

Public health reform

Strengthening and re-focusing the public health function in Scotland



Scottish Government
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Public Health Reform Programme Improving Health Commissioning Brief



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1. Purpose of this document

To commission Health Scotland (HS) and the Integrated Joint Board (IJB) Chief Officers' Group to undertake work to describe and deliver options for strengthening the health improvement domain at national level within the new public health body; and in turn, describe how this will support and enable activities at the regional and local level across the wider Scottish public health system.

2. Draft Vision for the Public Health Reform Programme

"A Scotland where everybody thrives"

3. Draft Mission for the Public Health Reform Programme

"To lead, drive, support and enable a public health system fit for the challenges of the 21st century"

4. Draft Goals for the Public Health Reform Programme (the desired result):

- Be a world leader in improving the public's health and preventing disease.
- Reduce health inequalities.
- Local systems are empowered and solutions to local health challenges are co-produced with local communities.
- Establish joined up ways of working at all levels and across the whole system.
- Protect the nation from public health hazards and work towards a sustainable environment.
- Identify, prepare for and respond to public health emergencies and challenges.
- Share data, information and expertise to improve our shared understanding of public health challenges and to come up with answers to public health problems.
- Continuously improve the quality, safety and effectiveness of the services we deliver.
- Design and deliver joint policy initiatives that have the capacity to have the biggest impact on prevention, early intervention and improved health.
- Whatever the setting, provide services to the highest standards of quality and safety, with the person at the centre of all decisions.

5. Draft Values for the Public Health Reform Programme (the standards of behaviour we believe in):

- Excellence: a dedication to excellence in our pursuit of health equity and social justice.
- Leadership: work collaboratively to establish cutting edge leadership practice that maximises the impact of our shared endeavour across the whole system.
- Results: using evidence and data to increase the impact of public health and population health practice.
- Innovation: identifying, creating, testing, and advancing idea-driven and high-impact solutions.
- Service: A duty to provide the highest levels of service to public health internationally, nationally and locally.
- Integrity: maintaining a high level of trust, honesty, and accountability.
- Ethics: a commitment to the highest standard of ethics and integrity.
- Diversity: a promise to respect human differences in all aspects of our mission.
- Facilitation: building respect, understanding, consensus and partnership working across the whole system.
- Passion: continuing a strong commitment to the public health community.

- Performance: helping people and organisations use data and information to improve practice.
- Reach: working across disciplines and sectors to enhance individual and organisational capacity and capabilities.
- Outcomes: connecting individuals and organisations across multiple disciplines and sectors to improve the health of communities.

6. Scope of this Commission

Health improvement incorporates a broad set of activities to create the circumstances for better health and reduced health inequalities within Scotland's population. It includes attention to: prevailing cultures and values; the health impact of policies and programmes across the wider determinants of health (housing, employment, transport, poverty, etc); behaviour-change interventions; and support for community-led action to improve health.

Our public health approach to date has not delivered the significant and major improvement gains needed to bring Scotland's health in line with other Western European countries or to address Scotland's health inequalities. With this in mind, work is now required to set out how the health improvement function could be better organised in the new public health body and in the context of the wider system, to meet the needs of national and local partners and customers. In line with the 2015 Public Health Review, we need an approach to health improvement which:

- supports an even greater focus on prevention and population-based health improvement at national, regional and local level;
- underpins and supports our ability to bring together the breadth of public health practice in Scotland, through joint working at all levels in programmes of health improvement;
- supports better engagement and communication with communities, to give them more ownership of health improvement and prevention.

7. Blueprint

On behalf of the Public Health Reform (PHR) Programme Board, the PHR programme team have combined the outputs from the 2015 Public Health Review and the learning from the recent 'think piece' commissions into a map of the expected capabilities that the PHR programme is expected to achieve (the blueprint). Annex A sets out the capabilities in the blueprint relating to health improvement and describes our working understanding of how things look today and what we expect things to look like in the future. This future state must be capable of achieving the desired outcomes and benefits we have set out in our programme design principles (see Annex B).

