfolio Group. The concluding stage is to pilot and refine the leadership learning resources with our customers – leaders in Boards and IJBs. We will work with NHS Education for Scotland as a key collaborator and deliver to align with Scottish Government plans.</p>	
	<p>Scope a strategic programme of collaborative work with primary care services focusing on design and evaluation support for initiatives designed to address the <a href="#">Inverse Care Law</a>, including building on the learning from Keep Well and the Link Worker programmes.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>The new Primary Care programme became fully established with the employment of a permanent lead. Good progress has been made to support, and contribute to, evaluation approaches being planned for Community Hub test sites in Fife and Forth Valley. We agreed to commission research on primary care approaches to tackling health inequalities to inform service planning and delivery by stakeholders.</p>	

## Theme 5: Strengthening the role of NHS Boards and HSCPs in reducing health inequalities and improving health

Outcome	Action	RAG status
A leadership programme for reducing health inequalities (cont.)	<p>Working with key partners, lead the development of an NHS ‘manifesto’ for health improvement building on the HPHS framework, focusing on strengthening the role of NHS services in promoting health and reducing inequalities in health outcomes.</p> <p><b>Status:</b> Following engagement with NHS Boards (local and national) and our Scottish Government sponsor, we agreed to co-produce a strategic statement for NHSScotland. Its purpose is to have a clear proposition of NHSScotland’s contribution to reducing health inequalities. Phase 2 of the work is to test and validate the proposition with further stakeholder engagement involving NHS finance, procurement, workforce, HR, service planning and public health. This phase, including a seminar run for an invited senior audience, will:</p> <ul style="list-style-type: none"> <li>• strengthen commitment for the NHS role in reducing inequalities</li> <li>• ensure the statement is fit for purpose</li> <li>• build consensus and leadership for proposed actions</li> <li>• inform implementation.</li> </ul>	

## Theme 6: Engaging NHS Health Scotland staff

Outcome	Action	RAG status
NHS Health Scotland staff feel more engaged in decisions affecting them.	<p>Continue to develop a partnership model of working at the heart of our staff engagement.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>Our work on realigning staff with our strategic direction and priorities has been carried out using a robust partnership model. We have significantly improved our internal communication and engagement processes as reflected in our staff survey results.</p>	
	<p>Ensure that data from iMatter and the staff survey are used to drive continuous improvement.</p> <p><b>Status:</b> Achieved as planned for 2015/16.</p> <p>We have introduced the iMatter survey in a number of teams and are on track for its use across the whole organisation.</p>	

# Organisational impact 2015/16

## Progress against our performance framework

The table below provides an overall summary of our performance against organisational KPIs for 2015/16. More information about our impact can be found in our [2015/16 Impact Assessment Report](#) along with details of our RAG scoring. 2015/16 was a successful year with good overall performance and significant levels of impact, underpinned by a very satisfactory financial performance.

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

\* The NPS rating scale range is -100 % to 100 % (above 0 % is good, over 50 % is excellent).

## Responding to change

Our regular performance reports to the Board provide more detail and include references to, among other things, finance, partner constraints and/or changed priorities. One of our strengths has been our ability to respond effectively to new or changed priorities. In the last 12 months we prioritised new activity in important areas which included:

- Leading through effective collaboration a national approach to health and homelessness (including national, UK and international engagement) which led to the launch of a public health faculty for homelessness and health in Scotland.
- Working closely with Scottish Government we provided national leadership that strengthened awareness of Adverse Childhood Experiences (ACEs) across public services with the involvement of world-leading partners.
- Production of the [Dementia and Equalities Recommendations Report](#).
- Collaboration with NHS Lothian to strengthen Police Custody in-reach by West Lothian Drug and Alcohol Service, publishing a jointly produced poster which won best prize at the Faculty of Public Health Conference 2015. We are now jointly rolling this service out across all four Lothian custody suites.
- Working in partnership with the Improvement Service and National Services Scotland (NSS) to support Glasgow City Council's forthcoming Health & Inequality Commission 2016/17.
- Coordinating a development session with the Society of Local Authority Chief Executives to explore place, older people, and health inequalities.

- We are in the process of prioritising capacity to:
  - work with the Scottish Government in its pursuit of improved resilience for children and young people and community child health
  - provide national leadership to help the NHS contribute to eradicating child poverty
  - provide national leadership and support to help Scottish Government achieve its national ambition that everyone in Scotland lives in a home that is warm and dry, that they can afford, and that meets their needs.

## Examples of our impact

Our work is structured around five core programmes. These core programmes incorporate concerted action in relation to the places that people work, where they live, and the quality of public services they access. They are based on what the available evidence indicates would be most effective to equitably improve health in Scotland.

The sections that follow provide examples of work undertaken on our four external core programmes in 2015/16 and the impact that was achieved.

## Core programme 1: Fundamental causes

### Good work

Good work was one of our identified corporate priorities for 2015/16.

Work has the potential to improve health. However, jobs that don't protect against poverty, offer limited autonomy and increase the risks to mental or physical health can be as bad for health as unemployment.

[The Marmot Review \(2010\)](#) argued that to reduce health inequalities 'jobs need to be sustainable and offer a minimum level of quality ... getting people off benefits and into low-paid, insecure and health-damaging work is not a desirable option'. Paid employment is not a guaranteed route out of poverty: around 30 % of those moving into employment remain in poverty<sup>1</sup>.



<sup>1</sup> [www.healthscotland.com/documents/26039.aspx](http://www.healthscotland.com/documents/26039.aspx)



Our two key ambitions were:

- Aligning the 'fair'/'good' work agenda with health inequalities.
- Having health inequalities recognised as a key consideration of a good work concept.

Action requirements were identified both at national and local level. Nationally, we contributed evidence to the Fair Work Convention such as good work data and research of what works, as well as the health inequalities briefing [Good work for all](#), which was well received by partners. Locally, we focused on working with the social care sector, as our early research highlighted that the caring and personal service occupation group has low unemployment but also suffers from a lack of hours, precariousness, a high accident rate, and low control.



## Impact

As a result of our work, the Fair Work Convention has reflected on our evidence in the Fair Work Framework published in March 2016. We have built capacity into our 2016/17 plans to carry out work to be agreed with the new Fair Work Directorate within Scottish Government. This provides us with an opportunity to influence wider causes of health inequalities through a new governmental department.

Locally, we have made a contribution to developing good work practice. One example is the in-work progression pilot, led by Glasgow City Council with City Deal funding. Through our input to the steering group, we have informed and directed the design of a two-year pilot to test a sustainable model of employee progression which will improve the skills and earning potential of low-paid employees in the care sector. Significant progress has been made: the pilot was launched in March 2016 and evaluation will establish whether the delivery model is successful within the sector. If so, it can potentially be rolled out to other sectors such as retail and hospitality.