8. Objectives for this Commission

Building on the learning from the earlier health improvement 'think piece' work and other work already undertaken in this area, the PHR programme board would now like the following objectives achieved by this commission:

1. Work with a range of 'customers' to better understand and plan what is needed in order to deliver better health gains for people and communities;
2. Use these insights to describe the functional arrangements for health improvement now and in terms of future options for the new body, including proposed benefits and related benchmarks;
3. Develop a transition plan to deliver these future functional arrangements into the new body;
4. In transition terms, identify what is working well in terms of supporting effective policy development and delivery at national and local level to improve health outcomes and reduce health inequalities (proposed benefits and benchmarks);

5. Describe how the new functional arrangements will better support national and local policy development (proposed benefits and benchmarks);
6. Describe how the new functional arrangements will better identify areas for health gain and support related activity at national and local level (proposed benefits and benchmarks);
7. Describe how the new functional arrangements will support Community Planning Partners (CPPs) and local systems in meeting their communities' needs (proposed benefits and benchmarks);
8. In transition terms, identify what may be working less well and any mitigating actions that should be taken e.g. further improvement work or closing down of an existing offering;
9. Set out proposals for maintaining and improving the advocacy and independence of the health improvement function.

9. Deliverables

Deliverable 1 - Documentation setting out membership of the project team, its governance structure and a timeline for draft and final deliverables.

Deliverable 2 - Documentation outlining an approach to customer engagement, including stakeholder mapping.

Deliverable 3 - Documentation outlining customer requirements.

Deliverable 4 - Documentation setting out current and proposed future state for the health improvement function, including proposed benefits and benchmarks, related organisational structure diagrams, senior management roles and responsibilities, staffing models and levels, additional skills and training requirements, additional IT systems, infrastructure and processes needed, additional physical equipment and building that will be needed and any additional business processes, support processes or service management functions needed. Provide related financial costings as appropriate for any additions to the current arrangements.

Deliverable 5 - Product list, timeline and risk register for the transition of current and any proposed new health improvement functions from Health Scotland to the new public health body.

Objective 6 - Update and finalise the related due diligence intelligence set out at Annex C.

10. Outline Delivery Plan

Dates for the submission of draft and final deliverables are to be advised by the HS and IJB Chief Officers' Group project team as set out at Objective 1 above.

11. Stakeholders

The PHR programme team have identified a number of stakeholders that could be involved in delivering the commission, consistent with our commitment to develop a whole system approach to improving the public's health. Further information can be found in the Communication and Engagement Strategy circulated with this commission.

Additionally, the commission is an important opportunity to build effective relationships between the different constituent bodies who will come together to form the revised improving health function within the new body (HS, NSS Public Health and Intelligence). Therefore, it is the PHR programme board's expectation that there will be close working between these organisations in the delivery of this commission and that all products produced as a result of this commission will be agreed by them collectively, which will support the development of a strong and cohesive culture within the new body.

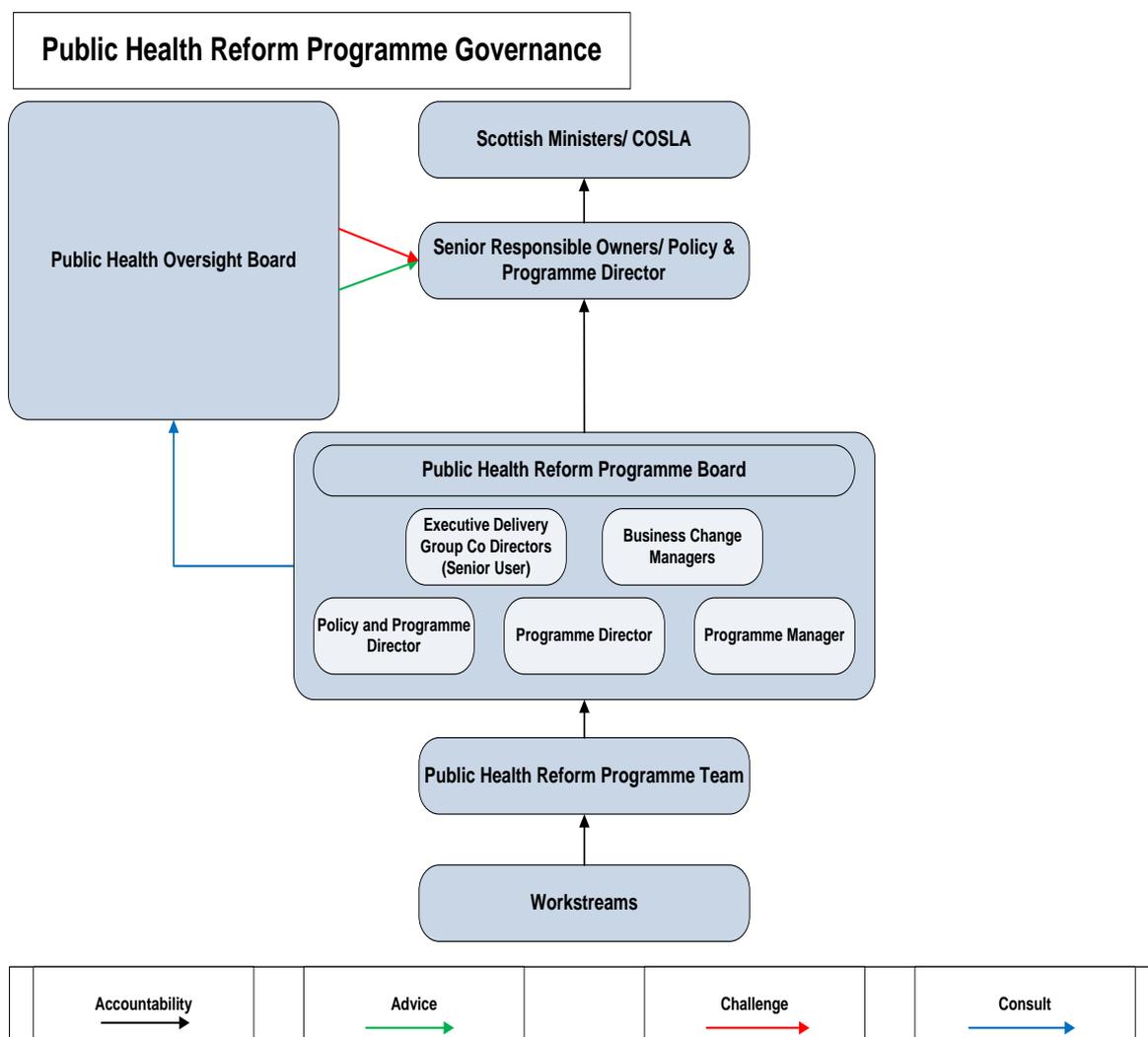
12. Other National Strategies and Programmes

The PHR programme board recognise that some related national programmes and strategies have been commissioned and are either underway or about to start. In order to ensure alignment, the programme board anticipate that this commission will link with and reflect (where appropriate) the work, evidence and related findings of the following strategies and programmes:

- National Board Collaboration around Shared Services
- eHealth (Digital Health and Care) Strategy

13. Governance & reporting

The HS and IJB Chief Officers' Group project team will report to the PHR programme board via the PHR programme team as outlined in the governance structure below.



Monthly progress reports will be required and should be submitted to the PHR programme team (publichealthreform@gov.scot)

14. Support

The PHR programme board recognise that delivery of this commission will require related support and guidance and have instructed the PHR programme team to help commissioned organisations, as appropriate, in taking forward commissions. The programme team will shortly be appointing a finance co-ordinator to offer related advice and support (for example, in relation to “as is” and

“future state” budgeting and related due diligence work) and they will also look to bring forward other experts as needed in areas such as finance, IT, human resources and communications and engagement, where such resource is not readily available within the project team formed to deliver the commission.

ANNEX A – Draft PHR Programme Blueprint



ANNEX B - DESIGN PRINCIPLES

Public Health Priorities

- Public health priorities will represent a broad consensus and set a foundation for all parts of the public sector in Scotland to contribute towards sustainable public health outcomes. To achieve this, the development process itself will seek to build momentum and meaningful engagement, with strong partnership working and service interaction with the wider public sector.
- Priorities will be informed by the best available evidence, building upon local assessments undertaken to development Local Outcome Improvement Plans. The priorities will focus on those activities that have the greatest potential to make a significant improvement to health gains, inequalities and sustainable economic growth over the next 10 years.
- The priorities will address the full spectrum of public health. We will brigade our public health activities around evidence (making best use of intelligence and decision support); people (ways of living that promote health and wellbeing and prevent ill-health in the context of personal circumstances and preferences); place and culture (creating healthy places and a culture that supports health and wellbeing); and systems (health and wellbeing promoting and protecting systems, including digital ones).
- Public health priorities will be reviewed at key points to adjust them in the light of progress.