## Core programme 2: Social and physical environments for health

### The Place Standard

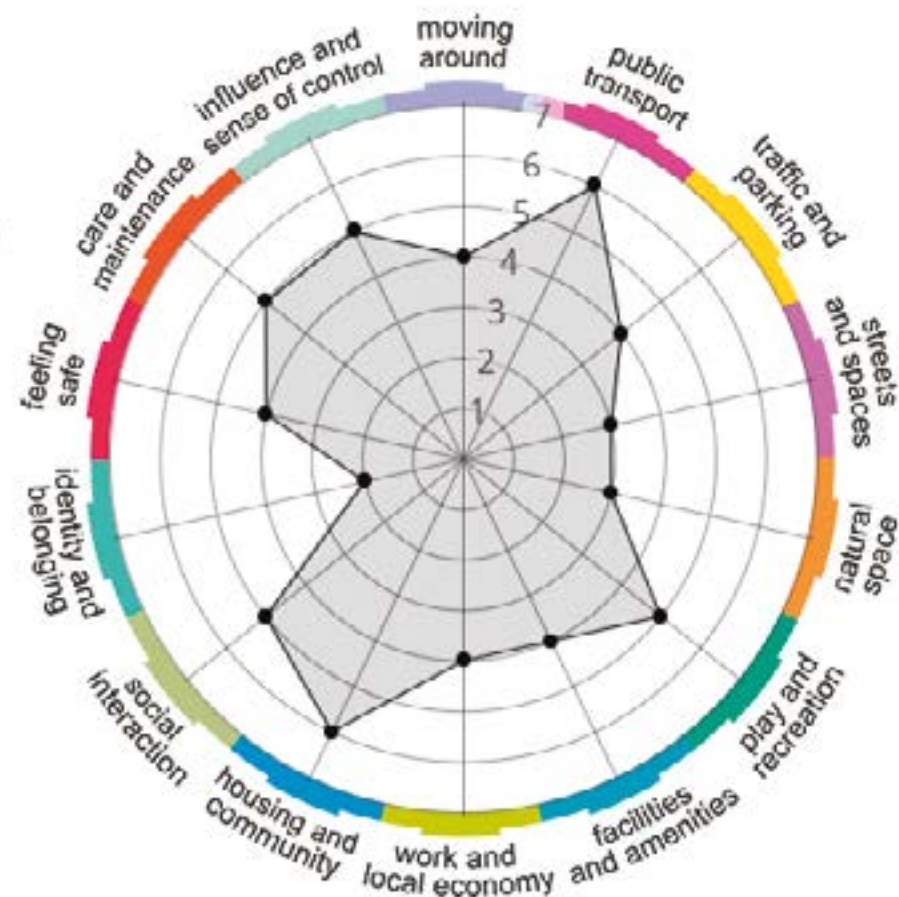
The term 'place' refers to the combined social, economic, physical, cultural and historical characteristics of a location. It is the part of people's life circumstances which relates to where they live and spend time. Place encompasses both the physical environment (the buildings, streets, public areas and natural spaces that make up neighbourhoods) and the social environment (the relationships, social contact and support networks that exist in a community).

These characteristics of place, and the interactions between them, have an important influence on our health and wellbeing throughout our lifetime. Some aspects of place will nurture and promote good health, while others can be detrimental. The distribution of these characteristics is not equal. Those living in areas of greater deprivation are more likely to be exposed to harmful environmental factors, such as poor air quality, and less likely to have access to beneficial ones, such as greenspace.<sup>2</sup>

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

- delivers a framework for the assessment and improvement of new and existing places
- supports consistency in the delivery of high-quality, sustainable places that promote wellbeing, low-carbon behaviour and positive environmental impacts

- provides a framework for structured conversations, supporting public and private sectors and communities to work together to deliver high-quality places
- maximises the contribution of place to reducing health inequalities across Scotland.



The Place Standard tool



## Impact

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

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

Implementation of the Place Standard is key to its overall long-term success. An implementation plan has been agreed by all project partners involved (ourselves, Scottish Government, Architecture & Design Scotland) and was signed off by the Place Standard Project Board in June 2016. We led on the drafting of the implementation plan, and are now taking forward a wide range of actions to deliver it.

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

## Community justice

There were approximately 7,600 people in prison in Scotland in 2014, which equated to a rate of around 141 per 100,000 – the second highest in Western Europe. It's important to consider these individuals within the wider societal inequalities that are implicit in the risk factors for their offending. The correlation between income inequality and imprisonment is strong, and Scotland's prison population predominantly reflects our most socially deprived communities.

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

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



## Impact

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

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

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

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

1. Opportunities for earlier intervention.
2. Mitigating the impact of offending and sentencing.
3. Opportunities to sustain change and build resilience.

## Core programme 3: System change for equity

### Physical health of those with mental illness

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

We were contracted by Scottish Government to collaborate on delivering Commitment 28 of the Mental Health Strategy. Mental health services are increasingly emphasised as being integral to health promoting health service activity.