Public Health at the National Level

- The organisational model for the new body will be co-designed by Scottish Government, Local Government and NHS Scotland, working with the third sector and other partners.
- The governance and delivery model for the new body will include meaningful accountability to both Local and National Government.
- The new body will provide strong, visible independent public health leadership to challenge, support and deliver our agreed national priorities.
- The new body will '*declutter*' and simplify the national public health landscape.
- The new body will be, and be seen to be, upstream of and separate from the NHS, while retaining important operational links.
- The new body will have an overall responsibility for ensuring that the best use is made of public sector data, initially starting with health and Local Government data, and will use this in ways to support public health improvement.
- The new body will provide capacity and capability to ensure national and local decisions and interventions are intelligence and evidence led, and that local professionals (in Local Authorities, Community Planning Partnerships, Integration Authorities and NHS Boards) are supported in areas such as service change, efficiencies, economic impact, equality of prosperity and inclusive growth.
- Where appropriate, and where the new national body provides the best opportunity for doing so, some functions will be delivered nationally on a 'once for Scotland' basis.
- The new national arrangements will support a multi-agency approach to public health both nationally and locally.

- The new body will be staffed by a 21st Century public sector workforce, continuously seeking to improve efficiency across the public sector; encouraging the application of generic skills as well as international expertise; grounded in agreed ethics and values; and fostering leadership at all levels.

Public Health at the Local Level

- Support for local public health activity in order to contribute to delivery of the public health priorities is strengthened. The offer of support will include the third and independent sectors where that is appropriate.
- Additional or new local structures will not be created on top of the existing complex landscape.
- Our work will be informed by the agreed public health priorities (with form following function).
- Additional local priorities and a flexible approach to local prioritisation will be respected and supported.
- The successful establishment of a credible, effective new public health body which is responsive to local strategic planning needs is key to building momentum and support for stronger local partnerships.
- It may not be possible to define solutions immediately and opportunities may arise naturally for us to try different models of strengthening local partnerships. We will seek to make effective use of such opportunities.

ANNEX C - DUE DILIGENCE

NHS HEALTH SCOTLAND (Last updated: July 2017)

Key Facts

	Key Facts	Additional Notes				
Name	NHS Health Scotland					
Head count	295 permanent (265.83 WTE)	Comprising 292 permanent staff and 3 Permanent Consultant staff.				
Budget	£18.4m					
Based	Meridian Court, Glasgow Gyle Square, Edinburgh	<p>Staff primarily work from these 2 offices. However, agile working is encouraged through a range of flexible working policies and technical provision. Flexi system in operation with no set core working hours.</p> <p>Desk/workforce ratios (WTE/FTE):</p> <table> <tr> <td>Gyle Square</td> <td>8.3</td> </tr> <tr> <td>Meridian Court</td> <td>6.2</td> </tr> </table>	Gyle Square	8.3	Meridian Court	6.2
Gyle Square	8.3					
Meridian Court	6.2					
Status	Special Health Board					
Roles		NHS Health Scotland is national health board with a remit to improve health and reduce inequalities in health.				
Scope		<p>The core functions of NHS Health Scotland in contributing to public health reform are:</p> <ul style="list-style-type: none"> • Providing specialist advice to support the Scottish Government in public policy and strategy-making, with a focus on ensuring health in all policies, the reduction of health inequalities, health improvement and promoting the right to health and access to the determinants of health for all. • Ensuring public health data and intelligence is accessible and useful by co-creating and disseminating public health improvement and health inequalities evidence, analysis and insights – including from other countries - to inform policy and practice and encourage a shift in allocation of resources in proportion to need and towards prevention and early intervention. • Providing evidence-based advice and support to partners including NHS Health Boards and IJBs in order to implement policy and strategy aimed at improving population health, reducing inequalities and managing demand in support of the longer term sustainability of services. • Supporting effective collaborations to address the social determinants of health by engaging with partners in the NHS, local government and third sector to apply evidence of what works in improving population health and reducing 				

		<p>inequalities.</p> <ul style="list-style-type: none"> • Providing advice, guidance and support to apply knowledge of equality, diversity and human rights in relation to the provision and planning of health and care services. • Developing public health leadership across the wider public sector by working with others to develop the skills and competencies of the public health workforce in improving health and tackling health inequalities and by supporting a number of key public health networks such as ScotPHN. • Working with NHS partners and the business community to deliver the Healthy Working Lives programme and a range of other programmes aimed at promoting good working and commercial practices that deliver health and reduce health inequalities. • Providing specialist evaluation expertise and support on agreed aspects of Scotland's public health improvement and health inequalities national programmes, supporting local evaluation of local activity to inform policy and practice. • Developing, publishing and disseminating (through paper and web-based means) a wide range of information, evidence and marketing products and services, many on behalf of the Scottish Government and other partners.
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Governance

Legal status	Special Health Board under the National Health Service (Scotland) Act 1978	NHS Health Scotland Board (the Board) is a Special Health Board responsible to Scottish Ministers through the Scottish Government Health Directorates. Scottish Statutory Instrument 1990 no. 2639 established the Health Education Board for Scotland as a special health board from 1 April 1991. Scottish Statutory Instrument Amendment Order 2003 no. 154 which came into force on 1 April 2003 details the changes made to the Health Education Board for Scotland following the Board's integration with the Public Health Institute of Scotland and the Board was renamed NHS Health Scotland.
Accountability	Executive Team (6) Chief Executive Officer Director of Strategy Director of Public Health Science	<p>Scottish Ministers ultimately accountable to the Scottish Parliament for the activities and performance of NHS Health Scotland as set out in the Management Statement.</p> <p>http://www.healthscotland.com/uploads/documents/18674-Management_Statement.pdf</p> <p>Chief Executive designated as NHS Health Scotland's Accountable Officer in accordance with sections 14 and 15</p>

	Director of Health Equity Director of Health and Work Head of Finance and Procurement	of the Public Finance and Accountability (Scotland) Act 2000.
Corporate Documents	NHS Health Scotland Strategic Framework for Action	[http://www.healthscotland.scot/media/1426/afhs-a-strategic-framework-for-action_june2017_english.pdf
	NHS Health Scotland Delivery Plan 2017/18	http://www.healthscotland.scot/media/1427/delivery-plan-2017-2018_june2017_english.pdf
	Covered in NHS Annual Report and Accounts	
	Corporate Risk Register	http://www.healthscotland.scot/media/1384/crr-2017-18.pdf
	Equality Outcomes	http://www.healthscotland.scot/media/1330/nhs-hs-equality-outcomes-2017-21_march17_english.pdf
	Partnership Agreement	http://www.healthscotland.scot/media/1260/partnership-agreement-v4-0-final-december-2015-003.pdf
	Impact Report	http://www.healthscotland.scot/media/1492/impact-assessment-report-2016-2017.pdf
	Workforce Plan	 Workforce plan 2017.18.docx
	Relationships	<p>Scottish Government Sponsor Division and Policy leads</p> <p>Third Sector (key partner agencies) Scottish Council for Voluntary Sector Health and Social Care Alliance Voluntary Action Scotland Scottish Community Development Centre (including: Community Health Exchange) Voluntary Health Scotland Voluntary Action Scotland</p> <p>Public Sector NHS Boards (national and territorial) IJBs Community Planning Partnerships Local Government (COSLA/Improvement Service/Councils) Health Promotion Managers Group</p> <p>Academia/Education Universities</p> <p>Policy Advocacy/ Campaigning Organisations Obesity Action Scotland</p>