Together we are testing the relevance of the secondary care physical activity pathway in mental health services.

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

#### 1. Providing strategic influence

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

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

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

External delivery of work (such as smoking and mental health and prisons).

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

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



## Impact

The impact of this work has been threefold:

1. NHS Ayrshire and Arran's forensic mental health service in Ailsa Hospital has implemented the Physical Activity (PA) pathway.
2. NHS Greater Glasgow and Clyde included assessing and addressing physical health needs within their mental health services.
3. NHS Forth Valley implemented an assessment of physical health needs in their forensic mental health service.

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

### Child poverty, health and wellbeing eLearning module

Over one in five children in Scotland are living in poverty and the Institute for Fiscal Studies forecasts an increase of more than 50% in the proportion of children living in poverty in the UK by 2020/21. Health professionals have an important role to play in mitigating the effects of child poverty. One example is through the development of referral pathways between the NHS and the advice sector around financial inclusion: health professionals ask pregnant women and families with young children about money worries and, with their consent, refer them to a local advice service. Significant financial gain to pregnant women and families has been reported as a result.

As part of an assessment of the learning and workforce needs of health visitors, midwives and school nurses on how they approach financial inclusion in the early years, we identified a gap in knowledge and awareness of child poverty and its impact on health and wellbeing.

In consultation with a number of partners, we agreed that an eLearning module on 'child poverty, health and wellbeing' would be the most effective approach to address the identified need (partners included NES, several course leaders on undergraduate programmes for health visiting, midwifery and school nursing as well as Child Poverty Action Group (CPAG) Scotland). While the initial audience for the module is health visitors, midwives and school nurses, we decided to widen the module's application to other key groups of staff and students in undergraduate and continuing professional development programmes, such as early years workers, housing officers, teachers, and welfare rights officers. A steering group has been set up to shape the content and tone of the module as well as how to embed the module in practice.

The module is on track to be delivered by mid-September 2016. We will cross-host on CPAG Scotland's learning platform. A series of audio-visual case studies will be produced to accompany the module to highlight examples from across different sectors to appeal to a broad range of learners.



### Impact

Through partnership working and stakeholder engagement, we are developing a product that is identified as useful, practical and timely. Critically, it enjoys strong buy-in and there is a commitment to incorporate the module into undergraduate and postgraduate and continuing professional development programmes. The training module is currently being used across NHS Greater Glasgow and Clyde.

## Pregnancy and Parenthood in Young People strategy

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



## Impact

We successfully led the development of the first Scottish Strategy for Pregnancy and Parenthood in Young People (PPYP) with cross-Ministerial support. Our accompanying outcomes framework provided strong evidence for the strategy's actions.

We led the public consultation, engaging with young people throughout the process, and gained high stakeholder engagement by running multi-sector consultation events. We produced a policy mapping and managed and contributed to a national steering group with representation from across all sectors. We led on the Equality Impact Assessment and Child Rights and Wellbeing Impact Assessment to ensure the strategy enhanced the equality and rights of young people.

As a result of our work, the PPYP strategy was published in March 2016. The embedded inequalities focus covers a wide political landscape, bringing the issue of pregnancy in young people into the wider social environment to narrow the inequalities gap.

The World Health Organization's collaborative, cross-national study on Health Behaviour in School-aged Children selected the PPYP Strategy as a success story which was showcased at a European conference in June 2016.



# Our operating context

This section offers an analysis of the impact of external and internal factors on our performance. It explores how we responded to the opportunities and challenges of that context, the progress we have made, and the learning we draw from this as we move forward.

## Socio-economic context

The social and economic factors that have had an impact on health and wellbeing since the recession in 2008 continued into 2015/16 and are likely to continue to have an impact over the next few years.

However, relative to other parts of the UK, addressing health inequalities, fairness and human rights-based approaches to policy were a strong feature of the policy landscape and discourse in Scotland. The Scottish Government's national Healthier and Fairer Conversations continued to encourage discussion of what could be done to achieve equitable population health and wellbeing.