		<p>Poverty Alliance Shelter Scottish Human Rights Commission Joseph Rowntree Foundation Oxfam</p> <p>Regional National, International Public Health bodies Directors of Public Health World Health Organisation European Public Health Network Faculty Of Public Health Public Health England Public Health Wales UK Public Health Association</p>
	Stakeholder Engagement Plan	http://www.healthscotland.scot/media/1344/009-board-paper-8-17a-stakeholder-engagement-240317.pdf
Obligations		All NHS Scotland Governance and Partnership Frameworks; Records Management, Data Protection including Caldicott Guardianship as appropriate, Information Governance, Risk Management, Business Continuity, Organisational Policies (PIN compliant for workforce policies, Health and Safety, FOI, Sustainability and Environmental Management, NHS Scotland Partnership Working, Public Sector Equality Duties. Certificate of Sponsorship Home Office

Corporate Services

IT	Service and Support	<ul style="list-style-type: none"> Internal services provide support services for training, helpdesk, advice, user security, infrastructure services for larger projects, system security, performance etc. Internal environment at Meridian for DR capability with VMware Site Recovery Manager. Windows 7 as min on desktops with win8 and 10 on tablets. 2008r2 as min on server, with 2016 in the process of being rolled out. Full environment virtualised using VMware and EMC storage. Application stack predominantly Microsoft tools including Office 2013, SharePoint 2013, CRM 2015, Lync 2013, and SQL 2015. Other software includes Veeam backup software, SPSS, Adobe publishing, Sophos AV and Intercept X etc. All relevant national applications including NHSMail, Pecos, eESS. Significant levels of agile working across the org with 2/3 of staff using mobile devices (tablets/laptops) and full VPN access for remote working.
	Running costs	<ul style="list-style-type: none"> Total annual costs for software mainly via our MS EWA approx. 70K with additional non-MS software approx. 50K. Total annual costs for hardware approx. 44K. Total annual costs for support contracts (excluding NSS and Bright Solid contracts above) approx. 32K.
	Transfer costs	<ul style="list-style-type: none"> Financial costs minimal if current co-location within NSS offices remains, mainly involving staff time. However, that time to plan, design and implement this should not be underestimated. Any relocation likely to incur significant costs and time for SWAN connections, firewalls etc. Above also assumes the new organisation will still be part of the core NHS services, utilising SWAN and all national applications.
	Barriers	<ul style="list-style-type: none"> Risks for client and server environment mainly around the prevalence of agile workers and maintaining this way of working for all staff to enable them to make best use of the technology, applications and services they are used to.
	Equipment	
	Running costs	
	Transfer costs	
Barriers		
Infrastructure	<ul style="list-style-type: none"> Wan infrastructure service from NSS as part of a managed service for Gyle and Meridian including wan/lan connectivity, server hosting space at Atos, firewall integration and management, VPN services 	

		<p>and telephony.</p> <ul style="list-style-type: none"> Total annual cost approx. 68k. Main risks would come in moving out of NSSs offices requiring setup of new services/contracts and loss of financial gains made through colocation with NSS and the benefits of shared services for both parties. Presence at Bright Solid in Dundee for Microsoft environment including Lync, CRM and SharePoint and web presence (new and legacy sites). Includes full management of the server environment to OS level, whilst we manage the application layer and connectivity configuration of firewalls. No major technical risks of moving this environment as same setup and configuration to Bright Solid environment can be achieved. Software supports core CRM which underpins current performance and planning reporting systems. Total annual cost approx. 78k
	Running costs	68k + 78k Staff:
	Transfer costs	
	Barriers	
	Storage	
	Running costs	
	Transfer costs	
	Barriers	
	Applications	
	Running costs	
	Transfer costs	
	Barriers	
Telecoms	Service and Support	<ul style="list-style-type: none"> Desktop VOIP telephony services provided via our managed service contract with NSS. Total cost approx. 4K. Risks minimal if continuation of current co-location assumed. Mobile telephony services provided via the national EE mobile contract. We have 191 mobile phones. No major risks as contract are not site or organisation dependent. Total annual cost approx. 16K.
	Running costs	4K + 16k
	Transfer costs	
	Barriers	
	Equipment	
	Running costs	
	Transfer costs	
	Barriers	
	Infrastructure	
	Running costs	
	Transfer costs	
	Barriers	