We contributed to and supported Scottish Government's national conversation on creating a healthier Scotland. We played a key role in facilitating conversations across Scotland, providing analytical support and contributing evidence around the links between creating a fairer Scotland and creating a healthier Scotland. We produced the infographic opposite to describe the social determinants of health. The Government report, [Creating a Healthier Scotland – What Matters to You](#), summarised key findings. We will draw on these findings as we move forward.

The continued high profile of welfare reform and plans for further devolution of social security enabled us to provide knowledge about the health impact of welfare reform and continued austerity. The welfare reform conference

## Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



we hosted in March 2016 brought together subject leaders from across the UK. We received significant commendations and the usefulness of our reports was highlighted, as was the value of our input to the Scottish Parliament Work, Wages and Wellbeing inquiry and the need to explore options around a citizen's income.

We have shown strong leadership in exploiting our knowledge and partnerships in highlighting the link between health and homelessness and the need to strengthen future delivery networks as a result.



# Opportunities, challenges and progress

## Opportunities / Challenges

We know from feedback from our stakeholders that we need to strengthen the work we do to make it easier for people to access our products and services, that these are useful, and enable the knowledge we generate to be turned into practical actions.

The question of what kind of support we offer and how to best deliver at pace and scale to support the public service transformation agenda is our key challenge. In particular the context of public finance pressure means we need to improve how we support policy- and decision-makers to use the knowledge we generate. We need to do this so that difficult policy choices and real-time decisions can be made that both improve health and wellbeing and protect against further harm to the health of people experiencing inequality, discrimination and stigma. This was a key theme at an event with 100 of our stakeholders in December 2015. The ability of our staff to respond to these challenges and identify and develop solutions that are seen as relevant and feasible to adopt within this context is a key area for development.

## Progress

We made progress in this area in 2015/16, as the following examples demonstrate:

- Our work is mentioned regularly in committee meetings and is used on a regular basis by the Scottish Parliament Information Centre (SPICe).

- Our contribution to the Fife Fairness Commission helped the Commission advocate for stronger recognition of the role of wider social determinants of health and wellbeing. The [Commission's report](#) provides recommendations for future action for Fife Council and Fife Partnership to tackle poverty and inequality, creating a fairer Fife.

## Opportunities / Challenges

We need to develop a more systematic approach to supporting the translation of knowledge into action at a local level and in how we gather and use local level knowledge and learning at a national scale. This will help promote a 'Once for Scotland' approach.

## Progress

We contributed evidence to help the Dundee Fairness Commission. This included modelling the health impact of increasing wages to the Living Wage in Dundee. The [Commission's report](#) included recommendations to promote good work for all in Dundee.

We introduced new programmes to support the Scottish Government's public sector reform agenda, including support for the primary care transformation programme and a focus on the economics of prevention to support public sector bodies make more informed decisions in planning services.

We are working with CPPs and HSCPs, such as Inverclyde CPP and East Ayrshire Council. We will ensure we focus our support on putting knowledge of what works into action and use the learning from this work for national dissemination.

We worked with a range of partners to redesign the new 'Improving health: developing effective practice' (IH:DEP) programme of learning. The programme aims to increase the confidence of the wider public health workforce to take the action needed to reduce health inequalities and improve health.

## Opportunities / Challenges

We have identified the need for a systematic approach to stakeholder relationship management and to engage policy-makers and other key stakeholders earlier in the knowledge generation process. We have evidence that our stakeholders highly value the individual products and services we produce. Our stakeholder feedback indicates that we need to improve our corporate brand recognition, as our nested brands, such as Scottish Public Health Network and Community Food and Health Scotland, are not readily recognised as being part of our organisation.

## Progress

We are making improvements to the way we engage policy- and decision-makers in knowledge generation, including engaging them at an earlier point in the process and ensuring our products can be turned into practical actions.