Procurement	Service and support	Managed through an SLA with Scottish Ambulance Service.
	Running costs	£74k
	Transfer costs	Depends on viability of current SLA within new arrangements.
	Barriers	
	System	
	Running costs	£4k (PECOS)
	Transfer costs	
	Barriers	
Finance	Service and support	
	Running costs	£109k (excl Deprec) but incl Corp Costs
	Transfer costs	
	Barriers	
	System	
	Running costs	61K
	Transfer costs	
	Barriers	
HR Services	Service and support	Run as one integrated People & Workplace team comprising HR, OD and Health, Safety and Facilities.
	Running costs	£36850 (not including HR System Costs) Need to include H&S and OD costs too. Staff:
	Transfer costs	£36850
	Barriers	
	System	
	Running costs	£11,600 (eESS payment)
	Transfer costs	£11,600
	Barriers	
Legal	Service and support	
	Running costs	£12k
	Transfer costs	
	Barriers	
Estates	Service and support	NSS
	Accommodation	Rented
	Space	Meridian = 1,120 GIA, Gyle = 1,153 GIA
	Cost	Meridian = £589,666, Gyle = £438, 296
	Break point (date)	Meridian = 30/09/2023, Gyle = 14/06/2029
	Costs of Breaking	
	Transfer costs	
	Locations	Meridian Court, Gyle Square
Security	Service and support	NSS
	Running costs	Included in accommodation costs.
	Transfer costs	
	Barriers	
Organisational Improvement	Service and support	Business planning, operational performance, business improvement, risk management, information governance.
Communications	Service and support	Media, public affairs etc.

Strategic Performance	Service and support	Strategic planning & performance, events, etc.
Digital and Marketing	Service and support	Publishing, web services, social marketing (with service delivery to SG and partners as well as 'core' support).
MoUs	Edinburgh University - Placement	Establishing roles and responsibilities governing public Health work placements
	University of West of Scotland – Health and Human Rights	Contribution to delivery of Health and Human Rights learning in UWS classroom delivery
	ScotPHO – Host ScotPHo collaborative with Public Health Intelligence including GCPH, ISD ASD	
	ScotPHN – Host ScotPHN providing support and co-ordination of public health network including Directors of Public Health	
	SNAP – Co-convene Health and Social Care workstream with Health and Social Care Alliance	
	What Works Scotland – Partnership with Glasgow University/ Edinburgh University	NHS Health Scotland is a partner organisation in the collaborative which is predominately led by Edinburgh and Glasgow University
	Scottish Government – Evaluation support for policy development and evaluation (MUP)	<p>Scottish Ministers have agreed an indicative budget of £841,400 over 5 years for studies to evaluate minimum pricing. This will be supplemented with £250,000k from NHS Health Scotland for evaluation studies.</p> <p>This agreement covers the period 1st Sept 2017 until either:</p> <ul style="list-style-type: none"> • The required Review Report on minimum unit pricing (MUP) is satisfactorily completed; or • Until the early studies are concluded if the Supreme Court rules against the Scottish Government in the legal challenge.
Concordats	N/A	N/A

WLAs	Scottish Government Management Agreement	http://www.healthscotland.com/uploads/documents/18674-Management_Statement.pdf
SLAs	Community Health Exchange (CHEX)– Core funding for Community Led Health Development	£191,250 in 17/18 to SCDC to support CHEX work
	DWP – Fit for Work	Fit for Work Scotland – total budget for 2017/18 £367,758 for staff and non staff costs (includes Marketing and Health & Work Services).
	NHS Boards – Healthy Working Lives	Healthy Working Lives annual allocations to Boards - £655,000 in 2017/18
	Voluntary Health Scotland (VHS) – Core funding jointly with SG to provide support, advocacy and development of voluntary health sector	£50,000 per annum
	Scottish Ambulance Service – Procurement Services	£74,000 per annum
	NHS Ayrshire and Arran – Payroll Services	
	NSS Occupational Health Service	£7000 per annum
	Go Well – Funding for Go Well research programme delivered in partnership with GCPH and academia	£,93,000 contribution to Go Well programme
	Scottish Government – Purchase of Alcohol Sales and Price data	The Scottish Government’s financial contribution to alcohol sales data for the continuation of routine monitoring of sales (£321,172 over the period 2017/18 to 2021/22).
	Scottish Government - Link Worker	£118, 601 for evaluation of Link Worker programme

	Evaluation	
	Scottish Government – Mental Health and Suicide Prevention	£200k across mental health and suicide prevention programme

Human Resources

Staff numbers by grade	Band	Number	
	2	0	
	3	24	
	4	24	
	5	43	
	6	77	
	7	70	
	8a	33	
	8b	7	
	8c	9	
	8d	1	
	Consultant	3	
	Executive	4	
	Total	295	
Staff numbers by role	Role	Number	
	Medical & Dental	3	
	Management (non-AfC)	4	
	Personal & Social Care	35.6	
	Administrative Services	246.8	
	Total	289.4	
Terms and Conditions	Executive level (EL)		
	Staff costs	£438,986	
	Transfer costs	As above	
			All policies are PIN compliant, agreed in partnership and timetabled for review.
Training	Service and Support		People Development team provide guidance to staff and managers on personal learning plans, corporate learning, leadership and management development, and links to national initiatives.
	Training targets and commitments : Annual PDP target of 90% receiving review, PDP and Objectives		<ul style="list-style-type: none"> • Reviews: 94% • Objectives: 96% PDPs: 96%
	Qualifications and short courses budget 2017/18		£66k (included in total figure below)
	Qualifications commitment in 2018/19		Estimated £17,750

	Staff costs	To follow
	Transfer costs	
	Barriers	Some qualifications span multiple years. Consideration required for whether these will be agreed to be funded in future.
Trade Unions	Unison	Employee Director; one full time Shop Steward; 4 part time. We have a very positive and collaborative approach to Partnership working enshrined in a Partnership Agreement and in practical terms being involvement of our Staff Side colleagues in all matters relating to workforce. Formally overseen through Partnership Forum.

Miscellaneous

Workforce Plan		
	Redeployment commitments	
Workforce Risks		
	Current ER issues, tribunal claims, equal pay claims etc.	NHS Personal Injury Benefit Scheme: Liabilities under the scheme are provided for in full when we are advised of such cases by the SPPA. The liability under this scheme at 31/3/17 was c £1m which will be paid out in the future. There are no outstanding cases known to Health Scotland.
Workforce engagement	iMatter survey results	<ul style="list-style-type: none"> • In May 2017 iMatter survey run first time for all staff. • 85% response rate and an employee engagement index of 81%. • Currently developing team and organisational action plans. • Positive indication of how engaged our staff feel. Seen as means of being able to monitor staff engagement through change.

Policies

Policy Family	Policy Name
Equality, Fairness & Dealing with Concerns	Dealing with Bullying and Harassment Policy
	Dealing with Employee Grievances Policy
	Embracing Equality, Diversity and Human Rights
	Gender Based Violence
	Management of Employee Capability Policy

	Management of Employee Conduct Policy
	Protocol for Non-Executive Board Members Dealing with Concerns Raised by Staff or Former Staff
	Whistleblowing Policy
	Fire Safety Policy & individual office Fire Plans
Health & Safety	Health & Safety Policy
	Managing Stress at Work Policy
Health at Work	Promoting Attendance Policy
	Protecting against Violence & Aggression at work
	Driving for Work
	Controlling Substances Hazardous to Health
	Incident Management
	Promoting Safe Manual Handling
	Lone Working
	Substance Misuse Policy
	Tobacco
	Facilities Arrangements Policy (Time off for Trade Union and Professional Organisation Representatives)
Partnership Working	Partnership Working Policy
	Motor Car Policy
Standards & Expenses	Relocation Expenses Policy
	Standards of Business Conduct Policy
	Induction Policy
Training & Development	KSF Policy
	Mandatory Training Policy
	Support for Qualifications and Courses Policy
	PDP and Review Policy
	Annual Leave
Work/Life Balance & Leave	Special Leave
	Adoption Leave and Fostering Policy
	Flexible Working Policy
	Maternity Guidelines
	Fixed Term Contracts Policy
Workforce Planning	Job Evaluation and Matching Policy and Procedure
	Organisational Change
	Recruitment and Selection Policy
	Redeployment Policy
	Retirement Policy and Procedure
	Secondment Policy
	Voluntary Redundancy Policy
	Volunteer Policy