We have carried out extensive stakeholder analysis, enabling us to better target our communication and engagement activity.

The use and application of multiple digital channels provides significant opportunities for us to engage our stakeholders more effectively to build awareness and support for translating knowledge into action. We stepped up our use of social media channels in 2015/16 to reach a wider audience.

A major improvement planned for 2015/16 was the redesign of our website, as detailed in the Annual Review Action Plan section of the report, and is now scheduled for Autumn 2016.

We are improving our brand coherence and made progress in how we communicate – for example through our [series of inequality briefings](#) and in the development of our new strategic plan, which is drawing on feedback from key stakeholders.

Development of enhanced KPIs is underway to better focus on measuring the impact of our national leadership, and the impact of our work at local level and through our communication channels.

We have put processes and systems in place to capture stakeholder relationship data and will focus on systematic use of these by our staff.

We will develop KPIs and related targets to focus on measuring improvement in:

- our practical contribution to strategic partnerships
- improved policy advocacy
- improved engagement with the public through social media
- the effectiveness of our events.

# Finance and efficiencies

## Financial performance

	Limit set by SGHSCD £000	Actual outturn £000	Variance over(-) / under (1) - (2) £000
Core revenue resource limit	19,656	19,430	226
Non-core revenue resource limit (Depreciation)	269	269	-
Core capital resource limit	100	53	47
Cash requirement	20,000	20,073	(73)

Our 2015/16 core revenue resource limit announced by the Scottish Government was £19.656m. This total consisted of three elements: baseline recurring (£18.037m), earmarked recurring (£0.266m) and non-recurring (£1.353m).

1. The Board ended financial year 2015/16 with a revenue surplus of £226k which is 1 % of its revenue budget and within tolerance (+/- £50k) of its planned year-end forecast surplus of £0.2m, which can be carried forward to 2016/17 under an arrangement with the Scottish Government. Reports on the financial position were presented to the Audit Committee and the Board throughout the year and financial performance was monitored closely. Financial performance for the year is summarised under item 2 opposite and disclosed in detail further in this section.

2. In relation to financial performance management, appropriate Board officers had a personal objective which required that, for the budgets for which they are responsible, 95 % were fully committed by 31 January 2016, 90 % spent by 28 February, 95 % spent by 31 March, and 99 % spent by the closure of accounts. Although our actual spend was lower than target at 28 February, taking into account our planned year-end outturn and budgeted costs in March, our actual spend on this basis was 90 %. We traditionally have a higher spend than average in March which was again the case this year. Overall, with this one exception, these targets have been met and improved upon as shown in the table below.

Target	Performance
95 % commitment by 31 January 2016	96 %
90 % spent by 28 February	88 % (see above)
95 % spent by 31 March	99 %
99 % spent by the closure of accounts	99 %

The 2015/16 revenue surplus being carried into financial year 2016/17 will enable the Board to progress actions taken during the year to make workforce changes as agreed in partnership and to progress other actions planned to increase efficiency.

During the year the Audit Committee played a key role in monitoring performance in delivering the 2015/16 delivery plan and reviewed actions taken by the Corporate Management Team, particularly in relation to improving budget profiling and reducing year-end pressures. Regular update reports were provided to the Board at its meetings.

## **Efficiency savings**

For financial year 2015/16, the Board met its efficiency savings target of £1.050m and savings were reported to the Scottish Government via the monthly financial performance reporting process.

The Board's efficiency savings target for 2016/17 is £0.972m and plans are in place to meet this target.

## **Estates strategy**

The third phase of the Board's estates strategy commenced in 2015/16 with a review of the floor usage requirement at Meridian Court and certain changes in our office layout at both offices. We will consolidate to one floor at Meridian Court and undertake certain layout changes at both offices, with this project commencing in 2015/16 working to completion in 2016/17.

Financial assistance was provided by the Scottish Government in 2015/16, being the third and final year of the estates strategy.

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



☎ 0131 314 5300

✉ [nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net)



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